

Whitehall Medical Practice

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Whitehall Medical Practice on 8 November 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. We noted that the number of carers on the carers register was less than expected and the practice were taking action to address this.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had suitable facilities and was well equipped to treat patients and meet their needs.
- 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 provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to explore ways of increasing the numbers of carers identified.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and staff were aware of this and participated in the process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong, patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated knowledge of the processes and provided examples of how they had used these.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the Clinical Commissioning Group (CCG) and the national average. The practice overall achievement was 97% compared to the CCG and national average of 94% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance and had access to up to date national and local guidance. Changes in best practice were discussed at clinical meetings.
- Clinical audits demonstrated quality improvement and we saw evidence to confirm this.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff had specific roles which reflected their expertise.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed the practice results were comparable with the CCG and national averages in most areas.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Comment cards patients had left reported high levels of satisfaction. They referred to GPs by name and highlighted specific support they had been given regarding their long-term conditions and times when dealing with difficult health issues.
- The number of carers identified by the practice was less than expected for the size of the practice. However, the practice had immediate discussions and had put measures in place to address this and amended their carers policy.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Although some patients commented that trying to get through on the telephone could be difficult at times. The practice had responded to this and recruited additional staff to deal with calls during busy times.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs. There was a lift to assist patients who needed to be seen on the first floor.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was re-establishing after a period of inactivity and the practice was encouraging this engagement.
- There was a focus on continuous learning and improvement at all levels and the practice supported GP trainees and regular staff to improve and develop.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice participated in the local incentive scheme for care homes and provided services to 18 local care homes with an allocated named GP for each one.
- Weekly visits were provided to the larger care homes and we saw positive feedback regarding the service provided.
- Housebound patients were visited at home to provide the flu vaccinations and we saw positive feedback from older patients who appreciated the care provided by the practice.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes who had a blood glucose level within the acceptable recommended range was 70%, which was comparable to the CCG and national average of 71% and 70% respectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who had not attended for immunisation or health checks. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were 82%, which was comparable with the CCG and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (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 that reflects the needs for this age group.
- The practice offered extended hours appointments to provide easier access for patients who worked or who could not attend during normal hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The number of carers identified by the practice was less than expected for the size of the practice. However, the practice had immediate discussions and had put measures in place to address this and amended their carers policy.

People experiencing poor mental health (including people with dementia)

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

- 72% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months, which was comparable to the CCG and the national average of 76% and 78% respectively. Exception reporting was significantly lower than the CCG average in this area.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 92%, which was significantly higher than the CCG and national average of 77% and 78% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to assess whether to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was performing in line with local and national averages in most areas with the exception of getting through on the telephone and recommending the practice. There were 218 survey forms distributed and 108 were returned. This represented approximately 1% of the practice's patient list.

- 42% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards the majority of which were positive about the standard of care received although some patients also commented that they sometimes experienced difficulty getting through on the telephone to book an appointment. Discussions with the practice demonstrated that they had discussed this issue and had put measures in place to address it.

We spoke with two patients during the inspection who told us they were satisfied with the care they received and thought staff were approachable, committed and caring. They commented on the high quality of care and their satisfaction with the GPs at the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to explore ways of increasing the numbers of carers identified.

Whitehall Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a second CQC inspector.

Background to Whitehall Medical Practice

Whitehall Medical Practice is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 13,500 patients living in Hillmorton and surrounding areas of Rugby. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a spacious two-storey building where consultations with patients take place on both levels. There is a lift available to allow access to the first floor for patients with mobility problems.

The practice population has a higher than average number of patients aged 10–20 years, 45–50 years and 60–80 years. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is made up of predominantly white British with pockets of patients from ethnic minority groups.

There are four GP partners, two female and two male. The practice also employ a salaried female GP, a nurse practitioner, four practice nurses, a practice manager and reception manager, who are supported by a team of administrative and reception staff.

Whitehall Medical Practice is an approved training practice for trainee GPs and supports medical students training to be doctors. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice.

The practice is open on Monday until Friday between 8am and 6pm, and offers extended hours appointments, which are provided from 6.30pm until 10pm on Mondays by pre-bookable appointments only. The practice provides a triage service daily with a dedicated duty GP from 8am until 6.30pm. Between the hours of 6pm and 6.30pm calls are taken by the out of hours provider through a local agreement. When the surgery is closed, services are provided by the local out of hours service who can be contacted via NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 November 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, the practice manager and reception and administration staff. We also spoke with patients who used the service.
- We observed how staff assisted patients, carers and family members when they called at the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system for reporting and recording significant events.

- The practice had a comprehensive form for reporting significant events which showed actions and the person responsible and who it was shared with. Staff were aware of the process and told us they would inform the practice manager of any incidents. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and these were discussed with staff at team meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw where there had been an incident where a specific medicine had been shown to affect blood test results. The practice had responded by auditing all patients who could have been affected to ensure they were not at risk. We noted there was no system to revisit actions from alerts to determine if the actions had been effective. However, following our inspection the practice submitted evidence to demonstrate they had reviewed and updated their incidents policy to address this.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff on the practice

intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and a deputy to act in their absence. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two. All other staff had received training at a level appropriate to their role. Staff described a recent situation where they had utilised their safeguarding training to explore concerns and we noted they had followed the correct procedures in line with their policy.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control clinical lead and both nurses had received infection control training. There was an infection control protocol in place and the lead nurse had carried out a recent infection control audit. They had identified some areas where action was required regarding cleaning of equipment and had implemented changes to the cleaning schedule to address this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We noted that whilst there was an alert for most high risk medicines there were some which were not included in this process. We checked records of patients on high risk medicines and found they had all received appropriate monitoring. Following our inspection the practice informed us that they had discussed this and amended the system to include an alert on all records of all patients taking high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted they had carried out work to address higher than average levels of prescribing medicines for patients with mental health issues. They had reviewed all patients and as a result this had reduced considerably to be comparable with the CCG average. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and we saw a health and safety assessment had been undertaken in September 2016. The practice had up to date fire risk assessments and carried out regular fire drills. We saw the latest fire drill had taken place in July 2016. All electrical equipment had been checked in November 2015 to ensure the equipment was safe to use and clinical equipment had also been checked at this time to ensure it was working properly. This was scheduled to be completed annually. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control

of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and staff told us of an occasion when they had utilised this during a patients collapse. They reported that staff had responded promptly and provided assistance with a positive outcome.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, although we noted that the week prior to our inspection, the nurse who checked the medicines had restocked a medicine as it was out of date the following day, but had not removed the ampule that was out of date. Discussions with the staff member clearly demonstrated that this was an oversight and they had an intention to remove it. The practice took immediate action and initiated a significant event analysis and changed their procedure in response to this as an additional safeguard.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. We saw that staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. They also had access to local referral and prescribing guidance and we saw how they had received recent changes in guidance in mental health and shared this in the practice.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published data from 2015/16 showed the practice had achieved 97% of the total number of points available with a lower than average exception reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Overall exception reporting for the practice was 5% which was lower than the Clinical Commissioning Group (CCG) and national averages of 9% and 10% respectively.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes in whom the last blood pressure readings was within the recommended target level was 77% which was comparable with the CCG and national averages of 77% and 78% respectively.

- Performance for mental health related indicators was higher than the CCG and national average. For example, 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their record, in the preceding 12 months, which had been agreed between individuals, their family and/or carers as appropriate compared to the CCG and national average of 86% and 89% respectively.

There was evidence of quality improvement including clinical audit.

- We looked at two clinical audits that had been completed in the last two years, both of these were complete audits where the improvements made were implemented and monitored. For example, the practice had reviewed the prescribing of certain medicines used in mental health and demonstrated improvements and more appropriate prescribing. The practice had also carried out an audit of blood tests in prostate cancer and demonstrated an improvement in referral for investigation.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had an allocated QOF lead and achievement was discussed regularly at the monthly meetings to identify areas where improvement was required. For example, hypertension (high blood pressure) was identified as an area which required action and the practice had introduced a hypertension clinic.

Effective staffing

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

- The practice used an external company to assist with the recruitment process and utilised standardised procedures. They had an induction programme for all newly appointed staff which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and family planning.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific

Are services effective?

(for example, treatment is effective)

training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice meetings and protected learning sessions.

- 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 their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance, equity and diversity, dementia awareness and infection control. Staff had access to and made use of e-learning training modules, internal and external training.

Coordinating patient care and information sharing

The practice had effective links with community colleagues and held regular multi-disciplinary meetings to share information regarding care. The practice received communication via email following out of hours consultations. Information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs and we saw evidence to demonstrate this.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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 (MCA). We noted that some staff had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff used the computer to record informed consent using appropriate codes. We saw the practice written consent form for joint injections and minor surgery which was scanned onto the patient's record when complete.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. The nursing team gave examples of patients they had successfully supported through weight management programmes. Patients were signposted to relevant services when necessary.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. This had been allocated to a specific member of the nursing team to manage. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and showed positive uptake for these services. For example:

Are services effective?

(for example, treatment is effective)

The percentage of females aged 50-70, screened for breast cancer in last 36 months was 79% compared to the CCG average of 71% and national average of 72%.

The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 67% compared to the CCG and national average of 58%.

Childhood immunisation rates for the vaccinations given were high. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% and five year olds from 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- There was a notice in the reception area requesting patients to remain back from the reception desk whilst other patients were being attended to.
- There was a sign in the reception advising patients that a room was available if they needed to speak with staff privately. Staff told us they had received training in confidentiality and we saw evidence to confirm this.
- There was a lift in the building to allow patients easy access to the first floor. The reception area was spacious and provided easy access for patients using wheelchairs and mobility aids.

There were 30 patient Care Quality Commission comment cards left at the practice. Of these, 26 were positive about all aspects of the service experienced. Four comment cards, whilst patients expressed satisfaction with the GPs and staff, commented that sometimes appointments could be difficult to get. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented on the kindness of staff and how they demonstrated a caring attitude at all times. Patients undergoing long term treatments had commented on how the staff had shown compassion and understanding and given them enough time to talk during their consultations.

We spoke with two patients who attended the practice who told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us the staff and GPs were caring and compassionate and referred to staff by name commenting on their skill and expertise at dealing with their condition. Comment cards highlighted that staff responded

compassionately when they needed help and provided support when required. We also saw correspondence that patients had sent to the practice commenting on their satisfaction of the care they received.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice results were lower than or comparable to the Clinical Commissioning Group (CCG) and the national average for satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Some patients commented on the vigilance of the GPs in identifying serious conditions and their prompt referral to specialist care and treatment. They also told us how they had been supported by staff through difficult treatment regimes. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to

Are services caring?

questions about their involvement in planning and making decisions about their care and treatment. Results were mainly in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available for a range of conditions to assist patients' understanding of their treatment.
- Patients with a learning disability were called for annual review. There were 28 patients on the register and seven checks had been made since April 2016.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations, for example, dementia and diabetes.

The practice had a register of carers who were referred to Warwickshire County Council for a carer's assessment. We noted the practice had identified 20 patients as carers recorded on their register which represented significantly less than 1% of the practice population. Following our inspection the practice told us they had discussed this issue at a practice meeting and had revised their carer's protocol to include more proactive measures to identify carers and subsequent referral for additional support. They submitted documentary evidence to confirm this. The practice coded carers status and recorded this on the practice's computer system to alert them to offer flu vaccination and health checks and facilitate flexible appointments. We saw information in the reception area to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and determine whether additional support or input may be necessary.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was involved as a pilot site for a project to assess patients in the community and prevent the need for admission to hospital.

- The practice offered extended hours appointments on Mondays from 6.30pm until 10pm for working patients and those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and older patients to allow time for review of their medication.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a triage service daily with a dedicated duty GP from 8am until 6.30pm.
- Telephone appointments were available and booking appointments could be done online, at reception or by telephone.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift available to improve access for patients with mobility difficulties.

Access to the service

The practice was open between 8am and 6pm Monday to Friday with extended hours appointments available on Mondays from 6.30pm until 10pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, appointments were available on the day by calling the practice and the duty GP would triage patients and assess whether they needed to see the patient that day. Patients we spoke with on the day told us that they were able to get appointments when they needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 42% of patients said they could get through easily to the practice by telephone compared to the national average of 73%.

The practice were aware of difficulties patients had expressed in accessing the practice by telephone and had discussed this in the practice and we saw they had developed an action plan which included ensuring more staff were allocated to the reception at busy times. They had also put plans in place to recruit another member of staff in November 2016 to deal with the volume of work as well as increasing the number of staff at busy periods in the interim. Following our inspection the practice confirmed that the first new member of staff had commenced employment and that they had recruited an additional two members of staff to deal with reception enquiries and calls more efficiently. Whilst the National GP Patient Survey responses indicated difficulty in getting through on the telephone, patient satisfaction with being able to get an appointment was not reported to be affected as responses to this were positive, for example:

- 83% of patients reported being able to get an appointment when they needed one which was comparable with the CCG average of 83% and national average of 85%.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. The duty GP was available to determine this. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a poster in reception advising patients what to do if they wished to complain and to request suggestions and feedback on the service.

We looked at nine complaints received in the last 12 months and saw these had been dealt with appropriately with openness and transparency in a timely manner. We saw that patients were given an apology when appropriate and that lessons were learnt from individual concerns and complaints. The practice kept a summary of complaints to allow analysis of trends and action was taken to as a result to improve the quality of care. For example, we saw that administrative changes had been made in response to complaints involving members of the reception and administration team, such as additional training.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients by promoting health and working with other agencies. Their aims and objectives were set out in their statement of purpose. The practice had a strategy and supporting business plans which reflected the vision and values and these were regularly monitored. For example, the practice were exploring refurbishment of the building to improve facilities and services for patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice had identified the skills and qualities of all staff and allocated responsibilities to utilise these effectively. This involved lead GPs for areas such, as clinical governance, the Quality and Outcomes Framework (QOF), safeguarding, family planning and specific long term conditions.
- Practice specific policies were implemented and were available to all staff and staff we spoke with were aware of how to access these.
- A comprehensive understanding of the performance of the practice was maintained via informal discussion and formal practice meetings. They held weekly partnership meetings, monthly clinical meetings, bi-monthly nurse team meetings and attended monthly clinical protected learning sessions.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

During our inspection the partners in the practice demonstrated that they had analysed and addressed all areas of management of the practice and had prioritised

these and implemented systems to ensure safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. This included feedback from GP trainees who reported feeling well supported during their training.

The provider was 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment they gave affected people reasonable support, information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw evidence to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Nursing staff we spoke with were enthusiastic regarding their involvement and ideas for improvements within the practice said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had experienced difficulty in maintaining the involvement of the Patient Participation Group (PPG) in the past but had recently re-established a new group in order to gain the views and experiences of patients. The PPG had held their first meeting a few

Are services well-led?

Good 

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

weeks prior to our inspection and we saw this was scheduled to continue. We saw minutes from the first meeting and how the PPG were to be engaged in producing the monthly practice newsletter. The practice had addressed feedback from the National GP Patient Survey where telephone access had been a cause of concern for patients. As a result the practice had reviewed the staff available to answer telephones at busy periods and recruited an additional member of staff to improve telephone access.

- The practice had gathered feedback from staff generally 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 was run.