

Fenny Compton Surgery

Quality Report

High Street
Fenny Compton
Southam
Warwickshire
CV47 2YG

Tel: 01295 770855

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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?

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

Overall summary	2
The six population groups and what we found	4

Detailed findings from this inspection

Our inspection team	5
Background to Fenny Compton Surgery	5
Detailed findings	7
Action we have told the provider to take	19

Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Fenny Compton Surgery on 5 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice discussed learning outcomes at meetings and improved their processes where necessary.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment were delivered in accordance with evidence-based guidelines.
- Prescriptions were signed by the issuing GP in line with national guidance.
- The system for receiving, actioning and tracking medicine related interaction alerts ensured that GPs were aware of current guidance.
- Patients said that staff involved them and treated them with compassion, kindness, dignity and respect.
- Patients reported that they found it straightforward to use the appointment system and said that they were able to access care when they needed it. Routine appointments were available within 48 hours.
- The practice achieved maximum points in the Quality and Outcomes Framework 2016/17.
- Feedback from patients was consistently good in the National GP Patient Survey.

Summary of findings

- A dispensing apprentice won the West Midland Apprentice of the Year award.
- The practice had arranged four patient evenings in the last two years, which patients said were very popular. For example, one topic was men's health awareness.
- The practice actively engaged with the local community. For example, patient education evenings had been held and a Christmas fair.
- GPs provided training in first aid to local community groups for children.
- Oversight in the dispensary was in the process of being tightened after the recent appointment of a dispensary manager. We found that processes were in place, but not effective. For example, the controlled drug (CD) stock held did not match the CD register entries at either the main practice or the branch site and there was no evidence of regular stock checks of CDs. A significant event was raised immediately after the inspection.
- There was a separate room for preparing dosette boxes (weekly/daily pill box organiser), which enabled the work to be done in a quiet space.
- Prescription stationery was not tracked.
- Two refrigerators were overfull, which meant that there was a risk that air could not circulate freely to control the temperature effectively.

- The cold chain arrangements for medicines in transit did not include monitoring the temperature.
- A mercury thermometer had been discarded in a standard clinical waste bin, although mercury was classed as hazardous waste.
- The practice leadership team was keen to adopt new methods of working.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Ensure care and treatment is provided in a safe way to patients.

The areas where the provider **should** make improvements are:

- Track prescription stationery at both sites.
- Review the cold chain arrangements for medicines in transit.
- Review training for discarding all types of clinical waste.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The six population groups and what we found

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

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

Fenny Compton Surgery

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, a member of the CQC medicines team and a second CQC inspector.

Background to Fenny Compton Surgery

Fenny Compton Surgery is a rural practice in Warwickshire with a branch site at Shenington, near Banbury in Oxfordshire. The practice area covers three counties and has low deprivation levels. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of our inspection, Fenny Compton Surgery was providing medical care to 5,328 patients.

The practice offers a full range of primary medical services and is able to provide pharmaceutical services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy premises. The practice dispenses to 99% of the practice population. We visited the branch site during the inspection in order to look at the dispensary.

The practice provides additional GP services commissioned by the NHS South Warwickshire Clinical Commissioning Group (CCG). A CCG is an organisation that brings together

local GPs and experienced health professionals to take on commissioning responsibilities for local health services. Additional services include minor surgery, leg ulcer management and anticoagulation monitoring.

Parking is available on site and disabled car parking spaces are provided. The practice has facilities for disabled patients. All consulting rooms are on the ground floor.

There are two GP partners (one male, one female) and three salaried GPs. They are supported by the practice manager, a dispensary manager, one practice nurse, two healthcare assistants, a dispensing team and a reception and administrative team.

Fenny Compton Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There is currently one GP trainee working at the practice. The practice also provides placements for medical students from Warwick University.

The main practice is open between 9am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. Appointments are available on these days between 9am and 11.40am and 3pm and 5.30pm. On Thursdays, the practice is open between 9am and 1pm; appointments are available between 9am and 11.40am.

The branch site in Shenington is open between 9am and 1pm on Mondays, Tuesdays, Wednesdays and Fridays. Appointments are available between 9am and 11.40am on these days. The branch site is open from 9am until 6pm on Thursdays; appointments are available between 9am and 11.40am and from 3pm until 5.30pm. The on call GP is available between 8am and 9am and 6pm until 6.30pm. Both sites are closed at weekends.

Detailed findings

The practice provides morning sick parade and weekly occupational health sessions for the local military base. Urgent care is also available for military personnel from the base from 8am to 6.30pm during the week.

When the practice is closed, patients are directed to the NHS 111 service.

The practice website can be viewed at www.fennycomptonandsheningtonsurgery.nhs.uk.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because the system for monitoring controlled drugs (CDs) was ineffective and the systems for managing medicines and waste did not always ensure that patients were kept safe.

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were reviewed annually and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and staff knew how to access them. The policies outlined clearly who to contact for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. It was practice policy that only clinical staff acted as chaperones. They were trained for the role and had received an enhanced DBS check.
- There was an effective system to manage infection prevention and control (IPC). We saw the most recent IPC audits for both sites, which had been carried out in

2017. The action plan to put right issues were highlighted in the audits at both the main practice and the branch site. For example, carpet stains were cleaned.

- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for managing healthcare waste and all staff had received relevant training, but we found that a mercury thermometer had not been disposed of in accordance with UK guidelines for hazardous waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff appropriate to their role. We saw that comprehensive packs had been produced for locum GPs and new doctors and medical students.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice nurse had attended a practice nurse forum in June 2017 at which sepsis was discussed. There were sepsis information leaflets and a poster in the reception area.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Are services safe?

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, but they were not always effective.

- The systems for managing medical gases and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely, but it was not tracked.
- Blank register pages were photocopied, details entered, then stapled to the CD register. Not all pages in the CD register identified the drug, the strength or the formulation.
- The CD cabinet was used to store inappropriate items such as credit card receipts and cash boxes.
- Obliteration within the CD registers was common (changes to CD register entries should be listed in footnotes).
- When CDs were dispensed, there was one signature instead of two.
- Patients' addresses were not always recorded in the CD register.
- Stock levels held of controlled drugs (CDs) did not match the entries in the CD register at either the main practice or the branch site, and there was no evidence of regular checks. The practice provided evidence that a significant event was raised immediately after the inspection. 100% stock checks of CDs were undertaken at both sites after the inspection. Errors were found to be administrative and immediate measures were taken to ensure that procedures were tightened, including appropriate accounting for CDs. A new CD register was ordered, dispensing staff were told to re-read the Standard Operating Procedure for CDs and sign that they had read them. All dispensary staff were reminded of the guidelines for CD management and CD training by an external trainer was organised for the dispensing team in February 2018. A staff meeting was scheduled for January 2018 at which the recent changes in the governance of the dispensary would be raised. The practice also sought and obtained advice from the NHS Arden and Greater East Midlands Commissioning Support Unit Medicines Optimisation Team, who provide support to the CD Accountable Officer at NHS England (West Midlands).
- The practice had thermometers in all rooms where medicines were stored, but did not record the ambient (room) temperature on a daily basis. The practice had carried out a risk assessment and determined that daily monitoring was not necessary.
- Medicines for administration by the practice nurse were not securely held in a locked cabinet. The practice explained that the four medicines were due to be administered that day by the practice nurse. We were subsequently told that medicines for administration by the practice nurse were now stored in the dispensary. The door to the treatment room was not secured because staff needed access to it in an emergency.
- We found a part used multi dose vial of medicine without a date of opening in the vaccine refrigerator at the branch site. This should have been used within 24 hours of opening or discarded. We were told that this vial was discarded.
- Cold chain arrangements were not effective for medicines transported between the two sites. A thermometer was not used to monitor the temperature of medicines in transit to ensure that appropriate storage temperatures of medicines were maintained.
- Two refrigerators were found to be overfull, which meant that air could not circulate to ensure that medicines stored were not compromised.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing and discussed the findings at clinical meetings. As a result of audits on two antibiotics, a printed copy of antibiotic guidelines was placed in each GP room and GPs were reminded to document conversations about the potential risk of a subsequent infection in the patient's medical record. Staff knew where to access current guidelines.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- There was a dedicated room for the dispensing of medicines in dosette boxes (weekly/daily pill boxes), which facilitated the process. The procedure for preparing dosette boxes was comprehensive and in line with best practice. This service was provided for 40 patients.

Are services safe?

- The practice was aware of shortcomings in the dispensary before our inspection and had devised an action plan which the newly appointed dispensary manager was addressing.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their

responsibility to raise concerns and were encouraged by the management team to report incidents and near misses. Twenty-one significant events were reported in 2017.

- There were adequate systems for reviewing and investigating incidents. The practice shared learning outcomes, identified themes and took action to improve safety in the practice. We noted that discussion of significant events was a standing item on the agenda for practice meetings. We saw minutes of a meeting at which reception staff were reminded to check patients' names and dates of birth carefully to avoid errors, such as the wrong patient being called in to see the GPs.
- There was a system for receiving and acting on safety alerts, which were recorded on a log. The practice learned from external safety events as well as patient and medicine safety alerts. We checked a recent alert for women of child bearing age who were prescribed a certain long term medicine and found that it had been actioned appropriately.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- There was no evidence of discrimination when clinicians made care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review which included a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period the practice had reviewed 44 of the 458 patients who were eligible for these health checks (231 had been reviewed in the last two years and 103 had been referred to Age UK).
- Biopsychosocial (emotional) needs were identified for patients over the age of 75 in conjunction with Age UK. Patients in this cohort were classified into various risk groups and those considered to be at highest risk were visited by Age UK to assess their biopsychosocial needs and referred, signposted or reviewed according to their needs.
- Abdominal Aortic Aneurysm (AAA) screening was provided in the practice. AAA screening detects any dangerous swelling (aneurysm) of the aorta, which is the main blood vessel that runs from the heart through the abdomen to the rest of the body.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

- The practice held regular gold standards meetings which were attended by clinicians, district nurses and Macmillan nurses or palliative care nurse specialists.

People with long-term conditions:

- Patients with long-term conditions had structured annual reviews to check that their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- One of the GPs had a special interest in diabetes.
- The practice had signed up to the 'stretched' Quality and Outcomes Framework targets for heart failure and diabetes. The stretched targets were designed to improve the management of patients diagnosed with these long term conditions, thereby reducing the risk of serious health events and unplanned hospital admissions. Recent statistics produced by the South Warwickshire Clinical Commissioning Group showed that the practice had the fourth lowest emergency admission rates in the locality.
- Onsite retinopathy screening was offered, which meant that patients did not have to go elsewhere.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- GPs provided training in first aid to local community groups for children.

Working age people (including those recently retired and students):

- Evening health promotion meetings were held. For example, one topic was men's health.
- The practice provided morning sick parade and weekly occupational health sessions for the local military base. Urgent care was also available for military personnel from the base from 8am to 6.30pm during the week.
- Two GPs had qualifications in occupational health.

Are services effective?

(for example, treatment is effective)

- The practice's uptake for cervical screening was 86%, which was above the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were no homeless patients or travellers registered with the practice at the time of our inspection, but the practice was able to explain how they would be registered if necessary. Eight patients were on the learning disability register and four had had a review in the last year.

People experiencing poor mental health (including people with dementia):

- The practice had a lower than average prevalence of mental health and dementia.
- There were no local care homes in the area for which the practice had responsibility to provide medical cover.
- Patients had access to Improving Access to Psychological Therapies (IAPT) counselling.
- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was 7% above the national average.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was 10% above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 100%; CCG 95%; national 91%).
- GPs had expertise in post-traumatic stress disorder.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity, which included regular audits, and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the CCG average of 99% and national average of 96%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date by attending regular training courses and reading national guidance updates.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We viewed the training log and saw that the practice held current records of skills, qualifications and training for staff. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health. Patients were also encouraged to attend national programmes for breast and bowel screening.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The majority of the 44 patient Care Quality Commission comment cards we received were extremely positive about the level of service which patients received. Patients wrote that they valued the continuity of care, that clinicians always took the time to listen to them and that staff were friendly and helpful. This aligned with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual National GP Patient Survey showed that patients felt they were treated with compassion, dignity and respect. 219 surveys were sent out and 119 were returned. This represented a 54% completion rate and about 2% of the practice population. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 96% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 99% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.

- 96% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 99% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful; CCG - 91%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpreters could be provided for patients who did not have English as a first language.
- Staff communicated with patients in a way that they could understand, for example, staff printed off practice leaflets in large font if required.
- Staff helped patients and their carers to find further information and access community and advocacy services.

The practice proactively identified patients who were carers. The practice's computer system alerted GPs if a patient was also a carer. There was a carers' identification protocol which detailed the practice's approach to identifying and supporting carers. The practice had identified 142 patients as carers (3% of the practice list). A carers' pack had been compiled by the practice. The pack contained details of local carers' support organisations. Information about support services was also available on the practice website.

Staff told us that if families had experienced bereavement, the GP who had had most contact with them would telephone and a sympathy card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services caring?

Results from the National GP Patient Survey 2017 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above or in line with local and national averages:

- 96% of patients who responded 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%.
- 94% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.

- 95% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Reception staff could make use of a screen above the reception desk to ensure privacy when they were talking on the telephone.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, patients could register for online services such as repeat prescription requests and advance booking of routine GP appointments. Advice for minor illnesses and long term conditions were available on the practice's website.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a hearing loop was available at both the main practice and the branch site.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check that their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- There were systems 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 Accident and Emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- A full range of contraceptive services was provided.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available at more convenient times for patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Information about domestic abuse services was available on the practice's website and was discreetly displayed in the practice.

People experiencing poor mental health (including people with dementia):

- Staff whom we interviewed showed a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Routine appointments were available within 48 hours.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients told us that the appointment system was straightforward to use.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 219 surveys were sent out and 119 were returned. This represented about 2% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 80% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by telephone; CCG - 80%; national average - 71%.
- 96% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 91%; national average - 84%.
- 96% of patients who responded said their last appointment was convenient; CCG - 89%; national average - 81%.
- 94% of patients who responded described their experience of making an appointment as good; CCG - 83%; national average - 73%.
- 87% of patients who responded said they did not normally have to wait too long to be seen; CCG - 72%; national average - 64%.

The practice was aware of the lower than average result for patients' satisfaction with opening hours. We were

informed that the South Warwickshire GP Federation was in the process of bidding for an extended hours contract, although the practice itself was not likely to be a hub for the proposed extended hours' service.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the practice and on the practice website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Three complaints were received in the last year. We reviewed one of the complaints and found that it had been satisfactorily handled in accordance with the practice's complaints policy. The practice also kept a 'Grumbles' book to record comments from patients who did not want to raise a formal complaint, but who were dissatisfied with something. For example, a patient did not want a health check.
- The practice learned lessons from individual concerns and complaints. It acted as a result to improve the quality of care. For example, GPs were reminded to ensure that a patient fully understood the diagnosis which was being recorded in their clinical record, after a patient queried a diagnosis made some years previously.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The GP partners and management team had the experience, capacity and skills to deliver the practice strategy and address risks associated with it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, the practice was aware of shortcomings in the dispensary and had recently recruited a dispensary manager. When discrepancies in the dispensary were pointed out during the inspection, the practice acted immediately to rectify them.
- The practice management team was visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality care for all their patients in a caring, responsive, courteous and supportive manner.

- There was a clear vision and set of values. The practice had a realistic strategy and had developed a three year business plan to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us that they felt respected, supported and valued. They were proud to work in the practice.

- It was clear that priority was given to the needs of patients.
- We noted that the management team took appropriate action on behaviour and performance which was inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us that they were encouraged to raise concerns and were confident that these would be addressed.
- There were processes for providing all staff with the development they needed. This included annual appraisal and professional development conversations. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered to be valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us that the relationships between staff and teams were very positive. Social events were arranged so that staff could mix outside of the work environment.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted integrated patient-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- The management team had established policies and procedures to ensure safety within the practice.

Are services well-led?

Good 

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

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. The GP partners and management team had oversight of patient safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information to track progress against national and local targets. Internal meetings were held every two months to review performance and the quality of service provision. The practice also attended external 'Buddy Group' meetings with local dispensing practices to review progress and discuss current issues, which included prescribing.
- The practice used information technology systems to monitor and improve the quality of care. The practice had been granted funds to have fibre optic broadband installed at the branch site, which would improve the broadband reception and make working processes faster.
- The practice submitted data or notifications to external organisations as required.
- There were effective arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice was looking at ways to improve the car parking facilities for staff.
- There was an active Patient Participation Group (PPG). The PPG worked collaboratively with the practice and supported the practice patient education meetings and Christmas fair. Funds raised at the fair were used to buy a new examination couch. The PPG also helped to distribute the practice newsletter to a wider audience by emailing it to the local council. We viewed the minutes of the October PPG meeting and noted that the practice provided updates on current issues in an open manner.
- The practice had joined with 35 other practices to form a GP federation: South Warwickshire GP. The federation was bidding for an extended hours contract, which would benefit patients within the locality.
- GPs delivered first aid training on a voluntary basis to local children's groups.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. We read comments from medical students who said how much they appreciated the clinical opportunities they were given and that they valued the constructive feedback. They wrote that staff were welcoming and very helpful. A dispensing apprentice won the West Midland Apprentice of the Year award, which evidenced the level of training and support provided by the practice.
- The practice had expressed interest via the federation in providing a paediatric phlebotomy service.
- We were told about plans to upgrade both dispensaries and the rolling programme to replace old equipment.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>There was no proper and safe management of medicines. In particular the registered person did not have effective systems for accounting for controlled drugs.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>