

Camphill Health Centre

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?

Requires improvement



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 Camphill Health Centre on 25 April 2017. Overall the practice is rated as good.

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

- Risks to patients were assessed and well managed.
- There were clearly defined processes and procedures to ensure patients were safe, with an effective system for reporting and recording significant events.
- Patients said they were treated with dignity, respect and compassion. Patients were involved with decisions about their care and treatment.
- Urgent same day patient appointments were available when needed. Patients we spoke with said they were always able to obtain urgent same day appointments when needed.

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said GPs gave them enough time.

However there were areas of practice where the provider should make improvements:

- Continue to identify 'hidden' carers among the patient list.
- Continue to closely monitor and encourage patients to attend screening for breast, bowel and cervical cancer.
- Continue to take action to identify and act on areas to improve patient satisfaction.

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



- The practice had appropriate systems for reporting and recording significant events. They were regularly reviewed in practice meetings and within IMH (Incorporating Malling Health) on a regional and national basis.
- Risks were assessed and well managed.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training at the required level for their role.
- Safety alerts for medicines were reviewed and actioned. Details of reviews and actions were recorded.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated. These were also shared on a regional and national basis within IMH.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2015/16 demonstrated that patient outcomes were mostly similar to the Clinical Commissioning Group (CCG) average and national average. The practice scored 98% with an exception rate of 3%. This was the same as the CCG average of 98% but with a higher exception rate of 14%.
- The practice used clinical audits to identify areas of improvement and acted upon their results. These were monitored locally and also on a regional and national basis within IMH.
- Care was delivered by staff according to current evidence based guidance.
- Care plans had been prepared for the most vulnerable patients (2% of the patient list), for example, those most at risk of unplanned hospital admission.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- All staff received appraisals and had personal development plans.

Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP Patient Survey published in July 2016 showed patients rated the practice lower than others for some aspects of care. For example, 69% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.
- Contact details for carers and support workers were recorded in patient notes. Patients were regularly asked to review these details. Any new carers identified were then placed onto the carer's register. The practice had identified 1% of the patient list as carers and continued to work to identify 'hidden' carers. The young average age of the patient list was also likely to have resulted in their being fewer carers within the practice. Staff signposted carers to 'Guideposts', an organisation which provides support to carers and provided carers with relevant information for their caring role.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Most patients told us they were always able to obtain a same day appointment when needed and all patients we spoke with said they could always obtain a same day appointment in an emergency. Appointments were available on the day of our inspection.
- Children and elderly patients were prioritised for same day appointments.
- The practice building had good facilities and was equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders. These were also shared on a regional and national basis within IMH.

Are services well-led?

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

- There were appropriate processes to monitor and improve quality and identify risk.
- The local and regional management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work. This was linked to a five year development plan for the practice.
- The practice sought feedback from patients and staff and there was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Care plans were in place with the most vulnerable older patients (2%) and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- Older patients were given personalised care which reflected their needs.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for older patients were in line with local and national averages.
- The Patient Participation Group (PPG) had prioritised this population group and in conjunction with practice management had ensured that any patient aged over 65 who had not seen a GP within the last 12 months had been identified and contacted. Any such patients identified as being particularly isolated were given details of events held at the local community centre to help their emotional well-being.
- Contact details for carers and support workers were recorded in patient notes. Patients were regularly asked to review these details. Any new carers identified were then placed onto the carer's register.

People with long term conditions

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

Good



- The practice had a register of patients with long term conditions to enable their health to be effectively monitored and managed.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a review every 12 months to monitor their condition and ensure they received correct medicines. This also included carers if the patient had one. The

Summary of findings

frequency of the review depended on the severity of the patient's condition. Due to the high prevalence of diabetes in the local area, patients with this condition were reviewed every nine months.

- All patients who had been prescribed eight or more medicines (polypharmacy) had a medicine review within the last 12 months.
- The practice achieved a 99% influenza vaccination record for diabetic patients during 2015/16. This was above the CCG average of 97% and the national average of 94%.

Families, children and young people

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

- A total of 75% of eligible patients had received cervical screening in the last 12 months. This was below the CCG average of 83% and similar to the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with the average for the CCG.
- We saw positive examples of joint working with midwives and the local health visitor.
- Due to the higher than average number of children on the child-protection register within the local area, regular safeguarding meetings were held with the local health visitor team.
- A monthly multi-disciplinary team meeting was held with the midwife and health visitor. The child protection register and non-attendance for immunisations and checks were reviewed at this meeting.
- A full range of family planning and sexual health services were available within the practice building.

Good



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 practice ensured it provided services to meet the needs of the working age population. For example, extended hours appointments were available until 8.30pm on Tuesdays.
- Telephone consultations were available for patients who were unable to reach the practice during the day.

Good



Summary of findings

- Appointments could be booked on-line and text message reminders were also sent.
- Regular reviews of the appointment system were held to ensure patients could access the service when they needed to. This had recently resulted in additional telephone appointments being made available.
- A full range of services appropriate to this age group was offered, including travel vaccinations and smoking cessation.
- An 'in-house' phlebotomy (blood taking) service was available.

People whose circumstances may make them vulnerable

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

Good



- The practice had a register of patients who were vulnerable to enable their health to be effectively monitored and managed. This included patients with a learning disability.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team and community matron. Vulnerable and complex patients were discussed at the monthly multi-disciplinary team meeting.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice building was fully accessible and met the requirements of the Disability Discrimination Act.

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).

Good



- The practice had a register of patients with poor mental health to enable their health to be effectively monitored and managed.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.

Summary of findings

- Patients were signposted to appropriate local and national support groups. This included the local Mental Health Service.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.
- Contact details for carers and support workers were recorded in patient notes. Patients were regularly asked to review these details. Any new carers identified were then placed onto the carer's register.

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 largely performing below local and national averages for care. 185 survey forms were distributed and 44 were returned, which represented a 24% completion rate. This represented 1% of the practice's patient list.

- 59% of patients found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 53% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% 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 four comment cards, all of which were completely positive about all aspects of care received at the practice. All patients we spoke with were positive about all aspects of care received at the practice. We spoke with 11 patients during the inspection, including one member of the Patient Participation Group (PPG). All patients we spoke with were completely positive about all aspects of the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to identify 'hidden' carers among the patient list.
- Continue to closely monitor and encourage patients to attend screening for breast, bowel and cervical cancer.
- Continue to take action to identify and act on areas to improve patient satisfaction.

Camphill 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 advisor and an 'expert by experience', someone with experience of using GP services.

Background to Camphill Health Centre

Camphill Health Centre is located within the Camphill area of Nuneaton. This is a highly deprived area with levels of deprivation well above the average for the Clinical Commissioning Group and national statistics.

The practice building is a modern, purpose built facility owned by NHS Facilities and shared with the district nursing team, the local MacMillan nursing team and the community dental service. At the time of our inspection, 4236 patients were registered at the practice which is operated by IMH (Incorporating Malling Health) under an Alternative Provider Medical Services (APMS) contract with NHS England. The APMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

There is a large number of families with children registered at the practice and 907 patients (21% of the patient list) are aged 9 years and under. The number of children on the child protection register is well above the national average. In contrast, only 85 patients (2% of the patient list) are aged over 85.

The practice has a lead GP and a salaried GP (both male). There are also three nurse practitioners and a health care

assistant. Nurses and the health care assistant provide chaperone duties when a female patient requests that a female accompanies them at a GP appointment. Clinical staff are supported by two practice managers and administrative and reception staff. Practice management are supported by the IMH regional management team who have overall oversight of practice performance, finance and human resources.

The practice is open from 8am to 6.30pm during the week. Appointments are available throughout those times. Extended hours appointments are available on Tuesdays from 6.30pm to 8.30pm. When the practice is closed patients can access out of hours care provided by Care UK Clinical Services located in George Eliot Hospital, Nuneaton through NHS 111. A GP walk-in centre is also available there.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection 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 25 April 2017. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Reviewed comment cards where patients shared their views and experiences of the service.
- We reviewed policies, procedures and other information the practice provided before the inspection.

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

The practice had an effective system for reporting and recording significant events.

- The practice carried out a thorough analysis of significant events and seven had been reported within the last 12 months. We examined three recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented and shared with the regional management team.
- Staff we spoke with described the incident reporting procedure and we saw the electronic recording system. The incident recording process 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 how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- 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, when an error was made with the issue of a prescription, the practice acted quickly to take the appropriate action and reviewed their procedures.

Patient safety alerts were well managed.

- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts. The protocol had been fully reviewed and updated in January 2017.
- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE) and were tasked to staff members by an electronic system used with the practice.

- These were coordinated by the practice manager (with a nominated person identified for when the practice manager was not available) who ensured actions taken had been recorded.
- Searches were made to identify any patients affected by alerts.
- All actioned alerts were discussed in clinical meetings.
- GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert for a medicine prescribed for patients diagnosed with diabetes had been acted upon, with medicine reviews completed for those patients affected.

Overview of safety systems and processes

We were satisfied the practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems to safeguard children and vulnerable adults from abuse. These were based on relevant legislation, local requirements issued by Warwickshire County Council and the national standards identified by the provider. Staff told us how they could access these policies and we saw evidence of this. They 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 who had been trained to level three in child safeguarding. All clinical staff had also been trained to this level. All non-clinical staff had received training on safeguarding children to level two and on vulnerable adults relevant to their role. GPs, nursing and administrative staff demonstrated they understood their responsibilities.
- The practice monitored child safeguarding particularly closely as 1.5% of all under 18 year olds registered at the practice were on the child protection register.
- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were carried out annually and

Are services safe?

the latest was dated March 2017. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.

- A monthly multi-disciplinary team meeting was held. This included the midwife and health visitor. Regular agenda items included a review of the child protection register and non-attendance for immunisations and baby checks.
- There were Patient Group Directions (PGDs) in place to allow the practice nurse to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. As the practice had previously operated a nurse led GP walk-in centre (the provider for this had changed in June 2016) alongside the GP practice, nurses were very well trained and received appropriate supervision.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. No controlled drugs were stored on the premises. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. A system was also in place to monitor uncollected prescriptions and follow this up with patients.
- The practice carried out regular medicines audits, with the support of Warwickshire North Clinical Commissioning Group (CCG) pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot. Patients who received these medicines were regularly reviewed and changes recorded and discussed with patients when required.
- We reviewed personnel files and found appropriate processes were in place to carry out recruitment checks 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

(DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a DBS check.

Monitoring risks to patients

Risks to patient and staff safety were monitored in an appropriate way.

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This had last been checked in April 2016. A further test was due to be carried out at the time of our inspection.
- There were systems to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent and could work between other IMH practices when needs arose. Regular locum GPs were used to provide additional patient appointments and also cover when a GP was absent. Appropriate checks were carried out prior to employing locums.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use

Are services safe?

facilities owned by another IMH practice if the practice building was unavailable. This would enable continuity of care to take place as all patient and staff records

would be easily accessible. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

During our inspection, we were shown how 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 for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and 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. GPs explained how they assessed and monitored patient care and how information was recorded on 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 (2015/16) showed that the practice scored 98% with an exception rate of 14% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects). This was similar to the Clinical Commissioning Group (CCG) average of 98%, which had an average exception rate of 14% and the national average of 95% with a 14% exception rate.

For example:

- Chronic Obstructive Pulmonary Disease (COPD – a collection of lung diseases). The practice achieved 96% with an exception rate of 0% for these indicators. This was similar to the CCG average of 91%, but with an exception rate of 8% and below the average for England of 100% with an exception rate of 9%.

- Hypertension (high blood pressure). The practice achieved 78% with an exception rate of 2% for these indicators. This was below the CCG average of 84% with an exception rate of 4% and below the average of England of 97% with an exception rate of 4%.
- Dementia. The practice achieved 100% with an exception rate of 0% for these indicators. This was similar to the CCG average of 86% with an exception rate of 7% and below the average for England of 100% with an exception rate of 7%.

QOF reporting, including exception reporting was discussed with clinical staff. The practice had identified areas that needing improving and had plan in place to achieve this. Results for 2015/16 had shown considerable improvement from those achieved in 2014/15. Some areas had higher areas of exception reporting due to a relatively low number of patients within each domain due to the practice having a much lower than average patient age profile. Unverified (unpublished) data for 2016/17 showed lower levels of exception reporting.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place and findings were used by the practice to improve services. For example, an audit on patients with a likelihood of diabetes who needed a clinical review was carried out in June 2016 and repeated in December 2016. The initial audit identified 45 patients for review and this had reduced to ten when the audit was repeated six months later. We examined three clinical audits which demonstrated a significant improvement when the audit was repeated. Clinic audits were linked to GPs' lead roles and areas of expertise.
- The practice participated in local audits, national benchmarking, accreditation and peer review. This was also carried out with other IMH practices within the region.

Effective staffing

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

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an

Are services effective?

(for example, treatment is effective)

established member of staff. This included locum GPs and the practice had a locum induction pack. The training included corporate and local elements tailored to the local practice.

- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff we spoke with had received an appraisal within the last 12 months.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- Regular locum GPs were used to provide additional patient appointments and also covered when a GP was absent.

Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example, when referring patients to other services, such as secondary health care appointments.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, when referring patients for family planning or sexual health matters.

Consent to care and treatment

We were told how practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- 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.

Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.
- The practice offered additional support for diabetic patients.

The practice's uptake for the cervical screening programme was 75% (an increase from 70% the previous year), which was below the CCG average of 83% and above the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes, for example:

- Bowel cancer (56% of patients screened). This was similar to the national average of 58%
- Breast cancer (65% of patients screened). This was below the national average of 72%.

We were shown how the practice was having discussions with the Clinical Commissioning Group (CCG) about cervical and breast cancer screening. This had been low in the past and although the practice achievement had improved, it was still below average. The situation was not helped by the fact that practice patients who needed screening had to travel to a neighbouring town and there was not a direct public transport link available. The practice requested screening closer to its location because

Are services effective?

(for example, treatment is effective)

of the difficulties with transport and the level of deprivation within the area. Screening was promoted through discussion whenever contact was made with patients who were eligible and by the local health visitors.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 90% which was below the CCG range of 96% to 99% and five year olds averaged 90% which was below the CCG range of

91% to 99%. The practice actively worked with the health visitor team and schools to promote childhood immunisation as this had also been traditionally lower within the area.

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

During our inspection of the practice we saw staff treated patients with kindness and respect at all times.

- We received four comment cards from patients, all of which were completely positive comments about the standard of care received.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Comment cards

Results from the National GP Patient Survey published in July 2016 showed the practice scored below average for its satisfaction scores on consultations with GPs and nurses. We discussed these results with the GP partners and the practice management. We saw plans in place for training and staff development and the results of a practice patient survey carried out in January 2017. The latter involved a similar number of patients being asked the questions used in the National GP Patient Survey and the responses had shown a significant improvement, although some indicators were still below national and CCG averages.

For example:

- 69% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%. The practice patient survey carried out in January 2017 recorded a 78% satisfaction rate.
- 67% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%. The practice patient survey carried out in January 2017 recorded a 78% satisfaction rate.
- 73% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 85%. The practice patient survey carried out in January 2017 recorded a 82% satisfaction rate.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%. The practice patient survey carried out in January 2017 recorded a 92% satisfaction rate.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% national average of 91%. The practice patient survey carried out in January 2017 recorded a 91% satisfaction rate.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%. The practice patient survey carried out in January 2017 recorded a 82% satisfaction rate.

Practice action had included a reorganisation of lead roles within the practice, additional practice nurse clinics and a closer working with and benchmarking against other local practices within the organisation. The practice told us that patient satisfaction had declined across all areas after a GP walk in centre facility was removed from the practice in June 2016 and contracted to another provider in a different location. We were told that some patients considered this had reduced their access to clinical care and this was viewed as a negative step, although it was outside the control of the practice.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed results were below local and national averages to questions about their involvement in planning and making decisions about their care and treatment. The practice had closely monitored these areas and the practice patient survey carried out in January 2017 had shown some improvement, although some indicators were still below national and CCG averages. For example:

Are services caring?

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%. The practice patient survey carried out in January 2017 recorded an 80% satisfaction rate.
- 64% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%. The practice patient survey carried out in January 2017 recorded a 71% satisfaction rate.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%. The practice patient survey carried out in January 2017 recorded an 85% satisfaction rate.

Actions carried out by the practice included those detailed above.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- The practice was able to translate for most patients within its own staff. If this was not possible, largely with some eastern European languages, there was a translation service available. Notices were displayed in the reception area about this. The service was regularly used.
- Information was displayed in other languages and additional information could be provided in other languages on request.

- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

Patient and carer support to cope emotionally with care and treatment

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Practice staff were working to identify 'hidden' carers, although the practice told us that the young average age of the patient list was also likely to have resulted in their being fewer carers within the practice.

Written information was available to direct carers to the various avenues of support available to them. This organisation had also delivered appropriate training to staff and had worked with the practice to produce its carer's information pack. There was also a large area for information for carers within the patient waiting area.

Patients could also be referred to, or refer themselves to appointments with an Improving Access to Psychological Therapies (IAPT) counsellor. All carers were also offered a carer's assessment.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

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 Warwickshire North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available on Tuesday evenings and the practice had made additional appointments available for urgent needs.
- Following the removal of the GP walk in centre facility in June 2016, the practice had managed to retain the nursing staff involved and had been able to offer additional practice nurse appointments as a result.
- Same day appointments were available for all patients when required. Appointments were available on the day of our inspection. The practice had a policy of seeing all patients who needed an appointment on that day.
- On-line appointment booking was available.
- A translation service was available for patients who did not speak English as a first language.
- There were longer appointments available for patients with a learning disability and their carers were also invited.
- The practice also offered telephone consultations for patients who could not attend the practice during normal working hours.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- Appropriate staff training was carried out.
- In conjunction with the Patient Participation Group (PPG), the practice had reviewed all older patients who had not visited the practice within the last two years and had organised a health review with them with either a nurse at the practice or in their own home.

Access to the service

The practice was open from 8am to 6.30pm during the week. Appointments were available throughout those times. Extended hours appointments were available on Tuesdays from 6.30pm to 8.30pm. When the practice was closed, patients could access out of hours care provided by Care UK Clinical Services located in George Eliot Hospital, Nuneaton through NHS 111. A GP walk-in centre was also available there.

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

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 59% of patients said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 85% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 52% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 48% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

In response to this, the practice had encouraged patients to phone about non-urgent matters later in the day and had prioritised allocating staff to answering telephone calls at busier times, changes were made to the way on the day appointments were released in order to make more available earlier and additional practice nurse appointments were made available with a nurse prescriber – able to issue prescriptions. Practice management, in conjunction with the Patient Participation Group (PPG) were also reviewing and discussing the options for a new telephone system to more effectively route calls directly to practice staff and enable more incoming telephone lines to be freed. At the time of our inspection, the practice was shortly to seek approval for the purchase of such a system.

Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- The practice had designated the practice management to handle all complaints received. Input and advice was also received from IMH's national complaints manager.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.
- An annual complaints summary was prepared and discussed to review progress and any potential trends.

Ten complaints had been received within the last 12 months and we reviewed two of these. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints, for example, by releasing all on the day appointments at an earlier time.

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 clearly defined direction and vision to improve the health well-being of those they care for. Aims and objectives were aligned with those of IMH (Incorporating Malling Health) nationally, with local elements where appropriate. This vision was displayed on the practice website and in literature produced by the practice.

Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. This was linked with other IMH practices with results and learning points shared locally and regionally.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, the practice had released all on the day appointments at an earlier time in response to patient concerns about being able to access same day appointments.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.
- A computerised business information system was used to monitor practice performance and this enabled areas of concern to be quickly identified and acted upon.

Leadership and culture

We saw how the lead GP and management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns. Staff also told us how open the lead GP and management were and they felt they could easily raise any concerns they had. This applied to both local and regional management.

There were systems to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.

- Staff we spoke with told us they felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.

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 an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met quarterly, carried out patient surveys and discussed developments within the practice, for example, discussing options for a new telephone system.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- Results from the NHS Friends and Family Test during the last nine months showed that 65% of patients who responded were either likely or highly likely to recommend the practice to friends and family.

Are services well-led?

Good 

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

- Practice staff regularly met and worked with staff from other local IMH practices.