

# Arbury Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

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 Arbury Medical Centre on 20 August 2015. Overall the practice is rated as good for providing safe, effective, caring responsive and well led services.

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

- The practice facilities were good and located in a modern purpose built building which was suitably equipped to meet the needs of patients.
- Safety was prioritised by the practice. We saw that appropriate procedures were in place to minimise any potential risk to patients.
- Staff were fully aware of their responsibility to identify and raise concerns. This included incidents and near misses. Details of any incidents were discussed with staff as a learning experience.

- Patients knew how they could make a complaint and the practice had an appropriate complaints procedure in place.
- Patients we spoke with told us they were treated with compassion, dignity and respect by all staff at the practice. They told us they were involved with decisions about their care and staff took time to explain things to them.
- We saw the practice assessed the needs of its patients' in line with current best practice guidance. Staff received training which was appropriate to their roles. This was regularly updated.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

The practice carried out clinical and service wide audits on a regular basis and made changes when appropriate, for example, the introduction of pedal operated bins. There were clear safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse which were based on those issued by Warwickshire County Council's safeguarding board. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Data available showed that the practice performed slightly above the average for practices within Warwickshire North Clinical Commissioning Group (CCG).

Staff had received training appropriate to their roles and any further training needs had been identified and planned to meet these needs. Staff had access to and made use of e-learning training modules and in-house training. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to improve outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

The most recent results from the national GP patient survey were mostly lower than average for the Warwickshire North Clinical Commissioning Group (CCG). As a result, the practice had made a number of changes to improve patient satisfaction. This included additional reception staff and increased hours for some existing

Good



# Summary of findings

staff. Additional GP appointments were made available from April 2015 when a part time GP partner retired and was replaced by a full time GP. This had improved the availability of appointments and the practice hoped it would improve the patient's perception of GPs and reception staff, which it continued to monitor. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

We saw that information available for patients about services offered by the practice was presented in formats that were clear and easy to understand.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found they were able to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day. The practice had recently made additional GP appointments available and employed a Romanian speaking GP to best meet the needs of the local Romanian population.

The practice building was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy with a five year business plan. This reflected the vision and values of the practice and GPs and practice management ensured that these were regularly monitored. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example, all patients with dementia had been physically examined within the last 12 months. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. The practice also arranged blood tests for patients at home where they were unable to get to the hospital. Health checks were carried out for all patients over the age of 75 years.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice nurse had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had recently reviewed all patients with Rheumatoid Arthritis to ensure they received the correct treatment in line with current medical guidance. Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also had a selection of diabetic cookery books that patients could borrow. These were used alongside giving diabetic patients dietary advice when required.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice had good rates of attendance for childhood immunisations and followed up those who failed to attend. There were regular baby clinics and weekly appointments with the midwife. Appointments were available outside of school hours and the premises were suitable and accessible for children, with

Good



# Summary of findings

changing facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses. The practice also offered a number of online services including booking appointments and requesting repeat medicines.

## **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. Telephone consultations were available for patients who were unable to reach the practice during the day. Due to the nature of the practice's contract with the NHS, extended hours were unavailable.

The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. Uptake for the cervical screening programme was 96.01%, which was significantly above the national average of 81.88%. The practice nurse had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. The practice's smoking cessation advice had a quit rate of 12.5% of all patients who completed it.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments, up to 30 minutes if needed, for patients with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health, all of whom had been reviewed within the last 12 months. The GP and practice nurse understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The number of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses who had agreed care plans in place was considerably higher than the national average, 97% of patients, against a national average of 86%.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had 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. Staff had received training on how to care for people with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was generally performing below local and national averages. There were 110 responses and represented a response rate of 37%. Results showed:

- 39% found it easy to get through to this practice by phone which was lower than the Clinical Commissioning Group (CCG) average of 66% and a national average of 73%.
- 75% found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 80% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 50% said their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 70% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.

- 56% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards. Of these, 29 were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GP and the nurse, and could always get an appointment when they needed one. There were 12 patients who said it could be difficult to get a routine appointment at times.

We spoke with six patients during the inspection who were all very positive about the service they received. They told us they were highly complimentary about the practice, clinical staff and administrative staff. Two patients told us it could be difficult to obtain a routine appointment at times, but they would always be seen in an emergency.



# Arbury Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Arbury Medical Centre

Arbury Medical Centre is located in Nuneaton. It provides primary medical services to patients in an urban area which has some areas of deprivation and social issues related to drugs and alcohol. The practice was formed shortly after the Second World War and moved to its current purpose built facility in 1988. This has since been extended. There were 9521 patients registered with the practice at the time of the inspection. Due to the nature of the local population, there is a high turnover of patients with approximately 600 moving away every year and a similar number joining the practice.

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 has five partner GPs (a mix of male and female), two nurse practitioners, who are able to issue prescriptions, a practice nurse and a health care assistant. They are supported by a practice manager and

administrative and reception staff. At the time of our inspection a new practice manager was shortly to join the practice and the existing practice manager was to take over a new role as business and finance manager.

Due to a large and increasing Romanian population in the area, a Romanian GP partner joined the practice in October 2013. This reduced the need for translation services.

The practice is open from 8am to 6.15pm Monday to Friday. Appointments are available from 8.30am to 11am and from 3.25pm to 6pm. The practice is closed at weekends and its contract with NHS England does not require it to offer extended hours opening. When the practice is closed, patients can access out of hours care 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 phone the practice.

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. Minor surgery is also carried out. Other appointments are available for maternity care, family planning and smoking cessation.

## 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. This inspection was planned to check whether the provider was meeting the

# Detailed findings

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 of Arbury Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and 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 20 August 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with six patients, including a member of the patient participation group (PPG) 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. We observed how patients were being cared

for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. 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 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 are provided for specific groups of people and what good care looks 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

Arbury Medical Centre had a system in place for reporting and recording significant events. During our inspection, we saw that patients affected by significant events had received a timely and sincere apology and were told about actions the practice had taken to improve care. We reviewed safety records, incident reports and minutes of meetings where these were discussed and examined records that dated back to 2002. Seven incidents had occurred within the last 12 months. We saw lessons were shared to ensure action was taken to improve safety in the practice.

One event we saw detailed a wrong patient having been booked in for a respiratory assessment. This was discovered before the procedure was carried out. The correct patient was contacted and the practice procedure reviewed and discussed with all relevant staff. The analysis of the incident and details of action taken had been fully recorded. We saw that significant events had been discussed at practice meetings which demonstrated the willingness by staff to report and record incidents. We saw evidence from the minutes that learning was taken from and shared with staff to ensure that further incidents were prevented.

We reviewed an incident where a patient had not been informed of the results of a scan. As a result, the practice apologised to the patient and reviewed their procedure for dealing with the results of tests.

Practice staff were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the practice manager of any incidents and there was also a recording form available for their use. The practice carried out an analysis of all significant events.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. 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. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- Arrangements 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. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and a deputy to act in their absence. The GP and the practice nurse attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff gave us examples where they had taken action to protect and safeguard patients they considered to be at risk of abuse. This had included both adults and children who were in need of protection.
- A notice was displayed in the waiting room and in treatment rooms to advise patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). 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 and that there was a poster in the waiting room that offered this service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment was checked to ensure the equipment was safe to use (December 2014) and clinical equipment was checked to ensure it was working properly (March 2015). 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 (COSHH), infection prevention and

## Are services safe?

control and legionella. (A term for particular bacteria which can contaminate water systems in buildings.) A legionella risk assessment had been carried out in December 2014.

- The practice had up to date fire risk assessments and regular fire drills were carried out. The fire risk assessment was in December 2014. Any actions identified during fire drills were followed up.
- The practice followed appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control lead who liaised with the local infection prevention and control teams to keep 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 we saw evidence that action was taken to address any improvements identified as a result. An infection control audit had been carried out in June 2015. This had identified that some of the clinical waste bins needed to be changed for foot pedal operated ones and some of the waiting room chairs needed repairing. On our inspection, we saw this had been carried out.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- We looked at a selection of staff files to see whether recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available each day. We saw that locum cover was available when GPs were absent; although this had been needed less since the last GP partner joined the practice in April 2015. A GP partner who retired at the same time was used to provide locum cover when needed, so was already familiar with the practice and patients. 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. Two additional reception staff had been recruited in January 2015 because of an increased demand and two existing part-time members of staff increased their contracted working hours.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all of the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room.

There was also a first aid kit and accident book available. Emergency medicines, including oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included a defibrillator 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.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. The practice had engaged with nearby practices where they supported each other to complete the business continuity plan. Copies of the plan were kept in the reception area, on the practice's computer system and the GP confirmed they kept a copy at home. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised

## Are services safe?

information and records in the event of a computer systems failure. If the practice building could not be used,

the practice would work in partnership with the Warwickshire North Clinical Commissioning Group (CCG) and the local George Eliot Hospital in Nuneaton to discuss alternative provision.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Arbury Medical Centre 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 for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and acted on recommendations when appropriate. They gave us examples of changes they had made to their practice in response to this national guidance. This included for example, changes in treatment for asthma and diabetes.

### Management, monitoring and improving outcomes for people

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 for the practice were 99.4% of the total number of points available, with 6% exception reporting. This was above the CCG average of 96.1%. 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.

Data from 2014 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 97.7% which was higher than the national average of 88.35%.

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 97% which was higher than the national average of 86%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100%, with 6.4% exception reporting, which compared with the national average of 83.82%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% , with 6.4% exception reporting, which was above the national average of 83%.

There was a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

The practice participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. For example, one audit carried out in 2014 and repeated in 2015 concerned patients with Rheumatoid Arthritis. NHS guidelines recommend patients should receive a blood test every 2-3 months and the practice identified two patients who were overdue. They were quickly contacted and sent blood test forms as a result. We saw notes of action taken and details of further action required at the next audit review recorded.

### Effective staffing

During our inspection, we saw staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical staff that covered topics such as safeguarding, fire safety, health and safety and patient confidentiality.
- Staff learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months. GPs were re-validated, or had a date for re-validation. This is the process by which licensed GPs are required to demonstrate on a regular basis that they are up to date and fit to practise

- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This information included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place monthly. We saw from meeting minutes they included health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this. Where a patient's

mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GP and practice nurse understood the need to consider Gillick competence when providing care and treatment to young people 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.

### Health promotion and prevention

The practice identified 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, these appointments were usually 20 to 30 minutes.

It was practice policy to offer all new patients a health check with the practice nurse when they first registered at the practice. The GP and practice nurse told 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 practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 96.01%, which was significantly above the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92.1% to 100% and five year olds from 93.5% to 100% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 70% which was slightly below the national average of 73.24%.

The practice also carried out smoking cessation advice and support. A total of 39.5% of patients who smoked had been given advice in the last 12 months and of these, 12.5% had stopped smoking.

Dietary advice was also given and the practice had a selection of diabetic cookery books that patients could borrow.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection, we noted staff were polite and helpful to patients at the reception desk and on the telephone, and patients were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a poster in the waiting room which informed patients of the availability of this.

We received 39 comment cards which were all positive about the standard of care received by patients at the practice. A total of 14 patients commented on how professional, respectful and caring the practice and staff were and a further 18 said the practice was excellent or good. Patients told us they received excellent care from the GP and the nurse. There were 12 patients who said on comment cards it could be difficult to get a routine appointment at times and two patients said this in person.

Results from the national GP patient survey in January 2015 showed the practice scored slightly below average results in most areas in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 88% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Staff told us they closely monitored the areas that were below average in the patient survey and made changes when issues were identified. For example, additional GP appointments were made available from April 2015 when a part time GP partner retired and was replaced by a full time GP. This has helped to ease some of the pressure around patient appointments. Two additional receptionists were also employed from January 2015 and two existing staff members had increased their contracted working hours at the same time. This had helped to reduce some of the pressure reception staff were feeling about the level of patient demand. The practice hoped it would improve the patient's perception of GPs and reception staff, which it continued to monitor.

### Care planning and involvement in decisions about care and treatment

Patients told us through the comment cards and in person that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patients also said 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.

Results from the national GP patient survey in January 2015 showed most patients surveyed had responded in a positive way to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 91% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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.



## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

During our inspection we saw notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice's computer system alerted the 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. Written information was available for carers to ensure they understood the various avenues of support available to them. This was available in the form of an information pack which was accessible in the reception and waiting area.

Staff told us that if families had experienced bereavement the GP telephoned them to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Arbury Medical Centre 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 planned and delivered services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- The GP 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 and patients with drug or alcohol related health problems. These usually lasted 20-30 minutes.
- Urgent appointments were available for children and those with serious medical conditions.
- 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. We saw anonymised records to confirm 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 of their condition. Patients told us this helped them understand what they needed to do to help themselves too.
- The practice had a mental health register and worked with a community psychiatric nurse to develop joint management plans to meet patients' needs.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening.
- A minor surgery service was provided by the practice which included joint injections.

### Access to the service

Arbury Medical Centre is open from 8am to 6.15pm Monday to Friday. Appointments are available from 8.30am to 11am and from 3.25pm to 6pm. The practice is closed at weekends and its contract with NHS England does not

require it to offer extended hours opening. When the practice is closed, patients can access out of hours care 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 were available for patients who could not attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book appointments.

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 and heart disease.

There were disabled facilities, hearing loop and translation services available. In house training was provided to ensure all staff understood how the aids and translation service operated. Baby changing facilities were also available. Due to a large and increasing Romanian population in the area, a Romanian GP partner joined the practice in October 2013. This reduced the need for translation services.

Results from the national GP patient survey in January 2015 showed that patient's satisfaction with how they could access care and treatment was mainly below local and national averages. For example:

- 39% of patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.
- 50% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 70% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 73%.

Patients we spoke with gave concerns about the appointment system. Patients told us that they had difficulty getting a routine appointment at times, although they would always be seen the same day in an emergency. Patients told us they sometimes had to wait to see the GP, but they would rather wait and see them as they knew they would be given the time they needed by the GP. Patients also told us they had difficulty getting through to the practice by telephone at times.

# Are services responsive to people's needs?

(for example, to feedback?)

We discussed this with practice management and GPs. Since January 2015 the practice has had additional reception staff to handle the demand from patients and reduce patient waiting times for telephone calls to be answered. An increase in the number of GP appointments from April 2015 has also helped. To monitor this, the practice carried out a weekly patient appointment audit and we were shown data from this. During 2013, 3197 patients could not be given appointments. This reduced to 1216 during 2014 and from 1 January 2015 to the date of our inspection, had reduced to 567 for this year to date. This showed a continued reduction when compared with the same time in 2014. The practice had also decided not to register new patients from outside of its traditional practice area in order not to create additional avoidable demand on the practice. Both GPs and practice management said they would continue to monitor this and were confident the practice would continue to improve in this area.

## 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.

During our inspection, we saw there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in a complaints leaflet made available at the practice. Patients we spoke with said they were aware of the process to follow if they wanted to complain, although all patients told us they had not needed to do so.

We saw that annual reviews of complaints had been carried out to identify themes or trends. We looked at the summary for the year 2014 to 2015 and saw 12 complaints had been received. Nine complaints related to access to appointments. We saw that the practice had replied to these with an apology within the timescales outlined in their complaints procedure and outlined the changes the practice was making to improve the situation. Patients were given practical suggestions, such as registering to book appointments on-line and telephoning outside of peak times when appropriate.

We saw evidence that showed lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. This ensured learning was shared and reviewed in an open and responsive way. 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 looked at a copy of the practice's statement of purpose. This told us that the aim of the practice was to strive towards exceptional quality and patient care. Arbury Medical Centre aimed to provide a high standard of medical care by offering a service that satisfied the needs and expectations of their patients. The practice had a five year business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

### Governance arrangements

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

- There was a clear staff structure and staff were aware of their own roles and responsibilities and those of others. This included who staff should approach with any clinical or administrative concerns.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing above or in line with the Warwickshire North Clinical Commissioning Group and national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- A programme of continuous clinical and internal audit was in place to monitor quality and to make improvements to the services provided by the practice.
- There were policies and procedures for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare

products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

### Leadership, openness and transparency

The GP and the management team at the practice prioritised safety. The GP and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The practice encouraged a culture of openness and honesty and several staff members mentioned an 'open door' policy. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns. Staff said they felt respected, valued and supported, by everyone in the practice. We saw records that demonstrated regular team meetings were held.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice discussed how it sought to make progress with areas of concern that had been identified, for example, access to appointments and the role the PPG played to act as a representative of patient views.

The practice also closely monitored the feedback it received through the NHS Friends and Family Test and provided detailed answers which were displayed on laminated cards in the waiting room to comments made by patients, for example, on increasing the availability of patient appointments. The Friends and Family test results for April 2015 showed that 75% of patients were extremely likely or likely to recommend the practice.