Clifton 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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Clifton Road Surgery on 15 July 2015. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive and well-led services. It was also good for providing services for the older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia).

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

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- The practice had a clear vision about providing a quality and caring service in a safe way.
- Patients said they were treated with dignity, compassion and respect. They were involved in decisions about their care and treatment. Information was provided to help patients understand the treatment choices available to them.
- Information about how to complain was available and easy to understand.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. The practice provided opportunities for the staff team to learn from significant events and was committed to providing a safe service. Information about safety was recorded, monitored, appropriately reviewed and addressed. Clinical staff met daily to discuss any concerns that had arisen during each day. The practice assessed risks to patients and managed these well. There were enough staff to keep people safe.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Patients' care and treatment was delivered using the guidelines issued by the National Institute for Care and Health Excellence (NICE). Patients' needs were assessed and care was planned and delivered in line with current legislation. The practice was proactive in the care and treatment provided for patients with long term conditions and regularly audited areas of clinical practice. All patients with long term conditions were reviewed at least annually. There was evidence that the practice worked in partnership with other health professionals. Staff received training appropriate to their roles and the practice supported and encouraged their continued learning and development.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients told us they were treated with compassion, dignity and respect and they were involved in decisions related to their care and treatment. Accessible information was provided to help patients understand the care available to them. We saw staff treated patients with kindness and respect and were aware of the importance of confidentiality. The practice provided advice, support and information to patients, particularly those with long term conditions and to families following birth and bereavement.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice was aware of the needs of their local population and engaged with the NHS Area Team and the Coventry and Rugby

Summary of findings

Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients told us there was good access to the practice and said they would always be seen the same day in an emergency.

There were good practice facilities and the premises were well equipped to treat patients and meet their needs. There was a clear complaints system with evidence demonstrating that the practice responded quickly to issues raised. The practice had a positive approach to using complaints and concerns to improve the quality of the service.

Are services well-led?

Good

The practice is rated as good for being well-led. The practice had a clear vision which was outlined in a delivery plan for the next 12 months. Quality and safety were highly prioritised. High standards were promoted and owned by all practice staff and teams worked together across all roles. Governance and performance management arrangements had been introduced and dates set for them to be reviewed. They took account of current models of best practice. Staff had received inductions, regular performance reviews and attended staff meetings and events. Minutes of staff meetings are consistently recorded noting decisions taken and identify staff responsible for completing actions. The practice proactively sought feedback from patients and had an active patient participation group (PPG).

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

Good

This practice is rated as good for the care of older patients. Patients over the age of 75 had a named GP. Those patients identified as needing to go on the unplanned admissions list were found via their health concerns and hospital attendance. GPs carried out visits to patients' homes if they were unable to travel to the practice for appointments. Patients who received palliative care were given support to stay in their own homes if they wished to do so. This included clinical staff visiting patients' homes at weekends if this was required. Carers were actively identified and notes placed on patient records to identify them.

People with long term conditions

Good

This practice is rated as good for the care of patients with long term conditions, for example asthma, arthritis and diabetes. The practice had effective arrangements for making sure that patients with long term conditions were invited to the practice for annual reviews of their health. Clinics were held for a range of long term conditions, including diabetes, arthritis and chronic obstructive pulmonary disease (COPD). Members of the GP and nursing team at the practice ran these clinics. Patients whose health prevented them from being able to attend the surgery received the same service from one of the GPs as home visits were arranged. Patients told us they were seen regularly to help them manage their health.

Families, children and young people

Good

This practice is rated as good for the care of families, children and young people. The practice held weekly childhood vaccination clinics and its rates of immunisation for children was above average for the Coventry and Rugby Clinical Commissioning Group (CCG). GPs carried out six and eight week baby and post natal checks. The practice provided cervical screening and a family planning service. Regular child at risk meetings were held with relevant professionals, including social services.

Working age people (including those recently retired and students)

Good

This practice is rated as good for the care of working age patients, recently retired people and students. The practice provided extended opening hours on Tuesdays from 7am to 8am and on

Summary of findings

Saturday mornings. Patients who worked were given priority for appointments during these times. NHS health checks were carried out for patients aged 40-75. Smoking cessation support was available for patients who smoked.

People whose circumstances may make them vulnerable

Good

This practice is rated as good for the care of patients living in vulnerable circumstances. Regular reviews were carried out in conjunction with community nurses. One of the GPs was the lead for learning disability (LD) care at the practice and the practice had an LD register. All patients with learning disabilities were invited to attend for an annual health check. Staff were aware of safeguarding procedures and GPs told us how alerts were placed on the records of potentially vulnerable patients.

People experiencing poor mental health (including people with dementia)

Good

This practice is rated as good for the care of patients experiencing poor mental health (including people with dementia). The practice had a register of patients at the practice with mental health support and care needs and invited them for annual health checks. Staff described close working relationships with the community mental health team, consultant psychiatrists and social services staff. These teams worked with the practice to identify patients' needs and to provide patients with counselling, support and information. The duty doctor liaised with social services on a daily basis if required. The practice carried out dementia screening when necessary.

Summary of findings

What people who use the service say

We gathered the views of patients from the practice by looking at four CQC comment cards patients had filled in and by speaking in person with six patients. Two patients we spoke with were involved with the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

All patients we spoke with and those who completed comment cards were highly complimentary about Clifton Road Surgery. Patients said GPs and practice nurses treated them with dignity and respect, were friendly and approachable and gave them the time they needed.

The 2014 GP National Patient Survey revealed that 78% of patients described their overall experience of this practice as good, against an average for the Coventry and Rugby CCG of 84%; 66% of patients said they were satisfied with the practice opening hours, compared to 75% for the CCG; and 91% of patients said the last GP they saw or spoke with was good at listening to them, this was above the average for the CCG of 88%.

Patients we spoke with and those who completed comment cards said they were usually able to obtain appointments with ease and could usually get through to the practice on the telephone without difficulty. However, the 2014 GP National Patient Survey revealed that 43% of patients found it easy to get through to the practice by telephone, below the 74% average for the CCG; and 58% of patients found their experience of making an appointment to be good, compared to 71% for the CCG.

In the practice patient survey carried out in December 2014, 69.5% of patients said they were either satisfied or mostly satisfied with the appointment system.

Clifton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The inspection team also included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Clifton Road Surgery

Clifton Road Surgery is located to the east of Rugby town centre. The practice was formed at the start of the NHS in 1948 and moved to its current location at a later date. There are currently 13,300 patients registered at the practice.

The practice is in an area with some pockets of deprivation and a growing migrant population, especially from eastern Europe. Rugby is one of the fastest growing towns in England and the growth of the town's population has placed increased demands upon the practice. It is also based in a listed a building which has planning restrictions. It is a longer term aim of the partner GPs and practice management to relocate the practice to more suitable facilities.

Clifton Road Surgery offers a range of NHS services including an antenatal clinic run by a community midwife and minor surgery. The practice also offers a family planning service and smoking cessation support. It is also a training practice and regularly hosts trainee GPs. At the time of our inspection, three trainees were based at the practice.

The practice has six GP partners (a mix of male and female), one salaried GP, three primary care practitioners (who are able to issue prescriptions), three practice nurses and two healthcare assistants. The practice recently advertised for an additional salaried GP to help meet increased patient demand, but was unsuccessful. They will shortly re-advertise. The clinical team are supported by a practice manager, and a team of administrative and reception staff.

A chaperone service is available patients who request the service. This is advertised throughout the practice.

This was the first time the Care Quality Commission (CQC) had inspected the practice. Based on information we gathered as part of our intelligent monitoring systems we had no concerns about the practice. Data we reviewed showed that the practice was achieving results that were average or in some areas above average with the Coventry and Rugby Clinical Commissioning Group in most areas.

The practice does not provide out of hours services to their own patients. Patients are provided with information about local out of hours services which they can access by using the NHS 111 phone number.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider had not been inspected before and that was why we included them.

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 is meeting the legal

Detailed findings

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 this inspection, we reviewed a range of information we held about Clifton Road Surgery and asked other organisations to share what they knew. These organisations included Coventry and Rugby Clinical Commissioning Group (CCG), NHS England local area team and Healthwatch. We carried out an announced inspection on 15 July 2015. During the inspection we spoke with a range of staff (GPs, nurses, practice manager, reception and administrative staff). We spoke with six patients who used the service, two of whom were members of the Patient Participation Group (PPG).

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

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

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

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

Good

Are services safe?

Our findings

Safe track record

We were satisfied that Clifton Road Surgery had appropriate systems in place to identify potential risks to patients and improve safety. We saw previously reported incidents and national patient safety alerts as well as comments and complaints the practice received from patients. The staff we spoke with were fully aware of the responsibility they had to raise any concerns and they told us how they would report incidents and near misses. This was confirmed by the practices' safety records, incident reports and minutes of meetings where these had been discussed. We examined those that had occurred within the last 18 months and looked at three in detail. Records demonstrated that concerns raised were investigated, discussed in staff meetings and learning points identified. This showed the practice had managed these consistently over time and could show evidence of a safe track record over the longer term.

We examined one example where a patient's home visit was missed. The visit was not carried out until the following day. Following this, the practice reviewed its procedure for allocating home visits. The daily duty doctor became solely responsible for allocating home visits to GPs and making any amendments required.

During our inspection we were shown records that demonstrated information gained from clinical audits and health and safety audits were assessed with patient safety in mind. For example, earlier in 2015, a clinical audit was carried out on a medicine used to treat rheumatoid arthritis. This was initiated when a GP issued a repeat prescription for a patient and noticed they had not had the required blood tests carried out recently. This led to a records check of all patients who received this medicine. Out of 23 patients, nine had a relevant test missing and these were carried out as a result. Patient records were notated to ensure tests were not missed and the practice planned to repeat the audit early in 2016.

Learning and improvement from safety incidents

Clifton Road Surgery had systems in place for reporting, recording and monitoring significant events, incidents and accidents. We examined records of significant events that had occurred over the last 18 months and we reviewed three. One related to the insertion of an out of date contraceptive coil. The practice took advice from the manufacturer and was told they would last for 10 years, so the patient was not at risk. However, the practice called the patient back into the practice and repeated the procedure. Stocks were checked to ensure no more items had been missed when dates were last checked. We saw how this incident and others had been discussed at practice meetings. Complaints were also reviewed at these meetings. There was evidence that the practice had learned from significant events and complaints and the findings were shared with relevant staff. Staff, including receptionists, administrators and nursing staff knew how to raise an issue that needed to be discussed at these meetings.

National patient safety alerts were discussed in staff meetings with practice staff. Staff we spoke with were able to give examples of recent alerts that were relevant to the care they were responsible for. For example, changes to procedures with some blood thinning medicine. Staff we spoke with also told us alerts were discussed during meetings held for clinical staff to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had procedures in place to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their training and examined training records and certificates. Staff we spoke with were able to describe potential signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details for relevant agencies were easily available to staff. GPs told us safeguarding alerts were placed on the records of vulnerable patients.

Two GP partners were the designated lead for safeguarding. One was the lead for vulnerable adults and another for children. The duty GP would deputise if the leads were absent. All had received appropriate training. All staff we spoke with were aware who the lead was and who to speak to in the practice if they had a safeguarding

concern. The lead safeguarding GPs were aware of vulnerable children and adults who were registered at the practice and records demonstrated good liaison with partner agencies such as the local authority. When a safeguarding referral had been made, the daily duty doctor was responsible for liaising with social services.

A patient chaperone policy was in place, which was advertised on the waiting room noticeboard and in consulting rooms. We saw records that demonstrated nursing staff had been trained to be a chaperone and understood the requirements. Some reception staff were also trained to be chaperones if nursing staff were unavailable. DBS checks had been carried out for these staff and those we spoke with understood this role. (A DBS check is a check to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

There were also systems in place to identify potential areas of concern. For example, for clinical staff to identify children and young people with a high number of accident and emergency attendances and follow up of children who failed to attend appointments such as childhood immunisations.

Medicines management

During our inspection, we checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. We saw that practice staff followed this policy by examining an incident when a failure had occurred. There were processes in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw records of practice meetings that noted the actions taken in response to a review of prescribing data. For example, changes to diabetes medicine guidelines. A member of the Coventry and Rugby Clinical Commissioning Group (CCG) medicines management team visited the practice weekly to provide advice on medicines management, including prescribing. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.) The practice had improved its prescribing data over the last 12 months and was currently 42 out of 77 practices within the CCG. A year ago it was 54 out of 77 practices. .

We saw there were Patient Group Directions (PGD) in place to support the nursing staff with the administration of vaccines. A PGD is a written instruction from a qualified and registered prescriber, such as a doctor, for a nurse or appropriately trained person to administer a medicine to groups of patients without individual prescriptions. We saw the PGDs had been signed by all the nurses who administered the vaccines and authorised by a manager. This meant that staff and managers were informed of any changes to the instructions. There was also a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and kept securely at all times.

The practice had also signed up to the electronic prescription service and at the time of our inspection, had been using it for one month.

Cleanliness and infection control

We noted the practice was visibly clean and tidy. Cleaning schedules were in place and cleaning records were kept. Information and guidelines were also in place about Control of Substances Hazardous to Health (COSHH). The practice used a contract cleaner and we saw a contract and service level agreement was in place. The practice carried out a cleaning audit in March 2015 to ensure the contractor was correctly performing. No concerns were found.

The practice had an infection control lead – a practice nurse. They had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We saw that all staff received induction training about infection control specific to their role and received regular updates. A monthly infection control audit was carried out; we examined the latest from June 2015. This had identified damage to the waiting room carpet and arrangements had been made to replace this. The infection control audit carried out in the previous month (May 2015) highlighted that although the children's toys in the waiting room were being regularly cleaned

according to the infection control guidelines, this had not been recorded anywhere. As a result, this check was added to subsequent audits and we saw it had been checked during the following month. We were satisfied any improvements identified for action were completed on time. Minutes of practice meetings showed that the findings of the audits were discussed.

There was an infection control policy with supporting procedures available for staff to refer to, which enabled them to plan and implement measures to control infection. They included the safe use and disposal of sharps; use of personal protective equipment (PPE); spills of blood and bodily fluid amongst others. There were notices about hand hygiene techniques displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

A policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed the practice carried out annual checks in line with this policy to reduce the risk of infection to staff and patients. The latest legionella risk assessment had been carried out in July 2014 and was due to be repeated in July 2015.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We saw evidence that their disposal was arranged through a suitable company.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. A testing schedule was in place. All portable electrical equipment was routinely tested and those we examined displayed stickers indicating the last testing date, August 2014. We saw this was due to be carried out again in August 2015.

Staffing & Recruitment

Practice management demonstrated how there were appropriate numbers of suitably qualified, skilled and experienced staff on duty each day. There was a staff rota throughout the week and always a member of clinical staff on duty. Some administrative staff were part time and able to work additional hours to provide staff cover if a staff member was unexpectedly absent. For planned staff absence, two staff members were allowed to be off at the same time. We saw a selection of policies and procedures in place to support this, including staff sickness and planned absences.

At the time of our inspection, the practice had just completed an exercise to re-allocate the GP partner lead roles following the recent retirement of the lead GP partner. To meet an increased patient demand, the practice recently carried out a recruitment exercise to find an additional salaried GP, but at the time of our inspection, had been unsuccessful. The practice planned to re-advertise in the near future and after our inspection, a salaried GP was successfully appointed.

We were shown the business continuity plan which had been adopted by the practice. This advised what to do should there be a shortage of GPs and practice staff due to sickness for example. This included arrangements for using locum GPs. Some locums used previously were directly employed, others were through an agency and service level agreements were in place for this. This helped to ensure sufficient availability of GPs to continue the primary care service provision to patients.

The practice had a comprehensive and up-to-date recruitment policy in place. The policy detailed all the pre-employment checks to be undertaken on a successful applicant before that person could start work in the service. This included identification, references and a criminal record check with the Disclosure and Barring Service (DBS). These were checks to 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. All clinical staff and newly appointed staff were DBS checked. We looked at a sample of recruitment files for GPs, administrative staff and nurses. They demonstrated that the recruitment procedure had been followed.

Additionally, the practice was also a training practice and regularly hosted trainee GPs. We saw how they were given appropriate training and supervision within the practice. At the time of our inspection, there were three trainee GPs at the practice. Those we spoke with confirmed they were well supported.

Good

Are services safe?

Monitoring safety and responding to risk

Clifton Road Surgery had relevant systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the building, medicines management, staffing, dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and there was an identified health and safety representative who had received appropriate training for the role. A monthly fire safety check was also carried out. A risk log was maintained for all identified risks.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. GPs explained how patients with long term medical conditions were monitored and appropriate alerts were placed on patients' medical records.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including oxygen and an automated external defibrillator (AED). This is a portable electronic device that was able to deliver an electrical shock to attempt to restore a normal heart rhythm. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest (heart failure) and anaphylaxis (an allergic reaction). Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

We looked at one incident when a patient had experienced chest pain outside the practice. There was a delay with the arrival of the emergency ambulance. Practice staff administered appropriate first aid and pain relief and kept the patient comfortable until the ambulance arrived. The ambulance service later complimented the practice for the way they had dealt with the situation.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Some aspects were managed jointly with a neighbouring practice. Management confirmed copies of this were kept at the homes of GPs and practice management. Risks identified included power failure, adverse weather including flooding and access to the building. If the practice building was unavailable, we saw arrangements were in place for the use of the neighbouring practice.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care & treatment in line with standards

During our inspection, we saw that Clifton Road Surgery assessed the needs of its patients and planned and delivered care and treatment in line with their individual needs and preferences. All patients we spoke with were happy with the care they received and any follow-up needed after their initial appointment. They said GPs and practice staff provided high quality care. GPs explained how they used the National Institute for Health and Care Excellence (NICE) templates for processes involving diagnosis and treatments of illnesses. NICE guidance supported the practice to ensure the care they provided was based on latest evidence and of the best possible quality. Patients received up to date tests and treatments for their disorders.

Clinical staff had the responsibility of managing the care and treatment of patients with long term conditions, such as asthma, diabetes and chronic obstructive pulmonary disease (COPD), the name for a collection of lung diseases including chronic bronchitis and emphysema. We found there were appropriate systems in place to ensure patients with long term conditions were seen on a regular basis, at least annually. Over the last 12 months, 95% of patients with COPD and 88% of patients with asthma had been reviewed. The most vulnerable patients (a total of 261) had care plans in place to avoid unnecessary admittance to hospital. Within the last 12 months, all patients with suspected cancer (a total of 397) were referred and seen by secondary health care within the two week target.

Patients who required palliative care (palliative care is a holistic approach to care for patients with incurable illnesses and their families) were regularly reviewed. Their details were passed to the out of hours practice each weekend to ensure care would continue when the practice was closed. At the time of our inspection, 21% of patients who received palliative care had been reviewed since April 2015 and a plan was in place to review all others during the remaining nine months until March 2016..

Management, monitoring and improving outcomes for people

The practice had a system in place for completing clinical audit cycles. Examples of completed clinical audits included unplanned hospital admissions and minor surgery procedures. We examined the clinical audit for unplanned hospital admissions. Between April and May 2014 there were 10 unplanned patient admissions to hospital. This had increased to 12 between April and May 2015. During that time (April 2014 to May 2015) the practice list size (the number of patients registered at the practice) had increased by an additional 500 patients. The practice examined the reasons why these patients had been admitted to hospital and discovered they were all unavoidable due to a combination of the age of the patients and their medical conditions involved. The practice aimed to repeat this audit during the same period in 2016.

Some of the monitoring carried out by the practice was undertaken as part of the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions such as diabetes, and implementing preventative measures. The results were published annually. The practice's performance was above average in some areas for the Coventry and Rugby Clinical Commissioning Group (CCG) for QOF. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.) With a total practice score of 99.9% for 2014-2015, an improvement from 98.4% in 2013-2014. In comparison, the CCG average for 2013-2014 was 94.1%. At the time of our inspection, the practice score placed it within the top 10% of practices within the CCG. Areas the practice scored well with included cancer (the practice score was 100%, above the 96.1% average for the CCG) and dementia (the practice scored 100%, above the 92.8% average for the CCG).

We also saw evidence that the practice attended training events hosted by other local practices to identify and discuss best practice. This had recently included developments in the prevention and treatment of yellow fever.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that all staff were up to date with attending courses such as annual basic life support and safeguarding. GPs were up to date with their yearly continuing professional development requirements and all either had been

revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

We saw that all staff had annual appraisals and any learning needs identified through this process were actioned appropriately. Staff we spoke with confirmed the practice actively provided opportunities for training and development. As the practice was a training practice, trainee GPs based there had access to senior GPs for support when needed.

Nursing staff had clearly defined duties which were outlined in their job description and they were able to demonstrate that they were trained to fulfil these duties. For example, in the administration of vaccines. We were shown certificates to confirm this.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. It received blood test results, x-ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP (usually the daily duty GP) who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles.

The practice held integrated team meetings every month to discuss concerns, for example, the needs of complex patients, those with end of life care needs or children who are at risk of harm. These meetings were attended by district nurses, palliative care nurses as appropriate and decisions about care planning were documented.

We saw evidence that clinical updates, difficult cases, significant events and emergency admissions to hospital were discussed and actions identified. Clinical staff also had a brief daily 'coffee meeting' to communicate anything important during the course of each day.

We saw records that confirmed the practice worked closely with the community midwife service, which was based within its building, the community mental health team and community drug teams. Clinics were held for hypertension (high blood pressure), diabetes and minor surgery amongst others, to which patients were referred when appropriate.

There was a large range of information leaflets about local services in the waiting room. Most of this information was in English, but other languages were available on request.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made most of its referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patient care. All staff were fully trained on the system.

Consent to care and treatment

There were processes to seek, record and review patient consent decisions. We saw there were consent forms for patients to sign agreeing to minor surgery procedures. We saw that the need for the surgery and the risks involved had been clearly explained to patients. We also saw evidence that audits of consent for minor surgery were carried out. An interpretation service could be used if patients did not have English as a first language.

We saw there was a process in place to obtain signed consent forms for children who had received immunisations. The practice nurse was aware of the need for parental consent and what action to follow if a parent was unavailable. There was information available for parents informing them of potential side effects of the immunisations. The GPs and nurses that we spoke with demonstrated a clear understanding of the importance of determining if a child was Gillick competent especially when providing contraceptive advice and treatment. A Gillick competent child is a child under 16 who has the legal capacity to consent to care and treatment. They are capable of understanding the implications of the proposed treatment, including the risks and alternative options.

Good

Are services effective?

(for example, treatment is effective)

Staff we spoke with had an understanding of the Mental Capacity Act 2005 and demonstrated knowledge regarding best interest decisions for patients who lacked capacity. Mental capacity is the ability to make an informed decision based on understanding a given situation, the options available and the consequences of the decision. People may lose the capacity to make some decisions through illness or disability.

The practice used an interpretation service to ensure patients understood procedures if their first language was not English

Health Promotion & Prevention

We saw all new patients were offered a consultation with a practice nurse or healthcare assistant when they first registered with the practice. If any medical concerns were found, the patient was referred to the GP or another healthcare professional if more appropriate. The practice also offered NHS health checks to all its patients aged 40-75. The practice's performance for cervical screening was 94%, above the national average of 81.88%.

The practice also offered smoking advice to all patients who smoked. As part of the practice stop smoking service, a total of 33.7% of patients who smoked had stopped smoking during 2014-2015.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

All patients we spoke with during our inspection and all patients who completed comment cards were satisfied with the care given by the practice and any follow up needed after their initial appointment. Patients told us they were treated with dignity and respect by all members of the staff team. Patients also told us how GPs and nursing staff were professional at all times and how they listened during consultations in person and over the telephone.

During our inspection we saw within the reception area how staff and patients interacted with each other, in person and over the telephone. Staff were helpful, polite and understanding towards patients. There was a notice displayed in the waiting room to inform patients they could have a private conversation with a staff member if they wished, rather than discuss something at the reception desk. Staff we spoke with emphasised the importance of patient confidentiality and treating patients in a way they would like to be treated themselves. We saw curtains could be drawn around treatment couches in consultation rooms. This ensured patients' privacy and dignity in the event of anyone else entering the room during treatment.

The 2014 GP National Patient Survey revealed that 91% of patients felt the last GP they saw or spoke with was good at listening to them. This was above the average for the Coventry and Rugby Clinical Commissioning Group (CCG) of 88%. (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.)

Care planning and involvement in decisions about care and treatment

We looked at patient choice and involvement at Clifton Road Surgery. GPs explained how patients were informed before their treatment started and how they determined what support was required for patients' individual needs. Clinical staff told us they discussed any proposed changes to a patients' treatment or medicine with them. Some patient we spoke with confirmed this. GPs described treating patients with consideration and respect and said they kept patients fully informed during their consultations and subsequent investigations. Patients we spoke with confirmed this and told us decisions were clearly explained and options discussed when available.

In the 2014 GP National Patient Survey, a total of 86% of patients said the last GP they saw or spoke with was good at explaining tests and treatments. The average for the CCG was 85%. Some patients we spoke with had long term conditions and they told us they were seen regularly.

Patient/carer support to cope emotionally with care and treatment

For this inspection, we did not speak with or receive any comment cards from patients who were also carers. However the GP and staff described the support they provided for carers. This included links to refer patients to appropriate organisations, including a counselling service for professional support. GPs told us the identity of carers was noted on patient records, approximately 1% of the total patient list. The practice also signposted patients and family members to a bereavement counselling service when appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Clifton Road Surgery was responsive to the needs of its patients and had appropriate systems in place to maintain the level of service required. The needs of the practice population were understood, particularly within the context of the local area and systems were in place to address identified needs in the way services were delivered. For example, the practice had an increase of patients from eastern Europe and had put appropriate measures in place to ensure all staff were aware how to use the translation service and provide printed information in other languages when required.

We were told by clinical staff how the practice links with organisations who provided support for alcohol and substance abuse and how patients could be referred for counselling when this was felt to be beneficial. The practice registered homeless people and travellers to enable them to access NHS services. At time of our inspection, there were no travellers registered with the practice. GPs told us as the practice was close to the town centre they rarely had travellers registered at the practice.

Patients who received palliative care (the specialised medical care of people with advanced progressive illness) were given support to stay in their own homes if they wished to do so. This included clinical staff visiting patients' homes at weekends if this was required.

Services were carefully planned to meet the demand of the local population. We saw minutes of meetings that demonstrated patient capacity and demand were regularly discussed during staff meetings.

We asked GPs about patient capacity and demand. GPs told us they faced increased demands as Rugby was one of the fastest growing towns in England. An increase in the migrant population, particularly from eastern Europe had placed additional demands upon the practice. To meet this increased patient demand, the practice recently carried out a recruitment exercise to find an additional salaried GP, but at the time of our inspection, had been unsuccessful. The practice planned to re-advertise in the near future and after our inspection, a salaried GP was successfully appointed. Review meetings were held with the CCG and a partner GP attended these. Capacity and demand had been regularly discussed at these meetings.

There was an established Patient Participation Group (PPG) in place at the practice. This was a group of patients registered with a practice who work with the practice to improve services and the quality of care.

This ensured that patients' views were included in the design and delivery of the service. We saw how the PPG played an active role and was a key part of the organisation. Regular meetings were held. We saw how the PPG had been involved with discussions to improve patient care, consider improvements to the practice in the light of the GP National Patient Survey Results such as promoting the use of on-line booking.

Tackling inequity and promoting equality

The majority of patients who used the practice spoke English. For those who did not have English as a first language, practice staff could use a translation service and printed information could be provided in other languages when required.

There was an induction loop to assist people who used hearing aids and staff could also take patients into a quieter private room to aid the discussion if required. Notices to offer this were displayed in the waiting room. The ground floor of the practice was fully wheelchair accessible. Patients who were unable to manage stairs were given an appointment on the ground floor.

There were male and female GPs in the practice; therefore patients could choose to see a male or female doctor.

Access to the service

The practice opened from 8am to 6.30pm every weekday. Appointments were offered throughout this time. In addition, the practice held a surgery every Tuesday morning from 7am to 8am and on Saturdays from 8.30am to 12pm primarily aimed at patients who worked during the week. All patients who needed same day or emergency appointments were seen on the same day in line with the practice policy. There was also a message book for patients to leave non-urgent messages for GPs who responded to them later. Patients could make appointments for up to four weeks ahead and could also make appointments and order repeat prescriptions through an on-line service. Home visits were available for patients who were unable to go to the practice.

The 2014 GP National Patient Survey also disclosed that 90% of patients said the last GP appointment they were

Good

Are services responsive to people's needs?

(for example, to feedback?)

given was at a time convenient to them. This was just below the CCG average of 91%. A total of 43% of patients found it easy to get through to the practice by telephone, compared to an average for the CCG of 74%.

The GP partners were aware of the potential issues with capacity and demand at times and it was a frequent agenda item in meetings as they kept the situation under review. The practice had also changed from using a higher rate 0844 telephone number to a standard geographic telephone number, so local patients only paid for the cost of a local rate telephone call.

The 2014 GP National Patient Survey revealed that 66% of patients were satisfied with the practice opening times, which compared with an average of 75% for the CCG. Extended opening hours had improved this and the practice expected an improved patient survey result in the future.

Outside of surgery times, an out of hours service was provided by another organisation and patients were advised to call the NHS 111 service. This ensured patients had access to medical advice outside the practice's opening hours.

The information from CQC comment cards and patients we spoke with indicated that the service was easily accessible and that patients were always seen on the same day if this was needed.

Listening and learning from concerns & complaints

Clifton Road Surgery had a system in place for handling complaints and concerns. The complaints policy was devised in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints received by the practice. During our inspection, we looked at how patients' concerns were listened to and acted upon. There was information about how to complain displayed in the waiting area and in literature produced by the practice. The complaints procedure identified how complaints would be dealt with. It also identified the timescales for responding to and dealing with complaints. The practice had a complaints summary which summarised the complaints for each year. This was used to identify any trends.

We looked to see whether the practice adhered to its complaints policy. Since April 2014 the practice had received 16 complaints. There were no themes within the complaints and none related to safety incidents. We examined three complaints in detail. One related to concerns about a diagnosis (which on investigation was unfounded), another related to a communication failure by the practice and the third concerned a delay with results. We found the complaints had been dealt with appropriately and within the timescales set out in the practice's complaints policy. Patients were given a detailed explanation and when appropriate, an apology.

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

Clifton Road Surgery described its vision as:

- To be a forward looking, forward thinking practice.
- To offer the highest standard of patient centred care.
- To deliver safe, high quality services.

This was displayed in literature produced by the practice, on the practice website and as referred to by GPs and staff we spoke with during our inspection. GPs demonstrated how the practice kept up to date with research and governance recommendations and communicated these to all staff accordingly. We saw how GP partners examined and reviewed significant events, initiated and reviewed clinical audits and to oversee the management of these policies. GPs and staff we spoke with understood the vision and values of the practice and their responsibilities in relation to this.

Throughout our discussions with GPs and staff, it was evident that the team at the practice shared a desire to provide patients with a safe and caring service where patients were treated with dignity and respect. Patients we spoke with and patients who completed comment cards confirmed this. Staff also told us the practice was a good place to work in and they were fully supported by all GPs and management.

GP partners held routine partners' meetings outside of surgery opening times, to discuss important issues such as forward planning, succession planning, practice objectives and future direction and vision. The practice regularly reviewed these objectives at staff meetings.

The practice had a delivery plan for the next twelve months. This was actively reviewed as shortly before our inspection, the lead GP partner had retired. As a result, some internal re-organisation had been carried out and some changes to GP partner lead roles were made. One of the key aims for the next 12 months was to appoint a project manager to start work on re-locating the practice to more suitable premises, or locate land where a suitable practice building could be built. This was because the present building had severe limitations due to limited space to expand internally and that it was a listed building.

Governance Arrangements

All GP partners had lead roles and specific areas of interest and expertise. This included governance with clearly defined lead management roles and responsibilities. Some of these areas of responsibility had recently been changed due to the retirement of the lead GP partner. The remaining GP partners told us they felt the transition had been a smooth one with no disruption caused to the practice during this time of change. Staff we spoke with shared this view. Succession planning was in place for other GP partners.

The practice held a regular meeting of clinical staff which included discussions about any significant event analyses (SEAs) that had been done. All of the clinical staff were represented at these meetings and where relevant, other staff also took part in the discussions about SEAs. This helped to ensure learning was shared with appropriate members of the team. GPs also met regularly to discuss clinical and governance issues and had a brief meeting each day to discuss any concerns.

The practice used information from a range of sources including their Quality and Outcomes Framework (QOF) results and the Clinical Commissioning Group (CCG) to help them assess and monitor their performance. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions such as diabetes and implementing preventative measures. The results are published annually. The practice's performance placed them in the top 10% of practices within the Coventry and Rugby Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw examples of completed clinical audit cycles, such as cervical screening. This demonstrated the practice reviewed and evaluated the care and treatment patients received.

Leadership, openness and transparency

The practice had a team of partners, some of whom had worked together over a number of years to provide stable leadership. They were supported by a practice manager who was described by clinical and other staff as playing a crucial role in the management of the practice. The practice had started the recruitment process for a salaried GP, but this had been unsuccessful so far. At the time of our

Are services well-led?

Good

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

inspection, the post was due to be re-advertised. GPs and staff at Clifton Road Surgery told us there was excellent teamwork within the practice and communication was completely open. Discussion we had with staff and interactions we saw between staff and GPs confirmed this.

Practice seeks and acts on feedback from users, public and staff

The practice had an established Patient Participation Group (PPG) in place. This was a group of patients registered with the practice who work with the practice to improve services and the quality of care.

This ensured patient views were included in the design and delivery of the service. We saw minutes of previous PPG meetings and saw how the PPG had been fully involved in initiatives such as promoting on line patient services and in preliminary discussion about a new practice building.

It was clear that all staff were fully involved in the running of the practice. We saw there were documented regular staff meetings. This included meetings for clinical staff and meetings that included all staff. This ensured staff were given opportunities to discuss practice issues with each other.

The practice asked patients who used the service for their views on their care and treatment and they were acted on. This included the use of surveys to gather views of patients who used the service. We saw that there were systems in place for the practice to analyse the results of the survey so that any issues identified were addressed and discussed with all staff members. In December 2014, the practice carried out a patient satisfaction survey. A total of 500 questionnaires were issued to patients and 310 were returned. The returned rate represented 2.3% of the total number of patients registered at the practice. Of the total number of responses received 69.5% of patients said they were satisfied with the appointment system.

Management lead through learning & improvement

We saw evidence that the practice was focussed on quality, improvement and learning. Training records we examined demonstrated that staff training was up to date and regularly reviewed. Staff we spoke with told us this was closely linked to the staff appraisal scheme and they could request appropriate training that they felt would benefit the practice and assist with their personal development. In addition, the entire practice team had sessions each year for 'protected learning'. This was used for training and to give staff the opportunity to spend time together. The results of significant event analyses and clinical audit cycles were also used to contribute to staff learning as well as to monitor performance.