

Cubbington Road 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 Cubbington Road Surgery on 10 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Information about how to complain was available and easy to understand.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- The practice was well equipped and had good facilities to treat patients and meet their needs.

- The practice had a clear vision about providing a quality and caring service in a safe way.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However, there are areas where improvements are needed. The areas where the provider should make improvements are:

- To develop processes that maximise learning opportunities from significant events. This should include regular reviews of events to identify any themes or trends, and external reporting where appropriate for wider shared learning.
- Update the business continuity plan to include emergency contact numbers for staff.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned to support improvement.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- There were robust safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to provide services and promoting good health for all patients.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Clinical audits demonstrated quality improvement.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey published on 2 July 2015 showed that the practice scored reasonably well for results in relation to patients' experience and satisfaction scores on consultations with the GPs and the nurses.

Good



Summary of findings

- We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone, and that patients were treated with dignity and respect.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice took part in local pilot projects to improve services for patients such as the Food First Project, aimed at encouraging less reliance on food supplements.
- Patients said they were able to make an appointment with the GPs and that there was continuity of care, with 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.

Good



Are services well-led?

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

- It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures in place to govern activity and they held regular governance meetings.
- There were systems in place to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) and they responded to feedback from patients about ways that improvements could be made to the services offered. This included changes to appointment times for patients in employment.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits were also undertaken by the nursing team for patients with long term medical conditions who were unable to attend the surgery.
- The practice provided services for 50 patients who lived in five care homes locally. Weekly visits were made to three of these homes by designated GPs. The practice worked collaboratively with care home staff to provide effective services for those patients. The nursing team also visited patients in care homes with long term medical conditions to provide monitoring and reviews of their conditions.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with diabetes received regular foot examinations for monitoring their condition. The practice completed these checks for 92.5% of patients, which was slightly higher than the Clinical Commissioning Group (CCG) average of 92% and was 4.2% above the national average.
- Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- Clinicians engaged in the Gold Standard Framework Silver Steps Palliative Care programme to improve palliative care services to patients. This involved auditing palliative care services in the practice, meeting with patients and discussing their needs regularly.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young patients who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates were similar to or higher than the local Clinical Commissioning Group (CCG) averages, with 100% take up for 14 of these.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.
- Appointments were available outside of school hours and the premises were suitable and accessible for children, with changing facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses.

Good



Working age people (including those recently retired and students)

The practice is rated as good 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 various extended hours so that patients could access appointments around their working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group.
- The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

Good



Summary of findings

- A number of online services were offered including booking appointments and requesting repeat medicines.

People whose circumstances may make them vulnerable

The practice is rated as good 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.
- Patients with a learning disability were offered annual health checks and longer appointments to meet their needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It advised vulnerable patients 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.
- 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 and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams and carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- The GPs and practice nurse 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.
- The practice had completed care plans for a high proportion of its patients experiencing poor mental health (90% compared with the national average of 86.04%) and was proactive in monitoring their smoking and alcohol status in addition to their general health.

Good



Summary of findings

- Patients experiencing poor mental health had been advised how to access various support groups and voluntary organisations. 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. Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed mixed results in how the practice was generally performing when compared with local and national averages. There were 262 surveys sent to patients and 119 responses which represented a response rate of 45.4%. Results showed:

- 72% of patients found it easy to get through to this practice by phone which was below the Clinical Commissioning Group (CCG) average of 77% and a national average of 73%.
- 89% of patients found the receptionists at this practice helpful which was above the CCG average of 88% and a national average of 87%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 90% and a national average of 85%.
- 94% of patients said the last appointment they got was convenient which was above the CCG average of 93% and a national average of 92%.
- 72% of patients described their experience of making an appointment as good which was below the CCG average of 77% and a national average of 73%.

- 57% of patients usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 68% and the national average of 65%.
- 49% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 59% and a national average of 58%.

The practice had taken action to address areas of poor performance which included changes made to the appointment system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were always very helpful; that they were always treated with kindness, respect and dignity; and that their concerns were always taken seriously when they attended their appointments.

We spoke with two patients during the inspection who were both very positive about the service they received. They told us that everyone at the practice was supportive and accommodating, that the nurses and GPs deserved much praise as they were very dedicated to their patients.

Areas for improvement

Action the service **SHOULD** take to improve

- To develop processes that maximise learning opportunities from significant events. This should include regular reviews of events to identify any themes or trends, and external reporting where appropriate for wider shared learning.

- Update the business continuity plan to include emergency contact numbers for staff.

Cubbington Road 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 Cubbington Road Surgery

Cubbington Road Surgery is located in Lillington, an area of the town of Leamington Spa in Warwickshire. It has three GP partners (two male and one female) and two female GPs (one salaried and one retained) operating from a purpose built building in Cubbington Road.

Cubbington Road Surgery provides primary medical services to patients in a residential suburban area and has a larger number of older patients compared to the national average. For example, the practice has 22.2% of patients over the age of 65 years compared with the England average of 16.7%; 11.7% of patients over the age of 75 years compared with the England average of 7.6% and 4% of patients over the age of 85 years compared with the England average of 2.2%.

The GPs are supported by a practice manager, two practice nurses, a health care assistant, a secretary, a finance administer and five receptionists. There were 7074 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 local communities.

Surgery times are 8.30am to 6.30pm Monday to Friday. The practice offers extended hours pre-bookable evening

appointments on alternate Monday and Tuesday evenings from 6.30pm until 8.30pm and one Saturday a month from 8.30am to 11.30am. The extended hours appointments are responding to patients who find it difficult to attend during regular hours, for example due to work commitments.

Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments. Booking of appointments can also be made up to six weeks in advance.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (Care UK) is provided to patients and is 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 for patients with conditions such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning.

Cubbington Road Surgery is an approved training practice for doctors who wish to become GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

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 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 Cubbington Road Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted 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 10 November 2015. During our inspection we spoke with a range of staff that included three GP partners, a salaried GP, the practice

manager, the practice nurse, reception and admin staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with two patients who were also members of the patient representative 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 observed how patients were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed 13 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. The practice had an open and transparent approach for reporting and recording significant events. Staff demonstrated they were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents. Staff described the form they had to complete for each incident, which required details of action taken, discussions held, and details of any other agencies informed to be recorded. Patients that were affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one event had recorded that a patient referral to a consultant had been missed. We saw evidence from the minutes that learning was shared with relevant staff to ensure that further incidents were prevented.

A range of significant events had been recorded throughout the year. We found however, that regular reviews of all the events recorded had not been carried out.

Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. 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. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Safety reporting bulletins were shared by the practice manager by email to all clinical staff who assessed and recorded any action to be taken. Risks identified were shared with staff by the practice manager.

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 were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them. The policies clearly 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. The GPs and the practice nurse attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to the appropriate higher level of safeguarding for adults and children.
- 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 check (DBS). (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). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility.
- 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. We saw evidence that showed all electrical equipment and clinical equipment was checked routinely and was safe to use. Staff confirmed these checks were carried out routinely. 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 up to date fire risk assessments in place and regular fire drills were carried out. Any actions identified from the risk assessments and during fire drills were followed up. For example, we saw that the escape route from the first floor had been assessed and action had been taken to ensure that in the event of a fire that the route was appropriate.

Are services safe?

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence 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 vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and the security of medicines. Regular medicine audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We looked at personnel files for staff in different roles including two reception staff and the practice nurse to see whether recruitment checks had been carried out in line with legal requirements. Appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and

the appropriate DBS checks have been carried out. Processes were also in place when locum GPs were employed by the practice to ensure appropriate checks had been carried out.

Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. There was also a first aid kit and accident book available.
- Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We found however, that emergency contact numbers for staff had not been included in the plan. There was also a procedure in place to protect computerised information and records in the event of a computer systems failure.

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 ensure all clinical staff were kept up to date; they had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- These guidelines were monitored followed through audits and random sample checks of patient records.
- Nursing staff told us they accessed NICE guidance and actioned recommendations where these were applicable and gave us examples of changes they had made to their practice in response to this national guidance. This included for example, changes in treatment for asthma, diabetes and heart conditions.

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. Current results for the practice were 98.9% of the total number of points available, with 6.1% exception reporting. Exception reporting relates to patients on a specific clinical register who could be excluded from individual QOF indicators. For example, if a patient was unsuitable for treatment, was newly registered with the practice or was newly diagnosed with a condition.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 92.5% which was above the national average of 87.5%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 90.4% which was above the national average of 83.6%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 98% which was above the national average of 88.3%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83.9% which was in line with the national average of 84%.

The practice had a system in place for completing clinical audits. Clinical audits demonstrate quality improvements and include an assessment of clinical practice against best practice to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. A minor surgery audit was carried out in 2014 and repeated in 2015. The purpose of the audit was to ensure safe removal of non-cancerous lesions, and results for both audits showed that no infection and no cancerous lesions had been removed. The results of these audits demonstrated that the practice had maintained positive outcomes for patients. Patient feedback was positive in that they valued the minor surgery service provided by the practice rather than having to attend hospital.

The practice had a blood pressure monitoring machine in the patient waiting room for patients to monitor their own blood pressure. Regular audits of results were carried out to check the accuracy of the blood pressure readings. For example, audit data for 2015 showed a good correlation between patient recordings and GP recordings, with 89% of the readings matched with the GP readings. The audits also showed an increase in the number of patients who used the machine and patients became more confident in using the self-monitoring BP machine. The practice had scheduled re-audits to continue monitoring the use and the effectiveness of the machine.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, infection prevention and control, 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. Staff confirmed they had received an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules and in-house training. Training included safeguarding, fire procedures, basic life support, manual handling, domestic violence and confidentiality.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way including when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan their ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Clinicians were engaged in the Gold Standard Framework Silver Steps Palliative Care programme to improve palliative care services to patients. This involved auditing palliative care services in the practice and discussing their needs regularly (at monthly multi-disciplinary meetings). The use of a traffic light system placed patients in green, amber, red, and blue sections to recognise and respond to the patients care and needs.

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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- We saw that the nursing team obtained patients' consent prior to minor surgery procedures. The forms were held in the nurse's treatment room. These were completed by patients prior to surgery and were then scanned into the patient's record.
- The GPs and practice nurse understood the need to consider Gillick competence 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.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice, to patients who were 40 to 70 years of age and also 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. 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 GPs and the practice nurse told us they would also use their contact

Are services effective?

(for example, treatment is effective)

with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85.94% which was above the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were overall lower than the clinical commissioning group

(CCG) averages for under two year olds but higher for five year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82.3% to 100% which were mostly below the CCG rates of 83.7% to 98.8% (five out of eight). Childhood immunisation rates for the vaccinations given to five year olds ranged from 97.1% to 100% which were all above the CCG rates of 93.3% to 98.2% (ten out of ten).

Flu vaccination was actively promoted by the practice and 2014/2015 rates for the over 65s were 79.9% which was above the national average of 73.24%. The rates for those groups considered to be at risk were 63.45% which was above the national average of 52.29%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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 those patients were treated with dignity and respect.

- Curtains were provided in consulting 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.
- Reception staff knew that when patients wanted to discuss sensitive issues they could offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 13 comment cards which were all positive about the standard of care received by patients at the practice. Patients were very complimentary and commented that they had been very happy with the comprehensive service and support they had received throughout their illnesses; that staff were very patient, cheerful and helpful; that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that staff always had time for them and treated them with respect at all times.

Results from the national GP patient survey published 2 July 2015 showed that overall the practice scored mixed results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 87.8% of patients said the GP was good at listening to them which was below the Clinical Commissioning Group (CCG) average of 91.1% and national average of 88.6%.
- 85.3% of patients said the GP gave them enough time which was below the CCG average of 90.1% and national average of 86.6%.

- 97.6% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG average of 96.7% and the national average of 95.2%.
- 84.1% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 89.2% and national average of 85.1%.
- 94.9% 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 90.8% and national average of 90.4%.
- 89.5% of patients said they found the receptionists at the practice helpful which was above the CCG average of 87.8% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients commented that they were always listened to and taken seriously at each appointment, and that the practice was first rate in every respect.

The practice maintained registers for patients who were more vulnerable such as patients with a learning disability, those patients who received palliative care, or who had long term conditions such as asthma, dementia and diabetes. We saw that care plans were in place for patients on these registers and that annual medicine reviews were carried out. For example, the practice had achieved reviews for 78% for patients with diabetes, 94% for patients with asthma and 61% for those patients with dementia. The practice was recruiting another practice nurse to enable improvements to be made in the number of patient reviews completed for this current year.

Results from the national GP patient survey published on 2 July 2015 showed that most patients had responded in a positive way to questions about their involvement in planning and making decisions about their care and treatment. For example:

Are services caring?

- 87.8% of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 89.9% and above the national average of 86%.
- 85.1% of patients said the last GP they saw was good at involving them in decisions about their care which was in line with the CCG average of 85.9% and above the national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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's computer system alerted the GPs if a patient was also a carer. There was a practice register of all patients

who were carers and the practice supported these patients by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them. This was available in the form of an information pack which was accessible in the reception and waiting area. In addition, carers' meetings were held in the practice on a quarterly basis. This was coordinated by a member of staff who was the designated carers' champion. The practice had also organised for energy and home heating providers to be available in the practice to offer advice to patients regarding their heating and how to stay warm.

Staff told us that if families had experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' 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. The practice told us they attended monthly CCG council meetings to discuss national and local service provision.

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

- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics for conditions such as asthma, diabetes and heart disease.
- The practice offered routine family planning clinics, weekly baby clinics, childhood immunisations, cervical smears and well man and well women clinics.
- A minor surgery service was provided by the practice which included joint injections.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- GPs and the practice nurses carried out a triage of the day appointment system to ensure that all health care needs of patients were met as required. This was introduced as a response to feedback from the patient survey carried out by the practice in 2014.
- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.
- Extended hours appointments were available for pre-bookable appointments on alternate Monday and Tuesday evenings from 6.30pm until 8.40pm and one Saturday a month from 8.30am to 11.30am. This was helpful for those patients who had work commitments.
- 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 and patients with drug or alcohol related health problems.
- There were disabled facilities, hearing loop and translation services available. In house training was provided to ensure all staff understood how the aids and translation service operated. Baby changing facilities were also available.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. 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.
- GP services were provided to five care homes in the practice area. Regular weekly rounds were made by designated GPs for patients who lived in three of these homes. The practice had provided care for patients in these homes for over 13 years. They told us that this had enabled practice staff, clinicians and care home staff to work collaboratively to meet patients' needs. The nursing team also visited patients with long term medical conditions who lived in these homes. As a result of these services low numbers of home visit requests were received by the practice.
- Patients who lived in the local nursing and care homes had a written care plan which was reviewed regularly throughout the year. The patients held copies of their care plan as well as the practice. This empowered patients to manage their condition and educate them on how best to take care of themselves.
- At the time of the inspection 180 patients had a care plan which represented 3% of the practice population.

Access to the service

- The practice was open from 8.30am to 6.30pm Monday to Friday for booked appointments. Extended hours

Are services responsive to people's needs?

(for example, to feedback?)

appointments were available on alternate Monday and Tuesday evenings from 6.30pm until 8.40pm and one Saturday a month from 8.30am to 11.30am, for pre-bookable appointments.

- Home visits were also available for patients who were too ill to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book appointments. Booking of appointments could also be made up to six weeks in advance.
- The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (Care UK) was provided to patients, was included in the practice leaflet and was available on the practice's website.

Results from the national GP patient survey published 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was below local and national averages. For example:

- 72.5% patients said they could get through easily to the surgery by phone which was below the CCG average of 76.8% and national average of 73.3%.
- 72.2% patients described their experience of making an appointment as good which was below the CCG average of 76.6% and national average of 73.3%.
- 56.6% patients said they usually waited 15 minutes or less after their appointment time which was below the CCG average of 68.1% and national average of 64.8%.

We received 13 comment cards which were all positive about the appointment system and availability at the practice. Patients reported that they could always get an appointment when they needed one. One patient commented that they had called and been seen on the same day every time they had needed an appointment.

The practice had made improvements to their appointment system in response to patient feedback. This included:

- Telephone consultations and online appointment booking with GPs. Online booking enabled patients to arrange a suitable time to see a GP without having to

visit or telephone the practice to make an appointment. Repeat prescriptions could also be requested online. Electronic Prescription Services (EPS) was available so patients could choose which chemist they preferred so their prescriptions could be transmitted electronically to them ready for their collection.

- Appointments on Saturday mornings were implemented earlier this year as this was highlighted by patients as the preferred time to visit the practice out of hours. These times had proved very popular and the practice told us that two GPs were now available for appointments on Saturdays.

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.

Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. Patients commented that they were aware of the process to follow should they wish to make a complaint, although all patients told us they had not needed to make a complaint.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year 2014 to 2015. Seven complaints had been received in the last 12 months and we found these had been dealt with promptly, with responses to and outcomes of the complaints clearly recorded. We noted for example, that a letter of apology from a GP had been sent to a patient in response to their concerns.

We saw evidence that showed 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. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. This ensured learning was shared and reviewed in an open and responsive way. We saw minutes of meetings that confirmed this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values of the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Their statement of purpose told us that the aim of the practice was to provide a high standard quality service for their registered patients within a confidential and safe environment by working together. The practice stated they aimed to treat their patients with respect, dignity and courtesy at all times irrespective of ethnic origin, religious belief, personal attributes or the nature of the health problem.

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. Clinical areas of responsibility were shared among all GPs and the nurses such as safeguarding lead, student GP trainer and Caldicott Guardian.
- Practice specific policies were implemented and were available to all staff on the practice intranet.
- 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 or in line with 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 needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

Leadership, openness and transparency

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 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. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice.

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) and 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.

The practice was committed to working in an inclusive way with the PPG to improve outcomes for patients. For example, two members of the PPG had been invited to take part in the presentation given to the inspection team by the practice.

Actions had been agreed with the PPG in January 2015 following the results of the annual patient survey of 2014/2015. Three key actions were prioritised. These were:

Are services well-led?

Good 

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

- To address the comments about appointment availability further extended hours appointments had been made available on Saturday mornings twice monthly.
- To improve the awareness of the extended hours through online, television screen, notice boards and quarterly newsletters.
- To promote the PPG through the local community booklet, TV display in the waiting room and online information.

The practice confirmed that all these actions had been implemented and they planned to measure improvements through patient survey feedback carried out by the practice, and through friends and family tests feedback. We saw the friends and family feedback results for October 2015 that all 41 patients surveyed gave a 100% patient satisfaction score.

Further meetings with the PPG were planned for the end of the year in which the more recent survey results were to be reviewed, in particular the waiting times for patients once they had arrived for their appointments.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice provided services for patients.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and engaged in local pilot schemes to improve outcomes for patients in the area.

- The practice was an active member of the South Warwickshire GP Federation. Thirty-four other GP practices across south Warwickshire formed a GP Federation to improve the services they offered to patients.
- The practice had engaged with Age UK to assess and support all high risk patients aged 75 and over to identify and address clinical and social need. This involved proactive health reviews for patients with a view to identifying measures to help maintain good health.
- The practice had recently commenced a trial referred to as the Food First Initiative which aimed to reduce the number of oral supplements prescribed to patients.