

# Southam Surgery

## 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 Southam Surgery on 16 February 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 planned and delivered following best practice guidance. Staff told us and records showed that training appropriate to their roles had been carried out. Staff training needs had been identified and planned for the following year.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning from incidents was shared with relevant staff at meetings relevant to their roles and responsibilities, although this was not always fully documented.
- Information was provided to help patients understand the care available to them. Patients told us they were

treated kindly and respectfully by staff at the practice. Their treatment options were explained to them so they were involved in their care and decisions about their treatment.

- The practice was well equipped and had good facilities to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- Information about how to complain was easy to understand and available in practice leaflets and on the practice website.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there are areas where improvements are needed.

The areas the provider should make improvements are:

# Summary of findings

- Ensure that the infection control measures in place are followed and applied consistently by all staff.
- Establish an agenda to ensure that significant events are routinely discussed or reviewed in meetings to provide an audit trail that demonstrates the learning and sharing of information.

**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.

- 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 although this was not always fully documented.
- There were safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse.

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 produced and issued clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been carried out in order to demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in January 2016 showed that the practice scored average or above for results in relation to patients' experience and satisfaction scores on consultations with the GPs and the nurses.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.

## 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.
- Extended hours were available to benefit patients unable to attend during the main part of the working day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice had acted on suggestions for improvements and changed the way it delivered services in response to feedback from the Patient Participation Group (PPG) and patient surveys.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the values of the practice and worked to provide a service which was patient-centred.
- 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 processes in place to monitor and improve quality and identify risk, although improvements were needed to evidence that learning was shared.
- Staff had received inductions and attended staff meetings. Staff told us they were supported to develop their skills to improve services for patients.

Good



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active 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.

# 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.

- 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 patients unable to access the practice.
- The practice maintained a register of all patients in need of palliative care and offered home visits and rapid access appointments for those patients with complex healthcare needs.
- There was a dedicated nurse who worked in conjunction with Age UK to provide holistic reviews of patients over the age of 75 years, and worked proactively with the practice to help patients maintain good health.
- The practice provided services for 116 patients who lived in three care homes locally. Weekly visits were made to these homes by a designated GP. The practice worked collaboratively with care home staff to provide effective services for those patients. Care home staff were included in training events for practice staff to further develop collaborative working arrangements. A mobile number was given for care home staff to contact the GP at weekends and out of hours so that continuity of care could be maintained.

Good



### People with long term conditions

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

- GPs and the practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

- The quality monitoring data (QOF) for 2014/2015 showed that the percentage of patients with diabetes who had received a foot examination and risk classification for monitoring their conditions was 94% which was 3% above the CCG average and 7% above the national average.
- Clinicians engaged in the Gold Standard Framework Palliative Care programme to improve palliative care services to patients. This involved auditing palliative care services in the practice, meeting with patients and discussing their needs regularly.

## 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, children and young patients 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.
- Appointments were available outside of school hours and the premises were suitable for children with changing facilities for babies.
- We saw good examples of joint working with midwives, health visitors and other local practices. The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate.

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.
- The practice was proactive in offering online services as well as 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.

Good





# Summary of findings

- The practice offered extended opening hours for appointments on Tuesday mornings and evenings and on Thursday evenings. Patients could also book appointments up to four weeks in advance or order repeat prescriptions online.

## 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. For example, the practice had carried out annual health checks for all 34 patients on their register for patients with a learning disability and offered 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.
- 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 patients. Information was provided for patients about how to access various support groups and voluntary organisations. For example, leaflets were available in the waiting area and on the practice's website.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. The practice enabled patients who lived on boats with no formal postal address to register with the practice both for short term and longer term registrations.

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. Advanced care planning and annual health checks were carried out which took into account patients' circumstances and

Good



# Summary of findings

support networks in addition to their physical health. Longer appointments were arranged for this and patients were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.

- The percentage of patients diagnosed with dementia whose care has been reviewed for 2014/2015 was 71% which was 15% lower than the CCG average and 13% 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 so far.
- The GPs and the practice nurses 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 practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations. Staff had received training on how to care for patients with mental health needs and dementia.
- 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.

# Summary of findings

## What people who use the service say

We reviewed the National GP Patient Survey results published in January 2016 for the practice on patient satisfaction. There were 237 surveys sent to patients and 106 responses which represented a response rate of 45%. Results showed generally above average responses in relation to the following:

- 85% of patients found it easy to get through to this practice by phone which was above the Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
- 90% of patients found the receptionists at this practice helpful which was above the CCG average of 89% and a national average of 87%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 90% and a national average of 85%.
- 94% of patients said the last appointment they got was convenient which was in line with the CCG and the national averages.
- 83% of patients described their experience of making an appointment as good which was above the CCG average of 79% and a national average of 73%.
- 63% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was in line with the CCG and the national averages.

- 60% of patients felt they did not normally have to wait too long to be seen which was in line with the CCG and the national averages.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards, all of which were positive about the standard of care received. Patients commented that the practice staff were very caring and always took the time to listen; that staff were friendly and always did their best to help; that patients were always treated in a sympathetic and professional way and that the practice was brilliant. Comment cards from the local pharmacy and care homes were also received. Comments included that the care provided by the practice was amazing; GPs and staff were flexible to the needs of all patients; and that they had an excellent relationship with the practice which was beneficial for patients.

During the inspection we spoke with a patient who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patient 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 could always get an appointment when they needed one.

## Areas for improvement

### Action the service SHOULD take to improve

- Ensure that the infection control measures in place are followed and applied consistently by all staff.
- Establish an agenda to ensure that significant events are routinely discussed or reviewed in meetings to provide an audit trail that demonstrates the learning and sharing of information.

# Southam Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector accompanied by a second CQC inspector. The team included a GP and a practice manager specialist advisor.

## Background to Southam Surgery

Southam Surgery provides primary medical services for patients in Southam and the surrounding villages of Bascote, Long Itchington, Napton and Stockton within the South Warwickshire Clinical Commissioning Group area. The practice has a larger than average registered population of patients under the age of 65 years (77%), with the majority of patients of white British origin, with a small number of European immigrants working locally.

There are five GPs at the practice, three partners and two salaried (three female and two male GPs). The GPs are supported by a practice manager, a deputy practice manager, three practice nurses, two health care assistants (HCAs), and administrative and reception staff. There were 8124 patients registered with the practice at the time of the inspection.

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.

Southam Surgery has been an approved training practice for doctors who wish to become GPs since 2002. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice.

Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer. Southam Surgery has three GPs qualified as trainers and there are currently three trainees assigned to the practice.

The practice opens from 8am to 6.30pm on a Monday to Friday with appointments available from 8.30am to 6.30pm on these days. The practice closes for lunch between 12pm and 1pm. Extended hours appointments are offered on Tuesday mornings from 7am to 8am and evenings from 6.30pm to 7.30pm; and Thursday evenings from 6.30pm to 7.30pm for pre-bookable appointments.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book routine GP appointments. Booking of appointments can also be made up to three weeks in advance.

When the practice is closed, patients can access out of hours care through NHS 111. OOHs care provider is Care UK. The practice has a recorded message on its telephone system to advise patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

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.

# Detailed findings

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 Southam Surgery 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 16 February 2016. During our inspection we spoke with a range of staff that included four GPs, the practice manager, the deputy

practice manager, two practice nurses, a health care assistant, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with a patient who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

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

The practice had systems in place to ensure the safety of staff and patients. There was an open and transparent approach towards reporting and recording significant events. The practice told us that where patients were affected by significant events they would inform them and apologise to them. Patients would also be told about actions the practice had taken to improve care.

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 that occurred.

We reviewed safety records and incident reports and minutes of meetings where these had been discussed. The practice had carried out a review of significant events for the period June 2015 to December 2015. Four incidents had been recorded for this period and we saw that action had been taken in response to these. Staff confirmed that learning from these had been discussed in meetings held monthly. For example, when a patient had been incorrectly diagnosed the practice had reviewed their processes to determine what if anything could have been done differently. We found however, that discussions to evidence the shared learning in these meetings had not always been fully documented.

Safety was monitored using information from a range of sources, including best practice guidance from the National Institute for Health and Care Excellence (NICE) and local commissioners. 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 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. Minutes

confirmed that the monthly practice meetings were attended by all GPs and the practice nurses. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. Nursing staff who acted as chaperones were trained for the role. Nurses had not received a disclosure and barring check (DBS). DBS checks identified 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. The practice had taken the decision that as staff had worked at the practice for many years they were considered to be low risk. They had completed risk assessments with each individual to demonstrate this and these had been reviewed annually with their appraisals. We saw copies of risk assessments to confirm this. The practice confirmed that DBS checks would be completed for all newly appointed staff. Following our inspection the practice confirmed they had applied for DBS checks for all clinical staff who worked at the practice.
- Appropriate standards of cleanliness and hygiene were followed although some areas needed attention as in operating cleaning charts and organising the cleaning store so that ease of access and storage was improved. 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. Infection control checks had been carried out routinely by clinical staff although documentation to evidence this had not always been completed. Following our inspection the practice manager and the nursing team had reviewed all infection control policies and procedures. Evidence of meetings and copies of revised procedures were sent to us to show the changes they had implemented. The practice assured us that infection control measures would be more robustly managed.
- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out by the GP partners at the

## Are services safe?

practice to ensure prescribing was in line with best practice guidance for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use.

- We looked at files for different staff roles including those for a nurse and three 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 recruitment checks had been undertaken as required. For example, proof of identity, qualifications, registration with the appropriate professional body. Appropriate DBS checks would be completed for newly appointed staff to ensure they were not barred from working with vulnerable patients.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety which included a health and safety policy. All electrical equipment and clinical equipment was checked to ensure it was safe to use. The last check had been carried out in July 2015. 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). Fire drills were

carried out twice yearly and the last drill was carried out in July 2015. Staff explained to us what they were to do in the event of a fire alarm and confirmed they had completed fire training.

### Arrangements to deal with emergencies and major incidents

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 panic alarms in reception should assistance be needed in the waiting area.

- All staff received annual basic life support training and there were emergency medicines and equipment available in the treatment room. A first-aid kit and accident book were also available. Emergency medicines and oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. These 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 stored securely.
- A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Copies of the plan were available electronically with hard copies kept by the practice manager and senior GPs at home. Risks identified included terrorism, flood, epidemic, 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 information and records in the event of a computer systems failure.

# 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 were delivered to meet patients' needs.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records. The GPs gave us examples of changes that they had made to their practice in response to national guidance. This included for example, changes in recommended prescribed medicines for some long term conditions.

### 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 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 in line with the CCG and the national averages.

Data from 2014/2015 showed:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 94% which was 3% above the CCG average and 7% above the national average.

- Patients with hypertension (high blood pressure) having regular blood pressure tests was 78% which was 7% below the CCG average and 5% 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 96% which was 3% above the CCG average and 8% above 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 71% which was 15% below the CCG average and 13% below the national average.

The practice had changed computer systems at the end of 2013 and they have had to make adjustments to patient records and coding as a consequence. They had reviewed their coding of patients with a dementia or high blood pressure diagnosis to ensure that all patients had been accurately coded on their system. Action had also been taken to improve these figures and the practice expected that results would show a marked improvement for this current year.

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 included an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process required that recommendations and actions were taken where it was found that standards were not being met.

We saw that a range of audits had been completed. Findings were used by the practice to improve services and outcomes for patients.

- An audit cycle had been carried out on patient deaths. The original audit had been done in 2010 and looked at the total number of deaths, place of death, cause of death, associated risk factors, or whether death might have been preventable (due to a fall, or risky lifestyle like excessive alcohol intake). The audit was repeated annually and drew conclusions and examined whether there were lessons to be learnt at each audit. The last cycle was carried out in 2015 and the summary showed



# Are services effective?

## (for example, treatment is effective)

that no changes to the expected death ratios had been found. There were no sudden heart related deaths during this period that indicated the practice needed to make any changes.

- An audit cycle had been carried out to review the practice prescribing for medicines used to treat bacterial infections. This was first done in January 2015 and repeated in February 2015, as a response to the practice being identified as a higher prescriber within the local CCG area of these medicines. The audit looked at repeat prescribing for patients with a compromised immune system and identified three instances where medicines had not been appropriately prescribed. These findings led to a change in the practice process for those patients.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. GPs each led in specialist clinical areas such as diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and family planning. The practice nurses supported this work, which allowed the practice to focus on the specific conditions. The GPs attended educational meetings facilitated by the Clinical Commissioning Group (CCG), attended regular clinical skill update courses and engaged in annual appraisal and other educational support.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was also an induction programme in place for locum GPs although the practice told us they tended to use the part time GPs to ensure consistency for patients.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these 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.
- Staff received training that included safeguarding, dementia awareness, fire safety, basic life support and

information governance. Staff had access to and made use of e-learning training modules and in-house training to meet their learning needs and to cover the scope of their work.

- We looked at the induction programme that was in place for newly appointed clinical and non-clinical members of staff. The schedule covered 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

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets was also available.

Staff 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 when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that meetings were held regularly with link professionals such as health visitors, midwife and district nurses, and that care plans were routinely reviewed and updated. It was evident from minutes of meetings held throughout 2015 that 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.

- Clinical 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 patients 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.
- GPs or nurses assessed patients' capacity and, where appropriate, recorded the outcomes of assessments where a patient's mental capacity to consent to care or treatment was unclear.

# Are services effective?

(for example, treatment is effective)

- When providing care and treatment to young patients under 16, the GPs and practice nurses understood the need to consider Gillick competence. 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

Health checks were carried out by the practice nurses or health care the health care assistant 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 nurses followed up patients 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 nurses 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, promoting health screening programmes or by carrying out opportunistic medicine reviews.

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78% which was in line with the local and national averages. We saw records that showed that none of the samples taken during the last year had been inadequate.
- The practice's uptake for the bowel screening programme in the last 30 months was 62% which was in line with the local and national averages. Uptake for breast screening for the same period was higher than local and national averages at 81% compared with 77% and 73% respectively.
- Childhood immunisation rates for the vaccinations given were overall higher than local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 100% which were mostly above the CCG rates of 83% to 99%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 99% to 100% which were all above the CCG rates of 95% to 99%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed how staff engaged with patients throughout the inspection. 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 consultation and treatment 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 them a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

We received 25 comment cards, all of which were positive about the standard of care received by patients at the practice.

- Patients commented that practice staff always treated patients in a sympathetic and professional way, and always treated them with respect; that staff were lovely and always so helpful; and that the GPs were excellent and took the time to listen and discuss care needs with patients.

Results from the National GP Patient Survey published in January 2016 showed that overall the practice scored results that were in line with or above local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them which was in line with the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 96% of patients said the GP gave them enough time which was above the CCG average of 91% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw or spoke to which was comparable to the CCG average of 97% and 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 of 90% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern which was in line with the CCG average of 92% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful which was in line with the CCG average of 89% and national average of 87%.

We saw from the Patient Participation Group (PPG) meeting minutes for 2015 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 minutes confirmed that although the practice results had been in line with or above local and national averages, discussions had taken place about actions required for continued improvement. This included the promotion of the facilities to book appointments online to improve access to appointments for patients.

### 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.

Results from the National GP Patient Survey published in January 2016 showed mainly above national and local averages from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 96% said the last GP they saw was good at explaining tests and treatments which was above the CCG average of 91% and the national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care which was in line with the CCG average of 86% and above the national average of 82%.

We saw that care plans were in place for patients with a learning disability in an easy read format, and patients who were diagnosed with asthma, dementia and mental health

## Are services caring?

concerns. Patients confirmed that they had regular reviews with the GPs or the nurses to discuss their care and felt that they were always able to ask questions if they were unsure about anything

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. 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 (1.9% of their patient register) and the practice supported these patients by offering health checks and referral for social services support. The low numbers of carers was reflected in the practice population the majority of which was under 65 years of age. The practice also had a higher number of patients (2%) registered with them who lived in nursing homes.

Staff told us that if families had experienced bereavement the designated GP telephoned them and often visited 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.

Feedback from patients showed that they were positive about the emotional support provided by the practice. Comments included that staff were supportive and caring.

# 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 needs of the practice population were understood and systems were in place to address identified needs of patients.

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.

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:

- 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.
- 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 and dementia.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. The practice enabled members of the boating community to register with them and although their mooring address was not considered a postal address this was used to register patients at the practice. Both temporary and permanent registrations were offered.
- A telephone answer machine message provided information to direct patients to the NHS 111 service for out of hours support. Information was also available to patients about this facility in the practice leaflet and on the website.
- 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. 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. The GPs and the

nurses told us they shared information with patients to help them understand and manage their conditions. This was confirmed by patients who completed comment cards.

- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears.
- A minor surgery service was provided by the practice which included joint injections.
- Translation services were available to patients should they need this. Information about this facility was available on the information board in the reception area.

### Access to the service

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, and heart disease.

- 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. The practice operated an open system for appointments on Mondays where patients were offered appointments to be seen on that day. Booking of appointments could be made up to four weeks in advance.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice opened for appointments from 8.30am to 6.30pm on weekdays. They offered extended hours every morning from 7.30am to 8am and 6.30pm to 7.30pm on Tuesdays and from 6.30 to 7.30pm on Thursdays for pre-bookable appointments. The extended hours appointments were to help patients who found it difficult to attend during regular hours, for example due to work commitments. The practice was closed at weekends.

On-line services were available for appointments, repeat prescriptions and patient access to their notes.

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

# Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients said they could get through easily to the surgery by phone which was above the CCG average of 78% and the national average of 73%.
- 83% of patients described their experience of making an appointment as good which was above the CCG average of 79% and the national average of 73%.
- 63% of patients said they usually waited 15 minutes or less after their appointment time which was slightly below the CCG average of 69% and the national average of 65%.

Patients gave positive views about the appointments system. We received 25 comment cards all of which were positive about the availability of appointments at the practice. Patients told us that getting appointments and waiting times were acceptable and if they did have to wait for their appointment the wait was always worth it for the care and attention they received. Patients commented they could always see a GP if the appointment was urgent.

## 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.

We found that 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 that was made available at the practice. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients who completed comment cards had needed to make a complaint.

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 2014 to March 2015. We saw that 10 complaints had been received during this period with no themes or patterns identified. We were told by the practice manager and staff that overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. We found that learning was not always recorded in the minutes of meetings to evidence this. The practice manager told us they would review their processes to ensure that a complete audit trail demonstrated more fully the learning that was shared routinely.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

The practice's Statement of Purpose told us that their aims were:

- To provide high quality, safe, professional primary health care services to their patients.
- To be a learning organisation that continually improved what they offered to patients.
- To focus on prevention of disease by promoting health and wellbeing through care and advice offered to their patients.

The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

There was an appropriate 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 staffing structure and that staff were aware of their own roles and responsibilities. Clinical areas of responsibility were shared among all GPs and the nurses such as safeguarding lead, trainee GP trainer and Caldicott Guardian.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.

### Leadership, openness and transparency

The management team in the practice 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 practice manager were visible in the practice and staff told us that they were approachable.

- We found the practice to be open and transparent and prepared to learn from incidents and near misses.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident that they would be supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They really enjoyed working at the practice and felt they were appreciated for the work they did. Staff told us the partners encouraged them 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 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. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- In response to the Patient Satisfaction Survey 2015 results and in discussions with the PPG, the practice had implemented an action plan for the year. The action plan included action to raise awareness of the online facilities within the practice; to promote the PPG to encourage new members. A new patient information pack was to be produced which would include information on how to contact the surgery online to help with these actions.
- 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.

# Are services well-led?

Good 

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

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and engaged in local pilot schemes to improve outcomes for patients in the area.

- The practice was an active member of the South Warwickshire GP Federation. Thirty-six other GP practices across south Warwickshire had formed a GP Federation to improve the services they offered to patients.

- The practice had engaged with Age UK to assess and support all high risk patients aged 75 and over to identify and address clinical and social need. This involved proactive health reviews for patients with a view to identifying measures to help maintain good health.