

# Arden Medical Centre

## Quality Report

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Date of inspection visit: 19 July 2016  
Date of publication: 26/01/2017

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 Arden Medical Centre on 19 July 2016. The overall rating for this service is good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Information about patient safety alerts was reviewed and communicated to staff by the practice manager.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice was part of a local GP federation, a group of practices that worked together to provide care and share best practice to improve outcomes for patients.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- The practice achieved results in the National GP Patient Survey published in July 2016 that were above local and national levels.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs and baby changing facilities.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

We saw an area of outstanding practice:

- Results from the National GP Patient Survey published in July 2016 showed the practice had consistently achieved higher than local and national averages for patient feedback about the service they received and in patients' satisfaction with how they could access care and treatment.

# 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.

Good



- There was an effective system in place for reporting, recording and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received a verbal and/or written apology. 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).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both the National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and that clinicians used these as part of their work.
- Audits and reviews were undertaken and improvements were made to enhance patient care.
- Data from the Quality and Outcomes Framework (QOF) (2014/2015) showed that patient outcomes were above average when compared with local and national averages. For example, performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 94% which was above the local average of 92% and above the national average of 88%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- Staff received appraisals and had personal development plans in place to ensure they received training appropriate to their roles.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Results from the National GP Patient Survey published in July 2016 showed that the practice scored above average for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse. 96% of patients said the last GP was good at explaining tests and treatments compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 86%.
- The practice scored above average for results in relation to patients' experience of reception staff at the practice. 99% of patients found the receptionists helpful which was well above the CCG average of 89% and the national average of 87%.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurse.
- Information to help patients understand and access the local services was available.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.

# Summary of findings

- Results from the National GP Patient Survey results published in July 2016 showed that patients' satisfaction with how they could access care and treatment was significantly higher than local and national averages.
- 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.
- All GPs had their own special interests and expertise in clinical areas. Patients could book appointments to see them, for example, in diabetes, dermatology, respiratory conditions and heart disease.
- Information about how to complain was available and the practice had received no complaints in 18 months.

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- There were monthly multidisciplinary meetings and quarterly staff meetings. There were business meetings which took place; the practice manager and GP partners had informal meetings on a regular basis.
- The practice had an active Patient Participation Group (PPG) which met quarterly and responded to feedback from patients about suggestions for service improvements
- Staff had received inductions, regular performance reviews and attended staff meetings and events.
- Staff morale was high with a high level of staff satisfaction and evidence of a strong teamwork approach. Staff told us they enjoyed working at the practice as it was such a caring practice.

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 personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, offered home visits and rapid access appointments for those patients with enhanced needs.
- The GPs offered to do blood tests during appointments if the patient was very frail rather than sending them to the local hospital for this service.
- All staff had received training on the Mental Capacity Act and the Deprivation of Liberty guidance.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- The practice engaged with an external company to provide support to patients who were over 75 years. A care coordinator worked at the practice and provided support for these patients.

### People with long term conditions

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

Good



- The GPs managed patients with chronic disease. Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and were offered six monthly reviews to check that their health and medicine needs were being met.
- All GPs had their own special interests and expertise in clinical areas. Patients could book appointments to see them, for example, in diabetes, dermatology, respiratory conditions and heart disease.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date and joined up care.
- NHS health checks were offered for early identification of chronic disease and proactive monitoring.
- In-house 24 hour blood pressure monitoring, spirometry (lung function testing) and smoking cessation clinics were available.

# Summary of findings

- Patients were signposted to the practice website which had links to other patient information websites.

## 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.
- Childhood immunisation rates were mostly above the local averages. (14 out of 18 results).
- There were post-natal checks provided for mothers. The six weekly check was carried out by the GP and the nurse to enable an emotional assessment and discussion about contraception and immunisations.
- 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.
- The practice offered a blood sample taking service for children.
- We saw good examples of joint working with midwives, health visitors, and district nurses and a midwife led clinic was provided at Arden Medical Centre.
- The practice also offered a number of online services including booking appointments and requesting repeat medicines.
- Contraception services were available at the practice.

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

Good





# Summary of findings

- The practice provided extended hour appointments on a Tuesday evening from 6.30pm to 7.30pm and on a Thursday morning 7.30am to 8am each week to support patients with work commitments.
- Health promotion advice was offered and there was accessible health promotion material available at the practice and on their website.
- The practice used the E-Referral system (formerly Choose and Book) to allow patients to choose the location and timings of their secondary care appointments.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including nine patients with a learning disability. The practice offered longer appointments for patients with a learning disability and had carried out annual health checks for all of the nine patients on their register at the time of the inspection.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns.

## 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).

Good



- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations.

## Summary of findings

- Nationally reported data showed that outcomes for patients were good for conditions commonly found for patients with poor mental health.
- One of the GPs was a Trustee at Springfield Mind, a registered charity based in Warwickshire. The charity supported people across Warwickshire who were experiencing or recovering from long term and enduring mental health conditions.

# Summary of findings

## What people who use the service say

What people who use the practice say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 212 surveys sent to patients and 113 responses which represented a response rate of 53% (compared with national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and the national averages. Results showed:

- 99% of patients found it easy to get through to this practice by telephone which was well above the CCG average of 78% and the national average of 73%.
- 99% of patients found the receptionists at this practice helpful which was well above the CCG average of 89% and the national average of 87%.
- 98% of patients were able to get an appointment to see or speak to someone the last time they tried which was well above the CCG average of 91% and the national average of 85%.
- 100% of patients said the last appointment they got was convenient which was above the CCG and the national averages of 94% and 92% respectively.
- 98% of patients described their experience of making an appointment as good which was well above the CCG average of 81% and the national average of 73%.

- 86% of patients usually waited 15 minutes or less after their appointment time to be seen which was well above the CCG average of 69% and the national average of 65%.
- 79% of patients felt they did not normally have to wait too long to be seen which was well above the CCG average of 61% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 62 comment cards which were almost all extremely positive about the standard of care received. 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. Two patients commented that their appointments been cancelled at the last minute due to staff sickness.

We spoke with three patients who were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They told us they had nothing but praise for the staff at the practice. They said that nothing was ever too much trouble and that staff were always helpful.

## Outstanding practice

- Results from the National GP Patient Survey published in July 2016 showed the practice had

consistently achieved higher than local and national averages for patient feedback about the service they received and in patients' satisfaction with how they could access care and treatment.

# Arden Medical Centre

## Detailed findings

### Our inspection team

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

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Arden Medical Centre

Arden Medical Centre is located in the centre of Stratford upon Avon in Warwickshire and provides primary medical services to patients in a mainly rural area. It has a population of older patients that is slightly higher than local averages (approximately 2% above the local averages). The practice area is one of a lower than average rate of deprivation at 11% when compared with the local average of 12% and the national average of 22%.

Arden Medical Centre has two GP partners and two salaried GPs (one male and three females) who are supported by a practice manager, a practice nurse, administration and reception staff. There were 2963 patients registered with the practice at the time of the inspection.

The practice has a Personal Medical Services (PMS) contract with NHS England. The PMS contract pays GPs on the basis of meeting set quality standards and the particular needs of their local population.

Opening hours are Monday to Friday from 8.30am to 6.30pm for bookable appointments within these times and the practice is closed at weekends. Reception staff are available to take calls from 8am. Patients can wait to see a GP at the end of surgery times if no appointments are

available during the day. Extended hours appointments are available on Tuesday evening from 6.30pm to 7.30pm and on a Thursday morning 7.30am to 8am each week to support patients with work commitments.

An out-of-hours service is not provided but the practice has alternative arrangements in place for patients to be seen when they are 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 (provided by Care UK and linked to the 111 service) is available on the practice's website and in the patient practice leaflet.

Home visits are also 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.

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

## 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.

# Detailed findings

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

## How we carried out this inspection

Before our inspection of Arden Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the NHS South Warwickshire Clinical Commissioning Group (CCG) 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 19 July 2016. During our inspection we spoke with a range of staff that included three GPs, the practice manager, the practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with three patients who 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.

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. We reviewed 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.

- There was an incident reporting policy seen at the practice (review date June 2016) and staff confirmed that they could access this document via the practice computer intranet system.
- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff told us about the process they followed for reporting incidents and the learning outcomes that were shared and discussed with them.
- There had been six incidents recorded for the year 2015 to 2016. An analysis of the significant events had been carried out and learning from these had been shared with appropriate staff.
- 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 reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), 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, following a hospital discharge letter referring to a change in medicine the practice found this type of information needed to be communicated more effectively with staff and pharmacists. We saw records that confirmed these changes to practice had taken place.
- Patient safety alerts were received by the practice manager who copied those which were relevant and forwarded these to the clinical staff. As a result of one of these alerts, a GP at the practice had taken on a lead role to improve the care for patients with diabetes. Using current guidance the GP had introduced a new medicine regime which had shown early signs improved patient care.

### Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead for safeguarding concerns. Staff confirmed they would contact them or the practice manager if they had any concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Clinical staff had completed level three safeguarding training for adults and children. Safeguarding was discussed at monthly multidisciplinary meetings with other professionals such as a health visitor. Minutes of meetings showed that discussions had taken place about children who were at risk of harm. Clinical staff gave us an example where they had reported an incident of domestic violence. A copy of the local safeguarding guidance was seen available on noticeboards for staff which included contact details for making safeguarding referrals.
- A notice was displayed in the waiting room advising patients that chaperones were available if required. Only clinical staff provided chaperone duties who were trained for the role. Relevant staff had also received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 worked with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Cleaning schedules were in place for all areas of the practice building. Disposable treatment room curtains were changed every six months or sooner if required.

## Are services safe?

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions 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. Nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed to ensure the frequency of reviews was carried out appropriately. These records showed that appropriate monitoring was maintained.

The practice had a recruitment policy in place, dated February 2016.

- We looked at files for different staff roles including a GP, a locum nurse and a receptionist to see whether recruitment checks had been carried out in line with legal requirements. These files showed that recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS.
- We saw that processes were also in place when locums were employed by the practice to ensure appropriate checks had been carried out. The practice manager confirmed that one of the GPs was currently off sick and a nurse who had been employed at the practice for a long time had recently left. This meant that the practice had used locums quite frequently, however, these were regular locums who were well known to the patients. One of the GPs who had previously been a locum was

now employed as a permanent member of staff. The locum nurse we spoke with on the day of the inspection had been recruited to become a permanent member of staff.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We discussed with staff how they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave. The teams were multi skilled to ensure suitable cover was provided such as reception staff. Staff told us they all multi-tasked within their roles so they could support each other should they need to do so. Buddy arrangements with the GP federation also supported cover at times when locums were not available.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available which had been updated in September 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest electrical checks had been carried out in June 2016. Checks on equipment to make sure it was safe to use was carried out and included equipment such as blood pressure machines and scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as environmental safety, electrical safety and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella check was last completed in November 2015.
- The practice had an up to date fire risk assessment in place (dated 6 October 2015) and regular fire drills were carried out.

### Arrangements to deal with emergencies and major incidents

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

- There was a desk-aid alert available for staff in the event of an emergency. All staff received annual basic life support training. There were emergency medicines and equipment available as required and all staff knew of their location. Medicines included those for a range of emergencies including the treatment of cardiac arrest

## Are services safe?

(where the heart stops beating) and a severe allergic reaction. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and records showed that these had been regularly checked and maintained. Appropriate adult and children's pads were available for use with the defibrillator.

- The practice had a disaster recovery plan to deal with a range of emergencies that may affect the daily

operation of the practice. This was last updated in July 2016. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- There were systems in place to ensure all clinical staff kept up to date. They had access to best practice guidance from the National Institute for Health and Care Excellence (NICE) and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results (2014/2015) for the practice were 98% of the total number of points available which was in line with the local average and above the national average of 95%.
- GPs used their specialist skills in areas such as dermatology and gynaecology which resulted in the practice being low referrers to secondary care.

Data showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 94% which was above the local average of 92% and above the national average of 88%. The practice exception rate of 3% was below the Clinical Commissioning Group (CCG) average of 5% and below the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if

a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. Unpublished results at the time of the inspection showed that 93% had been achieved for 2015/2016.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 83% which was slightly below the CCG average of 86% and the national average of 84%. The practice exception rate was in line with the CCG and the national averages of 3% and 4% respectively. Unpublished results at the time of the inspection showed that this had increased to 86% for 2015/2016.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 94% which was in line with the CCG average of 93% and above the national average of 85%. The practice exception rate was 14% which was in line with the local and the national averages of 10% and 11% respectively. Unpublished results at the time of the inspection showed that 90% had been achieved for 2015/2016.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83% which was in line with the CCG and national averages of 85% and 84% respectively. The practice exception rate was 0% which was below the local average of 6% and the national average of 8%. Unpublished results at the time of the inspection showed that 78% had been achieved for 2015/2016.

The practice had a system in place for completing clinical audits and regularly carried out audits where they considered improvements to practise could be made.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- An audit had been carried out on the use of a medicine for those patients with atrial fibrillation (an abnormal heart rhythm characterised by rapid and irregular beating) following guidance from NICE. The original audit was completed in November 2014, with the re-audit done in February 2016. The initial audit found that 10 patients had required a review of their medicines. The re-audit showed that these reviews had been completed and medicine changes had been implemented for seven of the 10 patients.

# Are services effective?

## (for example, treatment is effective)

- An audit had been carried out to ascertain how many patients receiving a medicine for the treatment of diabetes met the criteria for initiation and continuation of the therapy as set out in the relevant NICE guidance. The original audit had been conducted in 2014 with the re-audit completed in March 2016. We saw that findings were used by the practice to improve treatment for patients.

### Effective staffing

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

- 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 and confidentiality. The practice manager confirmed that shadowing of other skilled staff was also provided for new staff.
- 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 on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- GPs told us that training and development of staff was on-going to build skills and confidence, investing in staff was important to the practice. Nurses were using toolkits towards their revalidation they will have to complete in the near future. They confirmed they completed regular updates to maintain their clinical skills.
- GPs confirmed that they had protected learning time for training sessions sponsored by the CCG three or four times per annum.
- Staff training included safeguarding, fire procedures, basic life support, health and safety, infection prevention and control, equality and diversity, waste management and information governance awareness. Staff had access to and made use of e-learning training modules. Some staff had trained in dementia awareness.
- Staff told us that the GPs and practice manager were always supportive of their training needs.

### Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

- Information such as NHS patient information leaflets was also available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received electronically.
- 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 on-going care and treatment. This included when patients moved between services, including 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. Minutes of meetings showed that these had been attended by a health visitor and a district nurse. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

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

# Are services effective?

## (for example, treatment is effective)

One of the GP partners had recently reviewed the General Medical Council (GMC) guidance regarding consent to ensure their practice adhered to the guidance. Minor surgery operations were carried out at the practice and consent was obtained for these procedures.

### Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and all of the nine patients on their register had received a care review in the past year.

The practice had a comprehensive screening programme. Data showed:

- The practice's uptake for the cervical screening programme was 79% which was above the local average of 77% and the national average of 74%. The practice exception rate was 2% compared with local rates of 5% and national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place.
- The GPs and practice nurse told us they would also use their contact 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were higher than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 77% which was higher than the local and the national averages of 75% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 67% which was above the local average of 64% and national average of 58%.

Referrals for patients within the two week cancer referral process were managed effectively. The practice provided data that showed in the six months prior to the inspection they had achieved a 17.5% conversion rate for cancer which compared with the national rate of 2%. No emergency admissions or routine outpatient reviews were made.

It was practice policy to offer health checks 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.

From April 2015 the practice had completed 39 NHS health out of 191 eligible patients (955 over the 5 year rolling period). In addition to completing 20% of their eligible population for this period, the practice told us they had opportunistically discussed, educated and screened many more patients for risks of heart disease so that every appointment counted.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- 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.
- The practice manager confirmed that staff had completed dignity and respect training through membership of the GP federation.
- Disposable curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- The waiting room was close to the reception hatch and the practice, following feedback from the Patient Participation Group (PPG) and other patients, played music in the waiting area to reduce the possibility of conversations being overheard.
- We received 62 comment cards which were very positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that they thought the practice was fantastic; that the care was wonderful and one patient said that one of the GPs had called them on a Friday evening after 6pm to ask how they were; that they were treated with courtesy, professionalism and efficiency.
- Staff and patients told us this practice was small and so patients and families were known to staff which was helpful in observing changes in patients.

Results from the National GP Patient Survey results published in July 2016 showed that overall the practice scored above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 95% of patients said the GP was good at listening to them which was above the Clinical Commissioning Group (CCG) of 93% and the national average of 89%.

- 96% of patients said the GP gave them enough time which was above the CCG average of 91% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG average of 98% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG and the national averages of 92% and 91% respectively.

### 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 told us that the GPs took the time to listen and felt they were never hurried; all the staff were helpful and supportive when they needed it. Patients told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Patients commented that they felt fortunate to be able to use this practice; that the service provided was excellent, and that the GPs and the nurse genuinely cared for their patients.

Results from the National GP Patient Survey results published in July 2016 showed that most patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments which was above the CCG average of 91% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care which was well above the CCG average of 87% and the national average of 82%.

The practice provided support so that patients could be fully involved in decisions about their care.

## Are services caring?

- Care plans were in place for patients with a learning disability and for patients with mental health concerns.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.
- Translation services were available for patients whose first language was not English and a hearing loop was provided in the reception area for those patients with a hearing impairment.

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

The practice supported patients and carers in a number of ways:

- 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 maintained a register of those patients who were also carers, with the practice's computer system

alerted GPs if a patient was also a carer. At the time of the inspection there were 66 carers registered with the practice (2.2% of the practice population). There was a flag on the system for carers and they were considered a priority when they needed appointments. Although there were no formal carers packs, information was available which staff used to signpost carers to the most appropriate service.

- The practice told us that although the majority of their registered carers were elderly and tended to be spouses who were also elderly, they also supported younger carers by signposting them to support agencies. For example, they encouraged them to sign up and attend young carers workshops which were provided within schools.
- The over 75s care coordinator had visited patients at home and the practice told us this had been valuable to carers. The care coordinator had found carers who had not considered themselves to be carers.
- Staff told us that if families had experienced bereavement the GPs offered support and information about sources of help and advice. The practice staff also sent sympathy cards to relatives of deceased patients.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- Systems were in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to address patients identified 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. One of the partner GPs was a governing body member of South Warwickshire CCG and another GP was the palliative care lead at the CCG.
- 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.
- All GPs had their own special interests and expertise in clinical areas. Patients could book appointments to see them, for example, in diabetes, dermatology, respiratory conditions and heart disease.
- Urgent access appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice offered routine postnatal clinics, childhood immunisations, contraception services and cervical smears.
- Support was provided for all new mothers through post-natal and baby checks. This enabled GPs and nursing staff to identify any developing problems and provide advice on immunisations.
- The practice used the E-referral system (formerly Choose and Book) to allow patients to choose the location and timings of their secondary care appointments.
- There were disabled facilities and translation services available. There was a mix of seats available for patients in the waiting area with and without arms for those patients who needed help to stand from sitting position. A hearing loop was available for patients with a hearing impairment and staff knew how to use this.

- The practice provided extended hour appointments on a Tuesday evening from 6.30pm to 7.30pm and on a Thursday morning 7.30am to 8am each week to support patients with work commitments. In line with contractual arrangements the practice remained open during lunch times so that patients had access to GPs if needed.
- A range of services were provided for vulnerable patients. For example, GPs provided care and support each month to approximately nine patients with a learning disability or a mental health concern at a local nursing home.
- A range of services were provided for patients with poor mental health. A recall system was in place to ensure patients newly diagnosed with mental health concerns received timely interim reviews with the lead GP for mental health, depression and dementia.
- The practice engaged with an external company to provide support to patients who were over 75 years. A care coordinator worked at the practice and maintained contact with these patients. They monitored their care and were able to suggest suitable clubs and activities, and carried out home visits if needed. GPs told us this had reduced the number of visits patients in this group needed to make to the practice.
- GPs gave their personal mobile telephone numbers to patients receiving end of life care to ensure continuity of care.

### Access to the service

The practice was open Monday to Friday from 8.30am to 6.30pm for bookable appointments within these times and was closed at weekends. Reception staff were available to take calls from 8am. Patients could wait to see a GP at the end of surgery if no appointments were available during the day.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was also available on the practice's website.

- Home visits were available for patients who were too ill to attend the practice for appointments. The practice had a system in place to assess whether a home visit

# Are services responsive to people's needs?

(for example, to feedback?)

was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to the lead GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

- There was also an online service which allowed patients to order repeat prescriptions and book appointment up to six weeks in advance.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma as well as mental health and family planning.

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

- 99% patients said they could get through easily to the practice by telephone which was well above the CCG average of 78% and the national average of 73%.
- 98% patients described their experience of making an appointment as good which was well above the CCG average of 81% and the national average of 73%.
- 86% patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 69% and the national average of 65%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they had no problem with getting appointments and they could always see a GP if the appointment was urgent. We received 62 comment cards which were almost all positive about the appointment system and availability at the practice. Two patients had commented that appointments had been cancelled due to staff sickness absence.

## Listening and learning from concerns and complaints

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

- The complaints policy and procedure dated April 2016 was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated person who handled all complaints in the practice.
- Information was made available to help patients understand the complaints system. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations. This information was also available on their website.
- The practice manager confirmed that no complaints had been received by the practice in the last 18 months.

# 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 undergone some pressures in the past two years which had resulted in a challenging time for everyone at the practice. The practice manager confirmed that one of the GPs was currently off work and a nurse who had been employed at the practice for a long time had recently left. This meant that the practice had used locums quite frequently, however these were regular locums who were well known to the patients. One of the GPs who had previously been a locum was now employed as a permanent member of staff. The locum nurse we spoke with on the day of the inspection had been recruited to become a permanent member of staff.

We looked at the practice's statement of purpose. Their aims included:

- To provide high quality primary care GP services to the practice population.
- Promote health promotion advice and referral as appropriate, reflecting patient choice wherever practicable.
- To provide support to those patients with long term conditions by way of regular medicine reviews, in accordance with relevant guidance.
- To understand and meet the needs of their patients, by involving them in decisions about their treatment and care and encouraging them to participate fully.

Practice staff we met with during the inspection demonstrated their commitment to providing the best service for their patients.

### 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:

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool.
- The QOF data for this practice showed that in all relevant services it was performing mostly above local and national standards.
- We saw that QOF data was regularly discussed with action taken to maintain or improve outcomes for patients.

Arrangements were in place to identify, record and manage risks and ensure that mitigating actions were implemented.

- 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 significant events and patient safety alerts were discussed. Staff we spoke with confirmed that significant events were shared with them.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.

### Leadership, openness and transparency

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care.
- They were aware of and had 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 practice was linked to the local Clinical Commissioning Group (CCG) and received and analysed benchmarked data.
- The practice encouraged a culture of openness and honesty.

The GPs and the practice manager were visible in the practice:

- 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.



# Are services well-led?

Good 

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

- The practice was well organised with effective communication in all areas. All staff we spoke with commented on how good communication at the practice was.
- Morale was high and we saw evidence that everything was openly discussed and ideas for improvements were encouraged and welcomed.

## 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), the Friends and Family Test, the GP National Patient Survey, compliments and from Healthwatch who had carried out a visit in January 2016. The practice manager confirmed that all of the feedback had been positive other than one negative comment about needing a larger car park.

A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met every three months and each meeting was attended by one of the GPs and the practice manager. Information about the PPG was seen in the waiting area and on the website which explained the purpose of the PPG and encouraged patients to join the group. Leaflets and application forms were also available in the consulting rooms for clinicians to pass to patients during consultations.

The PPG had regularly been involved in reviewing patient surveys for the practice and other feedback. We saw that the PPG had been part of a trial initiated by the practice to test accessing their medical records on line. As a result of the trial, all patients were able to sign up for access to their medical records subject to approval from the GP, and also to book or cancel appointments online.

We spoke with three members of the PPG who confirmed that the practice worked well with them and listened to and valued their comments. One member of the PPG told us about how all the members of the PPG had been asked for their comments on having music played in the waiting room and this had been actioned following the feedback to reduce the possibility of patients overhearing confidential information.

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

A new salaried GP had joined the practice. This had enhanced the clinical team on a permanent basis, provided consistency for patients and brought new ideas to the practice.