

Dr Erode Ganapathi

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Erode Ganapathi (known locally as Chapel End Surgery) on 16 August 2016. Overall the practice is rated as good.

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

- Patients told us they said they were treated with dignity, respect and compassion. Patients were involved decisions about their care and treatment.
- 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.
- Urgent same day patient appointments were available when needed. Patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.

- The practice had a number of policies and procedures to govern activity, but some needed more detail. For example, outlining responsibilities regarding sharing resources with the other GP practice located in the building and succession planning for the GP.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons were learned and mistakes not repeated.
- Risks to patients were assessed and well managed.
- The practice carried out clinical audits to measure performance and improve outcomes for patients; however a more detailed plan for future clinical audits was needed.
 - The practice had little evidence of any participation in local audits and local benchmarking.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at staff meetings.

The areas where the provider should make improvements are:

Summary of findings

- Document responsibilities regarding sharing resources with the other GP practice located in the building. This should include which resources will be shared, times they will be shared (for example permanently or during staff absence) and define line management responsibility and accountability.
- Consider the provision of female GP sessions when recruitment or future locum cover is needed.

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



- 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.
- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. Patients were also invited into the practice to discuss their concerns. 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.
- Risks were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average.
- The practice used clinical audits to identify areas of improvement and acted upon their results, however, there was no clear schedule for future planned clinical audits to ensure this information was easily accessible.
- The practice had little evidence of any participation in local audits and local benchmarking.
- Care was delivered by staff according to current evidence based guidance.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.
- All staff received appraisals and had personal development plans.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs, for example, the local midwife and health visitor teams.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- The practice worked pro-actively to identify patients who were carers and 2.5% of patients had been identified as carers.
- 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.
- The results of the National GP Patient Survey published in July 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Easy to understand and accessible information about services was available for patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its local population and tailored services appropriately. For example, flu vaccination clinics were planned for Saturday mornings to ensure patients who worked could easily be vaccinated.
- Patients told us they were always able to obtain a same day appointment when needed.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.
- There was no female GP and the practice planned to address this in the future.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The management structure was clearly defined and staff knew who to raise concerns with.
- The practice had a number of policies and procedures to govern activity, but some needed more detail. For example, succession planning for the GP.
- 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.
- The practice shared its building with another GP practice. Some staff resources were shared between the practices, either permanently or during staff absence. There was no formal

Good



Summary of findings

agreement in place to identify which resources would be shared, times they would be shared (e.g. permanently or during staff absence) and to define line management responsibility and accountability.

- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.

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



- Older patients were given personalised care which reflected their needs.
- Care plans were in place with the most vulnerable older patients (2% of the patient list) and used with multi-disciplinary teams to reduce unplanned hospital admissions.
- 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. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- The practice carried out frailty assessments.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

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.
- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- The practice achieved a 100% vaccination record for diabetes patients during 2015-2016. This was above the Clinical Commissioning Group (CCG) average of 96% and the national average of 94%.
- Longer appointments and home visits were available when needed.

Summary of findings

Families, children and young people

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

Good



- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- A total of 81% of eligible patients had received cervical screening in the last 12 months. This was slightly below the Clinical Commissioning Group (CCG) average of 83% and 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 or above average for the CCG.
- We saw positive examples of joint working with midwives. Weekly appointments were available at the practice.
- A full range of family planning services were available.

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).

Good



- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available during the week and Saturday morning flu clinics were available during the flu vaccination season.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- A full range of services appropriate to this age group was offered, including travel vaccinations.

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



- Longer appointments were available for patients with a learning disability.
- 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.

Summary of findings

- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.
- 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.

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).

- 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.
- Patients who were diagnosed with depression received a follow up from a GP within eight weeks of diagnosis.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was largely performing above local and national averages for care and patient access. 336 survey forms were distributed and 120 were returned, a 36% completion rate.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 77% 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 76% and the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.

- 81% 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 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 51 comment cards, all of which were completely positive about the standard of care received.

We spoke with eight patients during the inspection. Three patients were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All the patients we spoke with said they received excellent care; that clinical staff explained things clearly and gave them the time they needed. They also told us they could obtain appointments when needed.

Areas for improvement

Action the service **SHOULD** take to improve

- Document responsibilities regarding sharing resources with the other GP practice located in the

building. This should include which resources will be shared, times they will be shared (for example permanently or during staff absence) and define line management responsibility and accountability.

- Consider the provision of female GP sessions when recruitment or future locum cover is needed.

Dr Erode Ganapathi

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 practice manager specialist advisor and an 'Expert by Experience'.

Background to Dr Erode Ganapathi

Dr Erode Ganapathi (known locally as Chapel End Surgery) is located in the Chapel End district of Nuneaton. It is an urban area with a significant number of patients from various ethnic minorities and fewer elderly patients than other local practices.

The practice is run by a single-handed GP and has 2520 patients registered. The practice's origins go back over 100 years and it moved to its present building, a converted house in 1981. Facilities are shared with another GP practice which is also known as Chapel End Surgery. It has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has one GP (male) who is supported by a locum GP (also male) who is permanently based at the practice. There is also a practice nurse and a healthcare assistant. They are supported by a practice manager and administrative and reception staff. The practice manager is due to retire later in 2016 and will be replaced by the practice manager of the other practice located within the building. This will mean both practices will be managed by the same person.

The practice is open from 8.00am to 6.30pm during the week, but closes at 2pm on Fridays. Appointments are available from 9.30am to 11.30am and from 5pm to 6.30pm, with the exception of Fridays when there is no afternoon session. Outside of these times, a duty GP is available, apart from Friday afternoons when a duty GP rota is in place with other local practices. On Friday afternoons, patients needing an urgent medical appointment are seen at the practice, or another local practice, or are visited at home. This is managed by West Midlands Ambulance Service who answer patient telephone calls and route the calls to the relevant GP. Extended hours appointments are available on Mondays from 6.30pm to 7.30pm.

At other times when the practice is closed, patients can access out of hours care provided by Care UK through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

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. Other appointments are available for blood tests, family planning and smoking cessation. The practice also cares for patients who live in some of the local nursing homes.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before 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 16 August 2016. 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.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- 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

During our inspection of this practice we saw there was an effective system in place for reporting and recording significant events.

- Staff we spoke with described the incident reporting procedure and we saw the recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The practice had carried out a thorough analysis of significant events and seven had been recorded in the last 18 months. All had been correctly recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented.
- 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 also 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 a staff member failed to follow the correct procedure for informing the practice they was going to absent from work, the practice was below its minimum staffing level when it first opened on a particular day. The practice manager took appropriate action to ensure staff were aware of and followed the correct procedure.

Overview of safety systems and processes

We were satisfied that 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 and local requirements issued by The Warwickshire Multi-Agency Safeguarding Hub (MASH). Staff told us how they could access these policies and we saw evidence of them. 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 the required level 3. All clinical staff had also been trained to this level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- All children on the 'at risk' register were discussed in clinical staff meetings and in the multi-disciplinary team meetings when appropriate.
- There were suitable arrangements in place for managing medicines. This included emergency medicines, vaccines which were kept in the practice and high risk medicines.
- 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 and to ensure patients received appropriate medicines.
- 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.
- Alerts issued by MHRA (Medicines and Healthcare Products Regulatory Agency) were recorded, discussed with staff and actioned where necessary. This included alerts when the practice did not need to take any action.
- There were Patient Group Directions (PGDs) in place to allow the practice nurse to administer medicines safely and in line with legislation.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. This included forms used in computer printers.
- 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. Annual infection control audits were undertaken and the latest had been carried out in December 2015. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.

Are services safe?

- Monthly meetings were held with Warwickshire North Clinical Commissioning Group (CCG) to examine medicines management and prescribing trends. This was to ensure prescribing was in line with local and national guidelines. (group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.) The practice's performance was in line with the rest of the CCG.
- We were satisfied the practice had a comprehensive and clear process to manage changes to a patient's prescription by other services.
- 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 Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- We saw 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 DBS.

Monitoring risks to patients

Risks to patients were assessed and well managed by the practice.

- The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A Legionella risk assessment had been carried out in April 2016.
- Risks to patient and staff safety were monitored in an appropriate way. The practice had up to date fire risk assessments and undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (last carried out in February 2016) and clinical equipment was checked to ensure it was working properly. This was last undertaken in February 2016.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. This was carried out by using a minimum staffing levels assessment tool. 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. Regular locum GPs were used when a GP was absent. This was in addition to the locum GP regularly attached to the practice.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. Emergency equipment and medicines were the responsibility of the other practice based within the building, but were used by both practices and kept within an area which was easily accessible to all staff. Checks were carried out jointly.

- The practice had use of 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. There was a first aid kit and accident book available.
- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.
- 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 alternative premises if the practice building was unavailable. 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

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.

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 (2014-2015) showed that the practice achieved 96% of the total number of points available with 4% exception reporting. This total was similar to the Warwickshire North Clinical Commissioning Group (CCG) average of 97% and the practice's exception reporting was lower than the 8% average within the CCG.

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. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

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

- Performance for diabetes related indicators was 88%, above the CCG average of 78% and the national average of 78%.

- Performance for mental health related indicators was 93%, similar to the CCG average of 92% and above the national average of 88%.
- Performance for dementia related indicators was 83%, similar to the CCG average of 84% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice carried out clinical audits.,
- We examined an audit where the improvements made were implemented and monitored. This related to dual anti-platelet therapy, a combination of medicines which reduce blood clots. This identified that not all patients had stop dates for their medicine when this was required and an action plan was put in place to correct this.

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 established member of staff.
- The practice had 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 had received an appraisal within the last 12 months. Staff we spoke with confirmed this
- 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.
- The practice did not have a female GP. The GP told us they were aware this was not ideal and were considering options for the future, such as a suitable locum.
- The practice used locum GPs known to the practice.

Are services effective?

(for example, treatment is effective)

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 for 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. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

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. Over the last 12 months, 14% of patients registered at the practice had received help and advice to stop smoking.

- Patients with asthma were encouraged to attend regular reviews with a practice nurse. This also included inhaler advice and technique.
- Patients who received palliative (end of life) care and carers. At the time of our inspection, the practice did not have any patients who needed palliative care.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.

The practice referred appropriate patients for a free fitness programme carried out at a local health centre. This included dietary advice and free limited period membership of a national weight loss programme.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 75% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel cancer screening (155 patients - 10% of those eligible) since April 2016 and breast cancer screening (75 patients - 1% of those eligible since June 2016).

Childhood immunisation rates for the vaccinations given were broadly similar to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100%, which was comparable to the CCG average of 81% to 99% and five year olds were 100%. This was comparable to the CCG average of 94% to 99%.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. 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 51 comment cards, all of which made positive comments about the standard of care received.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.

We spoke with three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring, had time for patients and were always respectful.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 92% 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% and the national average of 91%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

All patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them and gave them enough time. 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 85% 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%.

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

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this. The service was regularly used. Some clinical and administrative staff spoke other languages.
- Information leaflets could be made available in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.
- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this.

Are services caring?

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 worked proactively to identify if patients were carers and offered them support and advice, for example, flu vaccinations and signposting to local services for extra support. A total of 2.5% of patients

were recorded as carers. The practice was working to identify carers who were 'hidden' through discussion, patient surveys and information displayed in the waiting room.

Written information was available to direct carers to the various avenues of support available to them. This included a local support group and networking.

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

We saw how the practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Warwickshire North Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments and telephone consultations were available for patients who worked during the day. Saturday morning flu vaccinations were also carried out during the flu vaccination season.
- Same day appointments were available for all patients when required.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- A translation service was available for patients who did not speak English as a first language. Some staff also spoke other languages.

Access to the service

The practice was open from 8.00am to 6.30pm during the week, but closed at 2pm on Fridays. Appointments were available from 9.30am to 11.30am and from 5pm to 6.30pm, with the exception of Fridays when there was no afternoon session. Outside of these times, a duty GP was available, apart from Friday afternoons when a duty GP rota was in place with other local practices. On Friday afternoons, patients who needed an urgent medical appointment were seen at the practice, or another local practice, or were visited at home. This was managed by West Midlands Ambulance Service who answered patient telephone calls and routed calls to the relevant GP. Extended hours appointments were available on Mondays from 6.30pm to 7.30pm.

At other times when the practice was closed, patients could access out of hours care provided by Care UK through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

At the time of our inspection, the practice did not have a female GP. However, a plan was in place to recruit a suitable female locum GP in the future. If patients required a female GP, they were referred to another practice.

Patients we spoke with on the day of our inspection and those who completed comment cards said they had no difficulty obtaining appointments or getting through to the practice by telephone.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

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.
- The practice had only received two complaints within the last twelve months.
- Verbal complaints were recorded and dealt with in the same way as written complaints.
- The practice had designated the practice manager to handle all complaints received.
- 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.

We reviewed both complaints the practice had received within the last 12 months. Patients received an appropriate explanation and apology. Complaints were reviewed

Are services responsive to people's needs?

(for example, to feedback?)

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 reviewing the use of personal protective equipment.

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

We saw the practice had a clearly defined direction and vision. The practice had values which were devised in discussion with staff, understood by staff and used in patient literature. This included the aim to provide the highest quality healthcare.

Governance arrangements

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

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.
- The practice had a number of policies and procedures to govern activity, but some needed more detail. For example, a documented procedure to outline responsibilities regarding sharing resources with the other GP practice located in the building and succession planning for the GP were needed.
- An arrangement had been made with the other practice based in the building to share some resources. For example, emergency equipment was shared, practice nurses from each practice provided cover when one was absent, GPs signed urgent prescriptions if one was absent and the practice manager was due to take over the management of both practices later in 2016. However, there was no formal document to outline this and define line management responsibility and accountability.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified.
- 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.

Leadership and culture

We saw how the 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.

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

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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, planning the refurbishment of the patient waiting room. The practice manager wanted to increase the effectiveness of the PPG and had planned to form a 'virtual' group, such as an internet based forum.

Are services well-led?

Good 

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

- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- Results from the NHS Friends and Family Test since its introduction in October 2014, showed that 95% of patients who responded were either likely or highly likely to recommend the practice to friends and family.