

Alcester Health Centre

Quality Report

Alcester Primary Care Centre
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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 Alcester Health Centre on 28 January 2016. The overall rating for this service is good.

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

- Patients' needs were assessed and care was provided to meet those needs in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients, and this was maintained through a programme of continuous development to ensure their skills remained current and up-to-date.
- Information was provided to help patients understand the care available to them. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

There was an open and transparent approach to reporting and recording these and learning was shared with staff at meetings relevant to their roles and responsibilities.

- The practice had good facilities, had been purpose built and was well equipped to treat patients and meet their needs.
- The practice had responded to feedback from staff and patients, which led to changes to telephone access for appointments. The practice had used multimedia sites to share information and gather feedback.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- The practice had a clear vision which had quality and safety as its top priority. Planning was in place to demonstrate the intended development of the services provided by the practice.

We saw an area of outstanding practice:

- A care coordinator had been appointed by the practice to provide a preventative service for those patients

Summary of findings

who had not visited the practice, patients discharged from hospital or patients who were housebound. A reduction in the number of patients who had been admitted to hospital in an emergency had been achieved.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice participated in the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help with detecting potential signs of abuse and sign-posted patients to appropriate support agencies. Staff reported that there was evidence to show that the programme was beneficial to patients.
- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed, well-managed with enough staff employed to keep patients safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence that annual appraisals were carried out routinely and personal development plans were in place for all staff.
- A care coordinator provided a preventative service to reach those patients who had not visited the practice, those patients discharged from hospital or those patients who were housebound. We saw that positive results had been achieved in the reduced number of patients who had been admitted to hospital in an emergency.
- Clinical audits had been carried out in order to demonstrate quality improvement to services provided.
- Regular multidisciplinary team meetings were held to understand and meet the range and complexity of patients' needs. District nurses and palliative care nurses attended these meetings.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were involved in decisions about their care and treatment, and treated with compassion, dignity and respect. We also saw that staff treated patients with kindness and respect and maintained confidentiality.
- Although data for 2014/2015 showed that patients rated the practice lower than others for several aspects of care, action had been taken to ensure patients' experiences of the practice improved.
- Information for patients about the services available was easy to understand and accessible and the practice encouraged feedback on the services provided through the use of social media sites and on-line questionnaires.
- The practice supported patients who were carers by offering health checks and referrals for social services support. Monthly newsletters were sent to carers together with any other relevant information that may be useful to them.
- Patients told us that they received excellent care from the GPs and the nurses and that practice staff were very caring.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice also worked with the local Health Promotion Board (which had input from the local council and Social Services) to improve local mental health services for patients.
- Patients could access appointments and services in a way and at a time that suited them and the system in place met their needs.
- The practice responded to the views of patients and had improved their appointment system as a result of feedback from the national GP patient survey and NHS Family and Friends data. A triage system by a GP or a nurse to determine the most appropriate appointment for patients was introduced.
- The practice building was purpose built and well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other practices within the local Clinical Commissioning Group (CCG) group and the local GP Federation.

Summary of findings

Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew about the vision and their responsibilities in relation to this.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active virtual patient participation group (PPG) which was positive about their role in working with the practice to respond to patients feedback and make improvements where needed. The practice also gathered feedback from patients through social media sites.
- Staff morale was high with a high level of staff satisfaction. The practice encouraged a culture of openness and honesty. High standards were promoted and owned by all practice staff and teams worked together across all roles.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- Flu vaccination rates for the over 65s for last year were 77%, which was above the national average of 73%. The rates for those groups considered to be at risk were 69%, which was also above the national average of 52%.
- The practice worked in conjunction with Age UK to provide holistic reviews of patients over the age of 75 years, to work proactively to help patients maintain good health.
- A care coordinator had been appointed to monitor the care of patients, such as those patients who had not visited the practice, patients discharged from hospital or patients who were housebound. We saw that positive results had been achieved in the reduced number of patients who had been admitted to hospital in an emergency. A dedicated mobile telephone number was made available to patients should they need to contact the care coordinator.

People with long term conditions

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

Good



- There were systems in place to monitor patients with chronic diseases. The practice nurse had lead roles and closely monitored patients at risk of hospital admission. Longer appointments and home visits were available when needed.
- The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 81% which was in line with the local and national averages. Data showed however, that 80% of patients with asthma had their care reviewed within the past 12 months which was 5% above the national average.
- Patients had a named GP and a structured annual review to check that their health and medicine needs were being met.

Summary of findings

Where patients had more than one health condition patients were encouraged to attend for holistic reviews to reduce the number of visits they needed to make to monitor their conditions.

- For those patients with the most complex needs, the GPs and practice nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, those who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were overall higher than the local Clinical Commissioning Group (CCG) averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice worked regularly with midwives, health visitors and school nurses and also shared any concerns they might have. The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate.
- Appointments were available outside of school hours and the premises were suitable for children, with changing facilities available for babies. The practice also offered online services which included booking appointments and requesting repeat medicines.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice offered extended hours appointments from 7.30am to 8.30am weekdays and Tuesday evenings between 6.30pm and 7pm for pre-bookable appointments. The online service allowed patients to order repeat prescriptions and book appointments up to three weeks in advance.
- The practice offered a full range of health promotion and screening services that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. Annual health checks were carried out and longer appointments were offered to patients in this population group.
- The practice engaged in local initiatives to provide additional services such as the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help them with detecting any signs of abuse and patients were sign-posted to support agencies.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Patients were provided with information about how to access various support groups and voluntary organisations. For example, through leaflets available in the waiting area and on the practice's website.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

Good



People experiencing poor mental health (including people with dementia)

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia.

Good



Summary of findings

Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support needs. Patients were given information about how to access various support groups and voluntary organisations.

- Clinical staff understood the requirements of the Mental Capacity Act 2005. Staff had received training on how to care for patients with mental health needs and dementia.
- The percentage of patients diagnosed with dementia whose care has been reviewed for 2014/2015 was 77% which was 8% lower than the CCG average and 7% lower than the national average. The practice had worked to improve on these rates for the 2015/2016 year and had achieved 87% of patients reviewed for the current year.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- A chaplaincy listening service was offered at the practice to support patients such as those who had experienced bereavement, who had dementia, who cared for patients with dementia and those patients experiencing poor mental health.

Summary of findings

What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The national GP patient survey results published on 2 July 2015 showed varied results for the practice when compared with local and national averages. There were 235 surveys sent to patients and 111 responses which represented a response rate of 47%. The following results showed that the practice scored below local and national averages in relation to most of the following:

- 65% of patients found it easy to get through to this practice by phone which was below the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 83% of patients found the receptionists at this practice helpful which was below the CCG average of 89% and in line with the national average.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 90% and the national average of 85%.
- 96% of patients said the last appointment they got was convenient which was above the CCG average of 94% and the national average of 92%.
- 71% of patients described their experience of making an appointment as good which was below the CCG average of 79% and in line with the national average.
- 55% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 69% and the national average of 65%.
- 52% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 61% and the national average of 58%.

The NHS Friends and Family test results for 383 completed forms for 2015 showed positive feedback for the practice. Data reflected that 90% of patients would recommend the practice to friends and family.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were mainly positive about the standard of care received. Patients commented that they found staff very helpful and that nothing was too much trouble; that they had always received excellent service; the practice staff were very caring and always treated them with respect; that staff were always professional and reassuring; and that the GPs gave them five star treatment and they could not ask for more. Seven patients commented that they often waited some time for their appointment and that they had not been told when the GPs were running late.

During the inspection we spoke with eight patients. Two of the patients we spoke with were also members of the patient representative 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. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and they could always get an appointment when they needed one.

We spoke with management staff of the two care homes the practice served. They told us they were happy with all aspects of the service they received from the practice.

Outstanding practice

A care coordinator had been appointed by the practice to provide a preventative service for those patients who had

not visited the practice, patients discharged from hospital or patients who were housebound. A reduction in the number of patients who had been admitted to hospital in an emergency had been achieved.

Alcester Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector accompanied by a second CQC inspector. The team included a GP and practice manager specialist advisors, and an expert by experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

Background to Alcester Health Centre

Alcester Health Centre provides primary medical services for patients in Alcester and surrounding area within 25 square miles. The practice moved to its purpose built premises in 2012. The building is shared by another practice and a pharmacy. The move brought about significant changes to their staff structure including changes to GPs working at the practice. The name of the practice also changed (previously known as Priory Road).

The practice has 5,450 registered patients, which includes patients in two local care homes. The majority of patients registered with the practice are white British with a small group of Eastern European origin patients working locally. The practice population consists of higher numbers of patients under 16 years of age and older patients.

There are four senior managers at the practice including the GP proprietor who is also the clinical lead. There are also five salaried GPs and a regular locum GP working at the practice (three male and four female GPs in total).

The GPs are supported by a practice manager, business manager, two practice nurses, a health care assistant (HCA), and administrative and reception staff.

The practice 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 opens from 8am to 6.30pm Monday to Friday with appointments available from 8.30am to 6.30pm on these days. The practice offers extended hours appointments from 7.30am to 8.30am weekdays and Tuesday evenings between 6.30pm and 7pm for pre-bookable appointments.

The practice does not provide an out-of-hours (OOHs) service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the OOHs service is provided to patients on the practice's website and in the patient practice leaflet. The out of hours service is provided by the OOHs team based in the emergency department at Warwick Hospital.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for services such as minor surgery, smoking cessation, maternity care and family planning.

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

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Alcester Health Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted NHS South Warwickshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 28 January 2016. During our inspection we spoke with a range of staff that included the lead GP, a salaried GP, the practice manager, the practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we

spoke with eight patients, two of whom were also members of the patient representative 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.

We observed how staff interacted with patients who visited the practice, how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Alcester Health Centre had an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports patient safety alerts and minutes of meetings where these were discussed.

The practice carried out a thorough analysis of the significant events each year and shared learning from these with appropriate staff. Action had been taken to ensure safety of the practice was maintained and improved. For example, seven incidents recorded for the period November 2014 to October 2015 showed details of the action taken, which included taking advice and guidance from other agencies where needed. All learning from these had been discussed during monthly protected learning time meetings. We saw evidence that these discussions had taken place at the meeting held in October 2015.

Staff told us they would inform the practice manager of any incidents and showed us the recording form available to them on the practice's computer system. Staff confirmed that information was shared during their meetings and that minutes of these meetings were distributed among all staff teams.

When patients had been affected by significant events, they received an apology and explanation from the practice. These patients had been told about relevant actions the practice had taken to improve care.

The practice ensured safety was monitored by accessing information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. 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. Staff demonstrated to us they understood the risks and gave us a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant

legislation and local requirements. Staff told us that all policies were accessible to them and clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. The safeguarding lead at the practice was also the safeguarding lead for the South Warwickshire Clinical Commissioning Group (SWCCG) area. The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.

- Minutes confirmed that the monthly practice protected time learning meetings were also attended by district nurses, Macmillan nurses, the practice nurses, all GPs and staff at the practice. All safeguarding concerns were discussed at these meetings. Staff demonstrated they understood their responsibilities in relation to safeguarding patients and all had received training relevant to their role.
- The practice was one of the practices within the SWCCG area to participate in the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help with detecting potential signs of abuse. Emergency contact numbers were made available to patients should they need help and support. Posters were positioned discreetly throughout the building giving contact details for patients.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All clinical staff who acted as chaperones were trained for the role and they had received a disclosure and barring check (DBS). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility. The chaperone policy was available to staff on the practice's computer.
- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was in place together with an up-to-date risk assessment for the practice, both of which were

Are services safe?

reviewed annually. All electrical equipment and clinical equipment was checked to ensure it was safe to use with the next check due in May 2016. Staff confirmed these checks were carried out routinely. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and legionella (a bacterium which can contaminate water systems in buildings). The practice had an up-to-date fire risk assessment in place and a fire evacuation drill took place annually. Staff described the action they would take in the event of a fire alarm and confirmed they had completed fire training. Two staff had completed training as fire wardens.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had received up-to-date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, infection control audits were carried out annually with weekly practice checks by nursing staff. The latest audit had been completed on 10 January 2016 and had identified some areas where action was required. For example, issues relating to sharps boxes and sterilising agents used. We saw that action had been taken to address these which included contact with manufacturers for appropriate guidance.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storage and security of medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure practice guidelines for safe prescribing were followed. Prescription pads were securely stored and there were systems in place to monitor their use.
- A practice nurse was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the lead GP for this extended role. Patient Group Directions (PGDs) and Patient Specific

Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GP.

- We looked at personnel files for varied staff roles including those for a nurse and two reception staff to see whether recruitment checks had been carried out in line with the practice's recruitment policy and legal requirements. We found that appropriate checks had been completed as required. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We saw that appropriate checks were also carried out for the employment of locum GPs.
- The majority of staff worked part time at the practice and this provided flexible working and internal cover for periods of absence. We saw arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure that enough staff were available each day. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

Arrangements to deal with emergencies and major incidents

A business continuity plan (updated in November 2015) was in place to deal with a range of emergencies that may impact on the daily operation of the practice. This plan was jointly agreed with the medical practice that shared the premises. Reciprocal arrangements and support was in place in the event any emergencies occurred, including isolation or quarantine procedures. The plan contained relevant contact details for staff to refer to at both practices which ensured the service would be maintained during any emergency or major incident.

We saw that the practice had a comprehensive emergency procedure policy in place. Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency. There were also alarm buttons in reception should assistance be needed in the waiting area.

All staff received annual basic life support training. There were emergency medicines and equipment available as

Are services safe?

required, including a first aid kit and accident book. These were easily accessible in a secure area of the practice and

all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

There were systems in place to ensure all clinical staff were kept up to date. Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. For example, templates were used by the practice which had been developed in conjunction with NICE guidance, to manage the care and treatment of patients with long term conditions. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results achieved for the practice were 97% of the total number of points available, with 6% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. The practice exception rate was 1% below the Clinical Commissioning Group (CCG) average and 3% below the national average.

Data for the 2014/2015 period showed some areas where the practice achieved lower than local and national averages:

- Patients with hypertension (high blood pressure) having regular blood pressure tests was 81% which was 5% below the CCG average and in line with the national average.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 77% which was 8% below the CCG average and 7% below the national average.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 91% which was in line with the CCG average although 3% above the national average.

The practice however achieved some above average results:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 96% which was 4% above the CCG average and 8% above the national average.

The practice told us they had reviewed this data and had taken action towards improvements. For example:

- Patients had been encouraged to attend for reviews of their care through reminder letters, through repeat prescriptions and opportunistic reviews to improve on these results.
- The practice looked to promote awareness and education of conditions with patients. For example, they planned to take part in the Dementia UK 'Make Time for A Cuppa' event due to take place in March 2015. This event was to raise funds and also to promote dementia awareness within the practice community.

There was a system in place for completing clinical audits to demonstrate quality improvement. We saw that a range of audits had been completed. These showed that action had been taken and the audits had been repeated to monitor improvements. This included audits for inadequate sample rates for cervical screening with the initial audit in 2014 and a re-audit carried out in 2015. The re-audit showed that the sample rates had improved when clinical staff had completed enhanced training.

We looked at an audit of minor surgery performance completed for November and December 2015 for injections

Are services effective?

(for example, treatment is effective)

given. The audit analysed the incidents of post-operative infections and found that of 33 procedures performed there had been no post-operative infections recorded. Clinical staff confirmed that these audits were completed monthly as rolling audits.

Findings from audits were used by the practice to improve services to patients. For example, an audit had been carried in response to the prescribing of a particular medicine for a patient where a concern had been identified. We saw that repeat audit cycles had been completed regularly to review prescribing of the medicine and its appropriateness for each patient. The audits showed that prescribing had been reduced over a number of cycles.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. There was a cross CCG buddy system in place where 36 practices were divided into six buddy groups. These groups regularly reviewed issues among the six practices such as prescribing, medicines management and referrals.

GPs provided services in areas such as sexual health, diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and mental health. The practice nurses supported this work, which allowed the practice to focus on specific conditions. The GPs attended educational meetings facilitated by the CCG, attended regular clinical skill update courses and engaged in annual appraisal and other educational support. The practice also worked with the local Health Promotion Board (which had input from the local council and Social Services) to improve local mental health services.

Effective staffing

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

- The practice used a system of appraisals, meetings and reviews of practice development to identify the learning needs of staff. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months and had a personal professional development plan in place.
- Staff received training that included basic life support, safeguarding, fire procedures, infection control and

mental health awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that additional training opportunities were possible which the practice were willing to fund. For example, two staff told us they had completed additional training this last year in BTEC studies (courses completed to develop vocational skills).

- We looked at the induction programme that was in place for newly appointed non-clinical members of staff. The schedule covered day to day processes including opening up and closing down procedures for the practice and topics such as complaints, safeguarding, fire safety, health and safety and confidentiality. Staff were also introduced to the staff review and appraisal system as routine when they started to work at the practice.

Coordinating patient care and information sharing

Staff had access to the information they needed to plan and deliver care and treatment through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

We saw that meetings were attended by health visitors, district nurses and palliative care nurses. Staff also worked together and with other health and social care services to understand and meet the range and complexity of patients' needs; and to assess and plan ongoing care and treatment. This included sharing information when patients moved between services, when they were referred, or after they were discharged from hospital. We saw that care plans were routinely reviewed and updated. For example, from minutes of meetings held throughout 2015 we saw that concerns about safeguarding adults and children, the frail elderly, admission reduction and patients who needed end of life care and support had taken place.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.
- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young patients assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and practice nurse understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

The practice nurses or the health care assistant carried out health checks for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The GPs and practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. The GPs and practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice had a comprehensive screening and vaccination programme:

- The practice's uptake for the cervical screening programme was 90% which was above the national average of 82%. We saw records that showed that there had been no inadequate samples taken during the last year.
- Childhood immunisation rates for the vaccinations given were overall higher than the local CCG averages.

For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% which were mostly above the CCG rates of 97%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 97% to 100% which were all above the CCG rates of 93% to 98%.

- Flu vaccination rates for the over 65s for last year were 77%, which was above the national average of 73%. The rates for those groups considered to be at risk were 69%, which was also above the national average of 52%.

The practice had engaged with the over 75s project in conjunction with Age UK. The project provided holistic reviews of patients over the age of 75 years to promote proactive measures to help patients maintain good health. Frail patients and those who were in poor health were offered further support in partnership with Age UK. The aim was to assess and support all high risk elderly patients to identify and address clinical and social need. Data for the CCG area showed there had been a decrease in the number of emergency admissions to accident and emergency (A&E) departments.

Alcester Health Centre had appointed a care coordinator to support and extend this work. They told us this was an initiative they had set up as they recognised this service could be further extended to patients outside the project. We spoke with the care coordinator who told us that 625 patients were currently registered. They explained that the programme was initially a preventative scheme aimed at reaching those patients who had not visited the practice, those patients discharged from hospital or those patients who were housebound. We saw that positive results had been achieved in the reduced number of patients who had been admitted to hospital in an emergency. We were told that the care coordinator was currently completing additional training to further extend the support and service provided for patients. To maintain contact with patients practice newsletters were sent to them and a dedicated mobile telephone number for contact with the care coordinator was also made available to patients.

The practice had gathered feedback from patients who had participated in the over 75s scheme and found that 92% of the patients involved would recommend similar care or treatment if a family member or friend needed similar

Are services effective?

(for example, treatment is effective)

support. Patients commented that it was nice to know there were people out there who cared about people who were getting old, and that it was a fantastic service that had arrived at their hour of need.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time talking with patients throughout the inspection and observed how staff engaged with them. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 28 comment cards which were positive about the standard of care received by patients at the practice. Patients commented that staff were always very helpful and that they went out of their way to be supportive; that they had always received excellent service; the practice staff were very caring and always treated them with respect; that staff were always professional and calm even at busy or sad times; and that the GPs gave them five star treatment and they could not ask for more. We spoke with eight patients and they confirmed the positive comments given in the comment cards. The patients we spoke with and the views expressed on the comment cards reflected that patients were satisfied with the care they received from the GPs and the nurses and could always get an appointment when they needed one.

Results from the national GP patient survey published on 2 July 2015 showed that overall the practice scored mixed results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them which was below the Clinical Commissioning Group (CCG) average of 92% and in line with the national average.
- 92% of patients said the GP gave them enough time which was above the CCG average of 91% and the national average.

- 97% of patients said they had confidence and trust in the last GP they saw or spoke to which was comparable to the CCG average and above the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average and above the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern which was below the CCG average of 92% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful which was below the CCG average of 89% and the national average of 87%.

The practice told us they had taken action to improve on the feedback ratings. Staff had completed additional training which included equality and diversity courses and two members of staff were currently completing training in customer service.

The NHS Friends and Family test results for 2015 showed the practice had received positive feedback from 383 completed forms. The data available reflected that 90% of patients would recommend the practice to friends and family.

We saw from the patient participation group (PPG) report for 2014 that the survey results had been discussed with them. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The meeting focussed on the lower than average results for patient feedback about appointments and recommending the practice to someone new to the area. An action plan had been implemented to make improvements to the service provided. This included the addition of a patient check-in screen which had then been configured to advise patients how long they may wait before their appointment. Increased promotion of online booking was also encouraged to improve access to appointments for patients. A triage system by a GP or a nurse to determine the most appropriate appointment for patients was introduced.

The members of the PPG we spoke with told us that there had been no meetings held with the practice throughout 2015, and felt opportunities had been lost to share

Are services caring?

information with patients, especially during the significant changes the practice had experienced over the past 18 months. We discussed this with the practice who told us they had planned to develop ways to engage with patients during the coming year in addition to the virtual PPG group that they had established.

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patients gave us examples of how the practice communicated with them. For example, patients told us the practice would send for them if there were any concerns from blood test results. Patients commented that they felt that GPs and nurses were very thorough and made sure they were well cared for.

Results from the national GP patient published on 2 July 2015 survey showed below national and local averages from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 91% and in line with the national average.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care which was in line with both the CCG and the national averages.

We saw that care plans were in place for patients with a learning disability, and patients who were diagnosed with asthma, dementia and mental health concerns. GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurse told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and

professionals. We saw minutes of various meetings held to discuss patients' care needs. For example, weekly meetings were held with the health visitor regarding any patients at risk of harm; and monthly multidisciplinary meetings where palliative care, special care and significant events were discussed. The meetings were attended by district nurses, palliative care nurses, practice manager, lead GP partner and the practice nurse.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations. Staff told us that if families had experienced bereavement the GP telephoned them and often sent bereavement cards to them.

Feedback from patients showed that they were positive about the emotional support provided by the practice. Patients told us that staff had been caring and considerate when they needed help and provided them with support.

From minutes of the practice's multi-disciplinary meetings we saw that all professionals were proactive in supporting population groups such as older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers and the practice supported these patients by offering health checks and referral for social services support. Monthly newsletters were sent to carers together with any other relevant information that may be useful to them. The practice had taken part in a survey with the University of Warwick to collate information about male carers for patients with dementia. Feedback was not available at the time of the inspection but was to be provided to the practice once the data has been analysed by the University of Warwick.

The practice had engaged in various activities to support their patients and increase health awareness through

Are services caring?

promotion and charity events during the past two years. These included 'wear it pink' day (September 2014) fundraising for breast cancer research and on another occasion funds were raised for Blind Children UK.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided.

The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. The practice also worked with the local Health Promotion Board (which had input from the local council and Social Services) to improve local mental health services for patients.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, thyroid and heart disease, and was also a specialist yellow fever travel centre. The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears. A minor surgery service was provided by the practice.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. Alcester Health Centre was one of only two practices in the CCG area who were commissioned to provide a service for violent and aggressive patients.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases; for patients with learning disabilities; and for those patients who had mental health problems including dementia. The GPs and the nurse told us they shared information with patients to help them understand and manage their conditions. Patients we spoke with confirmed this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications for their condition.

- Regular multidisciplinary meetings were held with key partners to support patients with their palliative care needs.
- A chaplaincy service was provided at the practice. Patients referred to this service included those patients for example who had experienced bereavement where one hour appointments were available

Access to the service

- Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to three weeks in advance. Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice opened from 8am to 6.30pm on weekdays and offered extended hours every morning from 7.30am for pre-bookable appointments. The extended hours appointments were intended to help patients who found it difficult to attend during regular hours, for example due to work commitments. The practice was closed at weekends.
- Information was available to patients in the practice leaflet and on the website on the out of hours service provided by the team based at Warwick Hospital.
- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen. Staff told us how they would respond to patients in need of urgent care. They told us about a recent situation where a patient had appeared to be very unwell. A GP was called immediately and the patient was admitted to hospital where they received the urgent treatment they needed.
- Patients were sent text reminders for their appointments, and GPs and nurses collected patients from the waiting room when it was time for their appointment.
- Patients had access to facilities for the disabled in the purpose built practice building. This included a hearing loop for those with hearing impairments. Translation services were available to patients should they need this. Information about this facility was available on the information board in the reception area. Sign language training was planned for reception staff at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published on 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages. For example:

- 65% of patients said they could get through easily to the surgery by phone which was below the CCG average of 78% and the national average of 73%.
- 71% of patients described their experience of making an appointment as good which was below the CCG average of 79% and in line with the national average.
- 55% of patients said they usually waited 15 minutes or less after their appointment time which was well below the CCG average of 69% and the national average of 65%.

An action plan had been put in place following consultation with the patient participation group (PPG) to address the feedback from the survey results. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

A patient check in screen had been made available and this had been configured so that patients were advised how long they were likely to wait for their appointment. Online booking was promoted to increase uptake and improve access to appointments for patients. We saw evidence that demonstrated an increase in online access to appointments following increased promotion and patient awareness.

Patients gave mainly positive views about the appointments system. We received 28 comment cards and spoke with eight patients all of whom were mainly positive about the access to and the availability of appointments at the practice. Patients told us that getting appointments and waiting times had improved and they could always see a GP if the appointment was urgent. Four patients however commented that telephoning for an appointment was difficult with appointments no longer available when they spoke with reception staff, and that sometimes they had to wait almost three weeks for a follow up appointment when the GP had requested to see them again the following week.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. They confirmed they made contact with the patient as soon as possible following receipt of any complaint.

We found that there was an open and transparent approach towards complaints. Information about how to make a complaint was accessible to patients on the practice's website and in a complaints leaflet that was made available at the practice. The information helped them understand the complaints system and what the process would be once they had lodged their complaint. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients we spoke with or who completed comment cards had needed to make a complaint. Staff told us they would encourage patients to speak with the practice manager if they were unhappy with anything at the practice in the first instance.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the review for the year April 2015 to January 2016. We saw that 35 complaints had been received during this period, the majority of which had been about the lack of appointments and continuity of appointments with preferred GPs. We found these had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. This had included the proposal to open telephone lines at 8am so that walk in patients would not book all the available appointments for the day. This was due to be implemented at the time of the inspection. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. We saw minutes of meetings that confirmed this.

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 from their statement of purpose that the practice had a clear aim to deliver high quality care and promote good outcomes for patients. The practice was a GP practice with modern healthcare initiatives, solutions and community values. Their mission was to continually improve the quality, range and mode of delivery of the care they provided.

We were provided with a copy of the plans for the future of Alcester Health Centre. The practice recognised the need to be proactive and resilient in the management of their service particularly in the face of evolving technology, advancing treatment options and the ever changing political landscape. Their view was that they would adapt to the challenges and saw these as opportunities they should embrace to provide patients with the best care and treatment options possible.

The future plans for the practice included the South Warwickshire Healthy Homes project. Alcester Health Centre was one of two rural practices within the South Warwickshire Clinical Commissioning Group (CCG) area to participate in this project which was scheduled to start March 2016. This project was the collaboration between a number of agencies and GP practices with the overall aim to improve the health outcomes of those patients with, or at risk of developing, illnesses affected by living in a cold home.

Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care for its patients. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and the roles and responsibilities of other staff within the practice. Practice specific policies were implemented and were available to all staff. Staff confirmed they had easy access to all of these at any time.
- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements to the services they provided.

Leadership, openness and transparency

The practice was a single handed partnership with salaried GPs and a management team in place. The GPs and the management team had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and the practice manager were visible in the practice. There was a clear leadership structure in place and staff felt supported by the management team. Staff told us that they were always approachable and they could speak with any one of the team should they have any concerns or queries or concerns.

Meetings were held regularly and minutes kept and circulated to the team. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings that they were confident in doing so and felt they would be supported if they did. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. We saw that there was good morale at the practice. Many of the staff had worked at the practice for many years and told us they loved their jobs and they worked well together as a team. They confirmed the practice had an all-inclusive approach.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. All staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and obtained feedback from patients in the delivery of the services they provided. It had gathered feedback from patients through their virtual patient participation group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

We looked at the PPG annual report for 2014 and the action plan devised to drive improvements in patient feedback. This included the addition of a patient check in screen which had then been configured to advise patients how long they may wait before their appointment. Increased promotion of online booking was also encouraged to improve access to appointments for patients. There was no report available for 2015 at the time of the inspection and the practice told us they had obtained feedback on the practice from their virtual PPG. Two members of the PPG

Are services well-led?

Good 

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

we spoke with during the inspection told us that there had been an absence of PPG meetings held at the practice during the past year and that they would welcome the reintroduction of these.

The practice sought feedback from other areas such as social media sites. We saw evidence of the feedback

received from two of these sites. The practice told us that the use of social media sites also encouraged younger people to be more involved in the services provided by the practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would feedback and discuss any concerns or issues with colleagues and the practice manager.