

Manor Court Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Manor Court Surgery on 9 August 2016. Overall the practice is rated as good.

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

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Urgent same day patient appointments were available when needed. Most patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments. Three patients said they had difficulty obtaining appointments, but there were appointments available on the day of our inspection.

- The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to reach and also the local ethnic minority groups.
- Patients said they were treated with dignity, respect and compassion. Patients were involved decisions about their care and treatment.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons were learned.
- Patients said GPs gave them enough time.
- Risks to patients were assessed and well managed.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at every staff meeting.

We saw the following areas of outstanding practice:

- The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to

Summary of findings

reach, this included local ethnic minority groups. The practice ran health promotion events and provided NHS health checks at the local mosque and also at events for the local Nepalese (Gurkha) community. Meetings with key community leaders were held to discuss health needs and developments. NHS health checks had also been carried out at the local food bank and the practice.

The area where the provider should make improvement is:

- Continue to closely monitor patient survey results and patient comments about availability of appointments to identify where further improvements could be made.

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.

- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training at the required level for their role.
- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- Safety alerts for medicines were reviewed and actioned. Details of reviews and actions were recorded.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. Patients were also invited into the practice to discuss their concerns. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- Risks were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average.
- Care was delivered by staff according to current evidence based guidance.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- All staff received appraisals and had personal development plans. performance reviews with their manager in addition to their annual appraisal.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to reach, this included local ethnic minority groups. The practice ran health promotion events and provided NHS health checks at the local mosque and also at events for the local Nepalese (Gurkha) community.

Good



Summary of findings

NHS health checks had also been carried out at a woman's group in the local mosque and the local food bank. The practice was in discussion with the Clinical Commissioning Group to make the latter a permanent ongoing arrangement. The practice was also represented at a wide range of other local health promotion events.

Are services caring?

The practice is rated as good for providing caring services.

- The results of the National GP Patient Survey published in July 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.
- A monthly carer's café was held, jointly run with Guideposts, an organisation offering support to carers. Relevant advice sessions were held at some of these, for example, a solicitor to discuss power of attorney and an expert in Alzheimer's disease.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its local population and tailored services appropriately. For example, health promotion events and advice times were held at the local mosque. These focussed on health needs within the Asian community.
- Patients told us they were always able to obtain a same day appointment when needed.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work.
- Succession planning was in place for GP partners to ensure the practice was able to identify and provide future leadership.
- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.
- There was a strong emphasis on learning and improvement. We received feedback from trainee clinical staff to say how supportive and 'learning friendly' the practice was.

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.

- Older patients were given personalised care which reflected their needs.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware. Patients discharged from hospital were contacted within 48 hours to ensure everything was in place and they were safe and well.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- The practice worked with an Age Co-ordinator employed by Age Concern. This was a pilot scheme with the CCG, to ensure elderly patients received appropriate care and support.
- The practice provided frailty checks.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



People with long term conditions

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

- The practice had a register of patients with long term conditions to enable their health to be effectively monitored and managed.
- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition.

Outstanding



Summary of findings

- All patients with a long term condition were invited for an annual review in the month of their birth. The practice found this simplified the call/recall system as patients were more aware of when their review was due. Attendance had increased as a result.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- The practice achieved a 93% flu vaccination record for diabetes patients during 2015-2016. This was slightly below the Clinical Commissioning Group (CCG) average of 96% and the national average of 94%.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- A total of 85% of eligible patients had received cervical screening in the last 12 months. This was above the Clinical Commissioning Group (CCG) average of 83% and the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with or above average for the CCG.
- We saw positive examples of joint working with midwives and the local health visitor. Midwife appointments were available twice-weekly at the practice and practice staff met with the health visitor every month.
- A full range of family planning services were available.
- The practice worked with and referred patients to an under 19's service called 'PIPPS' (Providing Information and Positive Parenting Support). This is an initiative that worked with pregnant teenagers and provided support across healthcare boundaries as well as working with partner agencies such as children's centres and health visitors to ensure the physical and emotional needs of young mums were met.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available during the week and on monthly Saturday mornings.
- During the flu vaccination season, Saturday morning appointments were available.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- The practice held a walk in service from 9am to 10.20am on Mondays and any patient who walked in would be seen.
- A full range of services appropriate to this age group was offered, including travel vaccinations.

People whose circumstances may make them vulnerable

Good



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

- The practice had a register of patients who were vulnerable to enable their health to be effectively monitored and managed. This included patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
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- The practice provided items such as sleeping bags and warm clothing for homeless people.

Summary of findings

People experiencing poor mental health (including people with dementia)

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

- The practice had a register of patients with poor mental health to enable their health to be effectively monitored and managed.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who were diagnosed with depression received a follow up from a GP within eight weeks of diagnosis.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was largely performing in line with local and national averages for care, although some areas regarding patient access to the practice were below average and the practice was working to improve these. 286 survey forms were distributed and 121 were returned, a 42% completion rate.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and compared to the national average of 73%.
- 67% 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 76% and compared to the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and compared to the national average of 85%.

- 73% 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 78% and compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards, all of which made positive comments about the standard of care received. Nine patients however, said it could be difficult to obtain an appointment at times.

We spoke with seven patients during the inspection. Two patients were 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. All the patients we spoke with said they were satisfied with the care they received and thought staff were excellent, always treated them with respect and gave them the time they needed. Three patients told us it could be difficult to obtain an appointment at times. Two of these comments related to obtaining an appointment with a named GP.

Areas for improvement

Action the service SHOULD take to improve

- Continue to closely monitor patient survey results and patient comments about availability of appointments to identify where further improvements could be made.

Outstanding practice

- The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to reach, this included local ethnic minority groups. The practice ran health promotion events and provided NHS health checks at the local mosque and also at events for the local Nepalese (Gurkha) community. Meetings with key community leaders were held to discuss health needs and developments. NHS health checks had also been carried out at the local food bank and the practice.

Manor Court Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and an 'Expert by Experience'.

Background to Manor Court Surgery

Manor Court Surgery is located in Nuneaton, close to the town centre. It is an urban area with a significant number of patients from various ethnic minorities. This includes a large Nepalese (Gurkha) community as many former service personnel and their families have made Nuneaton their home.

The practice is run as a partnership and has 9350 patients registered. It is housed in part of Nuneaton's former Victorian hospital building which has been fully refurbished and converted into a purpose made GP practice. It 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 local communities. The practice is part of a local GP federation. A group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.

The practice has four partner GPs (all male) and a female locum GP who has regular sessions there and a physician's associate who is specially trained to support clinical staff in their duties. There are also two practice nurses and healthcare assistants. They are supported by a practice manager and administrative and reception staff.

The practice has four partner GPs (three male and one female) and a physician's associate (female) who is specially trained to support clinical staff in their duties. There are also two practice nurses and healthcare assistants. They are supported by a practice manager and administrative and reception staff.

The practice is open from 8.00am to 6.30pm during the week. Appointments are available throughout these times. An open surgery is held every Monday from 9 am to 10.20am when every patient who arrives will be seen by a GP. Extended hours appointments are available on Mondays and Tuesdays from 6.30pm to 7pm (both days are for telephone consultations), Wednesdays from 7am to 8am and on one Saturday each month from 8am to 10.30am. Appointments are also available with the practice nurse on three mornings each week from 7.30am to 8am.

When the practice is closed, patients can access out of hours care provided by Care UK through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Other appointments are available for blood tests, family planning and smoking cessation. The practice also cares for patients who live in some of the local nursing homes.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 9 August 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- We reviewed policies, procedures and other information the practice provided before 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

Manor Court Surgery had an effective system in place for reporting and recording significant events.

- The practice carried out a thorough analysis of significant events. We saw 51 had been recorded since 1 April 2015. All had been correctly recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented.
- Staff we spoke with described the incident reporting procedure and we saw the recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when an incorrect patient was booked in for an appointment, appropriate steps were taken to ensure staffs correctly check a patient's identity at all times.

Overview of safety systems and processes

We saw that Manor Court Surgery had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All children who were a cause for concern were discussed in the regular clinical staff meeting and raised in the multi-disciplinary meetings when appropriate.
- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by The Warwickshire Multi-Agency Safeguarding Hub (MASH). Staff told us how they could access these policies and we saw evidence of them. They outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding who had been trained to an appropriate; for example level 3 in children's safeguarding. All clinical staff had also been trained to this level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in August 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of Warwickshire North Clinical Commissioning Group (CCG) pharmacy team and a local pharmacy, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot.
- Alerts issued by MHRA (Medicines and Healthcare Products Regulatory Agency) were recorded and discussed with staff. We saw records to support this and it included alerts when the practice did not need to take any action.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot.

Are services safe?

- There was a notice in the waiting room to inform 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 (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were Patient Group Directions (PGDs) in place to allow nurses and the health care assistant to administer medicines in line with legislation.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent. Regular locum GPs were used when a GP was absent.
- The practice employed a physician's associate who was specially trained to support clinical staff in their duties. They received appropriate supervision and support from clinical staff.

Arrangements to deal with emergencies and major incidents

Manor Court Surgery had adequate arrangements in place to respond to emergencies and major incidents.

Monitoring risks to patients

Risks to patients were assessed and well managed by the practice.

- Risks to patient and staff safety were monitored in an appropriate way. The practice had up to date fire risk assessments and undertook regular fire drills. A weekly health and safety 'sweep' was carried out which identified any ad-hoc immediate risks to safety, for example, refuse not moved or a torn carpet. All electrical equipment was checked to ensure the equipment was safe to use (checked on the day of our inspection) and clinical equipment was checked to ensure it was working properly. This had last been checked in April 2016.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A Legionella risk assessment had been carried out in July 2016.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available.
- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use a nearby church building if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Manor Court Surgery 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 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 (2014-2015) showed that the practice achieved 99% of the total number of points available with 7% exception reporting. This total was above the Warwickshire North Clinical Commissioning Group (CCG) average of 97% and the practice's exception reporting was lower than the 8% average within the CCG.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- Coronary heart disease. The practice achieved 100% with an exception rate of 8%. The overall score was above the CCG average of 97% with an exception rate of 8%, above the CCG average of 5%.

- Hypertension (high blood pressure). The practice achieved 100% with an exception rate of 2%. This was slightly above to the CCG average of 99% with an exception rate of 3%.
- Dementia. The practice achieved 92% with an exception rate of 2%. This was below the CCG average of 97% with an exception rate of 6%.

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

- Performance for diabetes related indicators was 99%, above the CCG average of 91%, with a similar exception reporting of 5%.
- Performance for asthma was 100%, above the CCG average of 97%. The practice exception reporting was 3%, compared with the CCG average of 5%.

There was evidence of quality improvement including clinical audit.

- A programme of clinical audit was in place. We examined two of these where the improvements made were implemented and monitored. For example, the practice did not receive information about changes to warfarin (a blood thinning medication) prescribed to patients directly by the local anti-coagulation unit. The practice carried out regular audits of these patients to ensure patient records were updated when patients requested repeat prescriptions.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, GPs told us their work with the local mosque had enabled it to improve levels of diabetes care and increase the volume of diabetes checks and well woman checks carried out within that community.

Effective staffing

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

- The practice had a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff had received an

Are services effective?

(for example, treatment is effective)

appraisal within the last 12 months. Staff we spoke with confirmed this. Additionally reception staff received additional performance reviews with their manager which were linked to the annual performance appraisal.

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- For planned and long term GP absence, Manor Court Surgery used locum GPs known to the practice.

Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (4% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan on-going care and treatment. This resulted in a 'joined up' package of care with other providers. For example, when elderly or vulnerable patients were discharged from hospital they were contacted by the practice within 48 hours to check on their well-being and ensure all care and assistance needed was put in place. The practice would then contact members of the multi-disciplinary team, including district nurses health visitors and Age Concern's Care Navigator as appropriate. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

We were told how practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, 10% of smokers registered at the practice had received help and advice to stop smoking.
- Patients with asthma were encouraged to attend regular reviews with a practice nurse. This also included inhaler advice and technique.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.

The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to reach, this included local ethnic minority groups. The practice ran health promotion events and provided NHS health checks at the local mosque and also at events for the local Nepalese (Gurkha) community. NHS health checks had also been carried out at the local food bank and the practice was in discussion with the CCG to make this a permanent on-going arrangement.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend

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

for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was planning to promote these at local health awareness events in coming months.

Childhood immunisation rates for the vaccinations given were broadly similar to the CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds were also 100%. This compared to a CCG average of 96% to 98%.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection of Manor Court Surgery we saw staff treated patients with kindness and respect at all times.

- We received 33 comment cards, all of which made positive comments about the standard of care received.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring and respected patients.

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 largely in-line with the average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% 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% compared to the national average of 85%.
- 95% 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% compared to the national average of 91%.

- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% compared to the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 92% compared to the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this. The service was regularly used.
- Information leaflets could be made available in other languages on request.
- Two staff members are trained to use British Sign Language.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

Are services caring?

- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this.
- The practice worked with and referred patients to an under 19's service called 'PIPPS' (Providing Information and Positive Parenting Support). This is an initiative that worked with pregnant teenagers and provided support across healthcare boundaries as well as working with partner agencies such as children's centres and health visitors to ensure the physical and emotional needs of young mums were met.

Patient and carer support to cope emotionally with care and treatment

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. The practice was working to identify carers who were 'hidden' through discussion, information displayed in the waiting room and at community events. A monthly carer's café was held, jointly run with Guideposts. Relevant advice sessions were held at some of these, for example, a solicitor to discuss power of attorney and an expert in Alzheimer's disease.

Written information was available to direct carers to the various avenues of support available to them. This included a local support group and networking.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Manor Court Surgery reviewed the needs of its local population and engaged with the NHS England Area Team and the Warwickshire North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered walk-in appointments on Mondays from 9am to 10.20am.
- Same day appointments were available for all patients when required.
- The practice team engaged with the local community and organised events and initiatives to reach patients who were potentially more vulnerable and harder to reach, this included local ethnic minority groups. The practice ran health promotion events and provided NHS health checks at the local mosque and also at events for the local Nepalese (Gurkha) community. Meetings with key community leaders were held to discuss health needs and developments. NHS health checks had also been carried out at a woman's group in the local mosque and the local food bank. The practice was in discussion with the Clinical Commissioning Group to make the latter a permanent ongoing arrangement. The practice was also represented at a wide range of other local health promotion events.
- The practice worked with a Care Navigator employed by Age Concern. This was a pilot scheme with the CCG, to ensure elderly patients received appropriate care and support.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- A translation service was available for patients who did not speak English as a first language.
- The practice used flashcards as an alternative means of communicating at the first contact with patients, carers and visitors

- Appropriate staff training was carried out. For example, staff had recently received dementia awareness training.

Access to the service

The practice was open from 8.00am to 6.30pm during the week. Appointments were available throughout these times. An open surgery is held every Monday from 9 am to 10.20am when every patient who arrives will be seen by a GP. Extended hours appointments were available on Mondays and Tuesdays from 6.30pm to 7pm (both days were for telephone consultations), Wednesdays from 7am to 8am and on one Saturday each month from 8am to 10.30am. Appointments were also available with the practice nurse on three mornings each week from 7.30am to 8am.

When the practice was closed, patients could access out of hours care provided by Care UK through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

Patients we spoke with said they did not usually have to wait long to be seen when they used the walk-in service. Patients were usually seen in the order they arrived, however, those who were seriously unwell, potentially infectious and younger children were prioritised. Nine patients who completed comment cards and three patients we spoke with said it could be difficult to get an appointment at times. With further discussion, it was clear two the latter comments related to obtaining an appointment with a named GP. Other patients who completed comment cards or we spoke with said they had no difficulty obtaining appointments. When we discussed this with GPs and practice management they said they were aware there was an historic patient perception that it could be difficult to obtain an appointment at times, but were able to demonstrate that appointment availability usually exceeded demand.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% compared to the national average of 73%.
- 73% 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 of 85%.

We discussed patient access with the GP partners and practice management. They were aware of patient comments about access to appointments and continued to keep this under review. It was evident some patients preferred to see a particular GP, but there no complaints about the way any GP handled patients. We looked at the appointment system at midday on the day of our inspection and saw there were still nine appointment slots available later that same day and a large number of appointments available for the remainder of the week. It was clear access to appointments had improved year on year and the practice closely monitored this. All patients we spoke with said they could always get through to the practice on the telephone.

Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.
- An annual complaints summary was prepared and discussed to review progress and any potential trends.
- Patients were invited into the practice to discuss concerns face to face, but we noted few chose to take this option.

Eighteen complaints had been received since 1 April 2015 and we reviewed two of these. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints; for example, when a patient complained about waiting times it was evident they had arrived for the Monday morning open surgery. Following this, reception staff were reminded to clearly discuss potential waiting times with patients and give them the opportunity to make a timed appointment if they preferred.

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

Manor Court Surgery had a clear direction and vision. The practice had values which were devised in discussion with staff, understood by staff and used in patient literature. This included the aim and understanding that ‘together we care’.

Governance arrangements

There was a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A succession plan was in place to identify and prepare future potential GP partners to safeguard the future development of the practice.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with concerns raised in the National GP Patient Survey.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.
- Engagement with the local community and key community leaders from ethnic minority groups ensured the practice kept informed of developments within the local community and had a fuller understanding of its role.
- The practice is a member of a local GP federation, a group of practices that work together and share ideas to improve patient care.

Leadership and culture

We saw how the partners of Manor Court Surgery and its management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- Staff we spoke with told us felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients’ feedback and engaged patients in the delivery of the service.

- The practice had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, planning and organising local health campaigns.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.

Are services well-led?

Good 

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

- Results from the NHS Friends and Family Test since its introduction in October 2014, showed that 87% of patients who responded were either likely or highly likely to recommend the practice to friends and family.