

Avonside Health Centre

Quality Report

Portobello Way
Warwick CV34 5GJ
Tel: 01926 492311
Website: www.avonsidehealthcentre.nhs.uk

Date of inspection visit: 05 July 2016
Date of publication: 28/11/2016

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?

Requires improvement



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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Avonside Health Centre	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	24

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Avonside Health Centre on 5 July 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 with the exception of those relating to non-clinical staff involved in chaperoning activity.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been 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.

- 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 good 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.

However, there was an area of practice where the provider must make improvements.

The provider must:

Summary of findings

- Ensure they complete risk assessments to demonstrate the rationale for not carrying out DBS checks for staff acting as chaperones.

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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received relevant information, reasonable support 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.
- Risks to patients were assessed and well managed
- Two staff who were carrying out chaperone duties had not received a Disclosure and Barring Service (DBS) check and a risk assessment had not been carried out to determine whether these were required.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or better than regional and national averages. The most recent published results showed that the practice received over 99% of the total number of points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, for example 98% of patients said they had confidence and trust in the last GP they saw.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with dignity, 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 (CCG) to secure improvements to services where these were identified.
- 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 good facilities and was well equipped to treat patients and meet their needs.
- 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.

- 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 mostly supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- 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 was active and engaged.
- There was a strong focus on continuous learning and improvement at all levels.

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 recently participated in the over 75 health check scheme run by the CCG GP federation, with 225 checks carried out in the last 12 months (29% of the practice list).
- The practice directed older patients to appropriate support services.

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.
- Performance for diabetes-related indicators was in line with CCG and national averages. For example 97% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively.
- Double 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.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.

Good



Summary of findings

- 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.
- Performance for cervical indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 81% compared with CCG and national averages of 83% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined 'mum and baby clinics' carrying out post-natal and early child development checks.

We saw positive examples of engagement and 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.
- Appointments were offered to accommodate those unable to attend during normal working 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 practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as carers (approximately 2% of the practice list).

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).

- Performance for mental health related indicators was in line with the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 98% compared with CCG and national averages of 93% and 88% 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 advance 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.
- 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 during January 2016. The results showed the practice was performing in line with or better than local and national averages. 279 survey forms were distributed and 119 were returned. This represented a 43% response rate and approximately 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared with 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 with the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared with the national average of 85%.

- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 46 comment cards and almost all of these were fully positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. There were a small number of negative comments relating to the difficulty in getting appointments.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The provider must:

- Ensure they complete risk assessments to demonstrate the rationale for not carrying out DBS checks for staff acting as chaperones.

Avonside Health Centre

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, a second CQC inspector and a practice manager specialist adviser.

Background to Avonside Health Centre

Avonside Health Centre is a purpose built premises located in Warwick within the NHS South Warwickshire CCG. The practice is well served by the local bus network and there is accessible parking for over 40 vehicles. The practice and facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 9,100 patients in the local community. The practice population is mostly white British.

The clinical staff team consists of three male and three female GP partners, two trainee GPs, an Advanced Nurse Practitioner, three Practice Nurses and a Health Care Assistant. The clinical team is supported by a Practice Manager and a team of 14 administrative and reception staff. The practice conducts GP training and is involved in research in collaboration with the National Institute for Health Research.

The practice is open from 8am to 9.30pm on Monday; 8.30am to 6pm on Tuesday, Wednesday and Thursday; 8am to 6pm on Friday, and 8.15am to 11.15am on alternate Saturdays. The practice is not open on Sunday. Appointments are between 8.30am and 6pm on weekdays

with extended hours appointments available on Monday evening and Saturday morning as described above. Appointments with the Nurse Practitioner are available from 8am on weekdays.

Telephone lines are open from 8.30am to 6pm on weekdays. Advice is available through the West Midlands Ambulance Service Duty Doctor from 8am to 8.30am and 6pm to 6.30pm on weekdays.

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the South Warwickshire CCG. We carried out an announced visit on 5 July 2016. During our visit we:

- Spoke with a range of managerial, clinical and non-clinical staff and spoke with patients who used the service;
- Observed how patients were being cared for and talked with carers and/or family members;

Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients, and;
- Reviewed a total of 46 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 in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a dedicated recording form available on the practice's computer system. 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, clear 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 had a dedicated form for logging circumstances, learning points and actions.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare Products Regulatory Alerts), patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, following a patient collapse and resulting equipment damage and mercury spillage, the practice implemented a specific spillage procedure and communicated this effectively. The practice also replaced related equipment with non-breakable items.

Overview of safety systems and processes

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

- Arrangements 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs and nursing

staff 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 and nursing staff were trained to child protection or child safeguarding level 3.

- Staff and patients told us that chaperones were offered at the start of each consultation if required.
- Two non-clinical staff who acted as chaperones were trained for the role however they had not received a Disclosure and Barring Service (DBS) check, and there was no risk assessment in place to demonstrate why this was not required or had not been completed. (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). These two staff were the only non-clinical staff carrying out chaperone duties. Clinical staff assisting with chaperone duties had received DBS checks.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Nurse Practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The nurse practitioner was supported in infection control duties by the Health Care Assistant. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. The practice carried out regular medicines audits, with the support of the local CCG medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The Nurse Practitioner had qualified as an Independent Prescriber and could therefore prescribe medicines for

Are services safe?

specific clinical conditions. She received appropriate mentorship and support from the GP Partners for this role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was due to attend training to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The two non-clinical staff who acted as chaperones had not received a DBS check.

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 available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. All equipment had been tested during the last 12 months. 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. There was a system in place to ensure that specific GPs could deputise for named doctors to support continuity of care.

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.
- There was an emergency button in the reception area.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

The practice had a comprehensive business continuity plan and risk assessment in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of these were kept off site.

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. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at weekly clinical meetings. Staff used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available.

The practice's exception reporting figures were in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 97% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG

and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 18% compared with the CCG average of 14% and the national average of 18%.

- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 98% compared with CCG and national averages of 93% and 88% respectively. The practice's exception reporting rate for this indicator was 2% compared with the CCG average of 11% and the national average of 13%.
- Performance for hypertension related indicators was similar to the CCG and national averages. For example the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was under the recommended rate was 90% compared with CCG and national averages of 86% and 84% respectively. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example the percentage of patients with asthma on the register who had received an asthma review in the preceding 12 months that included an assessment of asthma control was 82% compared with CCG and national averages of 77% and 75% respectively. The practice's exception reporting rate for this indicator was less than 1% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a clinician. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out four clinical audits in the last year, and each of these were completed audits where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- This included audits into oral contraception and Body Mass Index (BMI - a value derived from measuring the height and weight of an individual) and the use of medicines for older people.
- Documented improvements included a reduction in the number of patients with a high BMI using oral contraception, and reviews of medicines (with subsequent changes) for older people.
- The practice provided examples of participation in research as part of the National Institute for Health Research Clinical Research Network, working in collaboration with staff and students from Warwick Medical School.
- Findings were used by the practice to improve services. For example, recent action taken as a result included making changes to systems for reviewing patient medicines.

Information about patients' outcomes was used to make improvements. For example the practice responded to findings of medicines reviews for patients with high levels of polypharmacy (using four or more different medicines) by using this information to inform improved prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This 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, clinical staff could evidence a range of specialist training such as specific conditions and health promotion.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific 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 on line resources and discussion at practice meetings.

- 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.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Coordinating patient care and information sharing

We saw that the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

We saw that 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 regular basis when care plans were routinely reviewed and updated for patients with complex needs. The frequency of these meetings was decided according to patient need.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff demonstrated that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

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.
- The process for seeking consent was monitored through patient records audits.

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, those requiring advice on their diet, smoking and alcohol cessation and armed service veterans. Patients were signposted to relevant services locally.
- Dietary and smoking cessation advice was available from practice staff and from local support groups.
- The practice recently participated in the over 75 health check scheme run by the CCG GP federation which included providing detailed, holistic patient reviews. The practice carried out 225 checks in the last 12 months (29% of the practice list).

The practice's uptake for the cervical screening programme was 74%, which was in line with the CCG average of 77% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe

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.

The practice had rates of breast and bowel cancer screening that were slightly below the CCG and in some cases the England averages. For example,

- 68% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and England averages of 75% and 72% respectively.
- 60% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and England averages of 64% and 58% respectively.

Staff told us that they were aware of the lower figures for screening and had plans to improve the rates by targeting and communicating with patients. We saw evidence that this was discussed in clinical meetings.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100%, and for five year olds from 96% to 100%. The CCG averages ranged from 84% to 99% for under two year olds, and from 93% to 98% for five year olds.

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. 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 consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff told us that there were generally rooms available for this.
- Staff told us that Doctors met with patients in the reception area and accompanied them to consulting rooms.

Almost all of the 46 patient Care Quality Commission comment cards we received were fully positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. In particular reception staff were described as being helpful, considerate and polite. There were a small number of negative comments relating to the difficulty in getting appointments.

We spoke with the Chair of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared with the CCG average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared with the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 97% and the national average of 95%.
- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The practice operated a 'usual doctor' system to enhance continuity of care for patients. Each patient's usual doctor dealt with incoming correspondence, results and medication requests. Each doctor had a named deputy who covered when they were absent, so staff and patients knew who to contact.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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. Information about local support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 160 patients as

carers (just under 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them which included a noticeboard section in the reception area. Patients who are carers told us that they were signposted to local support services. Staff told us that carers were invited to the practice for a flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the reception team would send a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

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 CCG to secure improvements to services where these were identified.

- The practice offered evening appointments on Mondays and morning appointments on alternate Saturdays for working patients who could not attend during normal opening hours.
- There were double appointments available for any patients needing them.
- 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 those patients with medical problems that required same day consultation.
- The practice provided combined 'mum and baby clinics' carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by deaf patients.
- The practice and all facilities were fully accessible for wheelchair users and there were automatic doors, a wheelchair friendly reception desk, disabled toilets and a lift in place.
- There was adequate onsite parking with designated disabled parking spaces.

Access to the service

The practice was open from 8am to 8.30pm on Monday, 8.30am to 6pm on Tuesday, Wednesday and Thursday, 8am to 6pm on Friday, and 8.15am to 11.15am on alternate Saturdays. The practice was not open on Sunday. GP appointments were between 8.30am and

6pm on weekdays with extended hours appointments available on Monday evening and Saturday morning as described above. Appointments with the Nurse Practitioner were available from 8am on weekdays.

Telephone lines were open from 8.30am to 6pm on weekdays. Advice was available through the West Midlands Ambulance Service Duty Doctor from 8am to 8.30am and 6pm to 6.30pm on weekdays.

Pre-bookable appointments could be booked up to four weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was better than local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared with the CCG average of 78% and the national average of 78%.
- 88% of patients said they could get through easily to the practice by telephone compared with the CCG average of 78% and the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them.

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

We saw that alternative emergency care arrangements were made 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

Are services responsive to people's needs?

(for example, to feedback?)

We saw that the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (a GP partner) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at 14 complaints received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologised to where appropriate.

Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had made changes to the appointment system to provide more clarity and greater access for patients.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had an aims, values and vision statement and staff knew and understood these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a mostly overarching and comprehensive 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.
- Practice specific policies were implemented and were easily accessible to all staff, and staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were generally robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to and involve all members of staff.

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 in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, clear 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 told us that they felt supported by management.

- Staff told us the practice held regular team meetings.
- 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.
- Staff said they felt respected, valued and supported by the partners in the practice and the Practice Manager. Staff were involved in discussions about how to run and 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 gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The group met bi-monthly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made improvements to the appointments system and made changes to how information was shared with patients following input from the PPG. The PPG was also involved in liaising with the South Warwickshire CCG with the aim of improving patient outcomes.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How we found the regulation was not being met: The provider had not carried out a DBS check for non-clinical staff undertaking chaperoning duties and had not carried out a risk assessment of the role to determine whether a DBS check was required. Regulation 17(1)