

# Abbey Medical Centre

## Quality Report

42 Station Road  
Kenilworth  
CV8 1JD  
Tel: 01926 859955  
Website: [www.abbeymedicalcentre.co.uk](http://www.abbeymedicalcentre.co.uk)

Date of inspection visit: 27 October 2016  
Date of publication: 28/04/2017

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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	14
Outstanding practice	14

### Detailed findings from this inspection

Our inspection team	15
Background to Abbey Medical Centre	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey Medical Centre on 27 October 2016. The overall rating for this service is outstanding.

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

- There was a system to raise concerns and report significant events. Staff understood their responsibilities to raise concerns and to report significant events. These were discussed regularly at meetings and were a standing agenda item. Learning was shared with practice staff regularly and with other practices in the locality.
- Patients' needs were assessed and care was provided to meet those needs in line with current guidance.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed through practice meetings and discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Information about safety alerts was reviewed and communicated to staff in a timely way.
- Patients told us GPs and nurses at the practice treated them with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the reception area and on the practice website.
- The practice had suitable facilities and was equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs.
- There was a clear leadership structure and staff told us they felt supported by the management team.
- The practice had an active Patient Participation Group (PPG) and proactively sought feedback from patients,

# Summary of findings

which it acted on. Staff were committed and motivated to deliver high standards of care and there was evidence of team working throughout the practice.

- GPs used their specialist skills in areas such as minor surgery and dermoscopy (to assess all skin lesions) which resulted in the practice being low referrers to secondary care. Referral figures from 2013 to 2016 showed a reduction in dermatology referrals of 20%. The referral figures to secondary care for the same period showed an overall 40% reduction.
- Five nurses at the practice were trained to provide appropriate diabetes management clinics. They provided an annual total of 3280 appointments with 450 home visits to patients to ensure treatment was monitored.
- Age UK carried out assessments for housebound patients who were at risk of social isolation and loneliness either by telephone or through home visits. An administrator was employed by the practice to liaise with both patients and Age UK. The practice had made 116 over 75 assessments in the last 6 months and referred 35 of these patients to Age UK for further support.
- The practice had engaged with patients, the PPG and patient volunteers to assess available transport options to and from the practice and parking facilities. A travel plan was devised which also encouraged patients to walk, cycle or consider car sharing when accessing the practice, encouraging patients to increase their exercise and consider a healthier and greener way of living.

- Patients with a newly diagnosed long term condition were referred for educational meetings and clinics to help them manage their condition.
- The practice offered combined appointments to enable first baby checks, initial immunisations and postnatal assessments for mothers to be carried out in one visit.
- The practice had a comprehensive audit programme in place which demonstrated a quality monitoring and improvement process for all services they provided which included clinical and non-clinical areas.

We saw several areas of outstanding practice including:

- The practice had extended the building to provide four new consulting rooms, a large administration area and an enlarged and improved waiting room to cater for the future rise in the local population. The practice had managed the build and maintained service provision while ensuring the continued safety of patients and staff.
- The interior decoration for the building extension and the waiting room was decided after consultation with patients, staff and assistance from the Alzheimer's Society. There were plans to refurbish the rest of the building by redecorating and re-flooring throughout to bring the entire building up to the same standards as the new extension.

## **Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities.
- The practice carried out a thorough analysis of significant events and shared learning from these with all staff. Where patients were affected they received a written apology and steps were taken to prevent the same thing happening again. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed. There were systems to manage patient safety alerts, including medicines alerts which were acted upon.
- Simulation exercises were carried out during staff team meetings to ensure staff were clear about roles and responsibilities when responding to emergency situations. Minutes of meetings showed that responding to anaphylaxis (an allergic reaction) had been carried out during 2016.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans.
- The practice had a comprehensive audit programme in place which demonstrated a quality monitoring and improvement process for all services they provided which included clinical and non-clinical areas. This ensured that continual improvements were made to enhance patient care.

# Summary of findings

- The most recent published data for 2015/2016 showed that the practice achieved 100% of the total number of points available compared with the local average of 99% and the national average of 95%. Evidence showed that the practice had consistently achieved this level for the past five years.
- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- GPs used their specialist skills in areas such as minor surgery and dermoscopy (to assess all skin lesions) which resulted in the practice being low referrers to secondary care. Referral figures from 2013 to 2016 showed a reduction in dermatology referrals of 20%. The referral figures to secondary care for the same period showed an overall 40% reduction.
- Five nurses at the practice were trained to provide appropriate diabetes management clinics. They provided an annual total of 3280 appointments with 450 home visits to patients to ensure treatment was monitored.
- The practice had a planned recall system for patients with chronic diseases which targeted specific patient groups at different times of the year so that reviews of patient care could be managed effectively.
- The practice's uptake for the cervical screening programme at 81% was in line with the local average of 83% and the national average of 82%.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were above local and national averages.
- Patients were encouraged to take responsibility for monitoring their healthcare with access to a self-service monitor in the practice to measure their height, weight and blood pressure. Clinical staff followed up with patients where any concerns were noted from the information recorded.
- Patients with a newly diagnosed long term condition were referred for educational meetings and clinics to help them manage their condition.

## Are services caring?

The practice is rated as good for providing caring services.

- Staff were friendly, polite and helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Patients we spoke with and feedback we received in the comment cards were complimentary about the practice and commented that they received excellent care from the GPs and the nurses.

Good



# Summary of findings

- Results from the National GP Patient Survey results published in July 2016 showed the practice scored results that were mainly higher than local and national rates in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses.
- There were many positive patient comments about the practice on the NHS Choices website. For example, patients commented that they always found the practice to be excellent with supportive and patient GPs.
- Information to help patients understand and access the local services was available.
- There was a register of those patients who were also carers and at the time of the inspection there were 120 carers registered with the practice (1% of the practice population). The practice had taken action to identify carers who were not yet included on their register.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs.
- The practice was located in purpose-built premises and had suitable facilities. It was well equipped to treat patients and meet their needs. The open plan reception desk had a lowered counter for use by patients who used wheelchairs. Wheelchairs were made available for patients to use to access the building.
- Patients were able to access links to information on the practice website in alternative languages.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- On-site services such as dermoscopy (technique for examining skin lesions) and phlebotomy (taking blood samples) were provided to reduce inconvenience to patients so they were not required to travel to secondary care providers for these services.
- The Staff development and training was well supported by the practice and covered a wide range of topics to ensure that staff were trained to support and provide services for patients. The training and development included dementia awareness, domestic violence awareness, childhood development assessments and dementia assessments.

**Outstanding**



# Summary of findings

- Age UK carried out assessments for housebound patients who were at risk of social isolation and loneliness either by telephone or through home visits. An administrator was employed by the practice to liaise with both patients and Age UK. The practice had made 116 over 75 assessments in the last 6 months and referred 35 of these patients to Age UK for further support.
- The practice had extended the building to provide four new consulting rooms, a large administration area and an enlarged and improved waiting room to cater for the future rise in the local population. The practice had managed the build and maintained service provision while ensuring the continued safety of patients and staff.
- The practice had become Dementia Friendly in response to suggestions from the PPG. Staff and PPG members had attended a presentation given by Alzheimer's UK and training for staff was arranged.
- The interior decoration for the building extension and the waiting room was decided after consultation with patients, staff and assistance from the Alzheimer's Society. There were plans to refurbish the rest of the building by redecorating and re-flooring throughout to bring the entire building up to the same standards as the new extension.
- The practice had engaged with patients, the PPG and patient volunteers to assess available transport options to and from the practice and parking facilities. A travel plan was devised which also encouraged patients to walk, cycle or consider car sharing when accessing the practice, encouraging patients to increase their exercise and consider a healthier and greener way of living.
- The patient information leaflet gave details of GPs working days to help patients should they wish to make an appointment with a preferred GP.
- Results from the National GP Patient Survey results published in July 2016 showed that patients' satisfaction with how they could access care and treatment was higher than local and national averages.

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management.
- There was an overarching governance framework which included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- There was a clear vision and strategy to provide quality care. Staff shared this vision and told us they worked hard to deliver quality care for all patients.
- Staff morale was high with a high level of staff satisfaction and evidence of teamwork.
- The practice encouraged a culture of openness and honesty.
- Staff told us they were confident they would be supported if they needed to raise any issues or concerns. They said they felt respected, valued and supported by everyone and that they loved working at the practice.
- Staff had received inductions, appraisals and attended regular staff meetings and events.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice had been a training practice for many years and were committed to the training of doctors. There were plans to host and mentor student nurses from a nearby university.



# 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

**Outstanding**



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

- There was a higher than average number of older patients registered with the practice. The practice offered personalised care to meet the needs of this population group.
- Health checks were carried out for all patients over the age of 75 years.
- Age UK carried out assessments for housebound patients who were at risk of social isolation and loneliness either by telephone or through home visits. An administrator was employed to liaise with both patients and Age UK. The practice had made 116 over 75 assessments in the last 6 months and referred 35 of these patients to Age UK for further support.
- The practice offered a range of enhanced services, for example, in dementia and end of life care. Home visits and rapid access appointments were offered for those patients with enhanced needs.
- Nationally reported data showed that outcomes for patients were above local and national standards for conditions commonly found in older patients.
- Telephone consultations were provided which was particularly helpful for those patients with poor mobility.
- GPs or the practice nurses visited those patients who were housebound to provide a range of service, including ensuring that patients received their flu vaccination.

### People with long term conditions

**Outstanding**



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

- There were systems to monitor patients with chronic diseases. The practice nurses had lead roles in chronic disease management.
- The practice ensured continuity of care in order to achieve the best outcomes for individual patients. Patients diagnosed with a long term condition had a named GP and a structured regular review to check that their health and medicine needs were being met. Reviews were carried out at least annually if not more often.

# Summary of findings

- Patients with a newly diagnosed long term condition were referred for educational meetings and clinics to help them manage their condition.
- The GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care for those patients with the most complex needs.
- GPs used their specialist skills in areas such as minor surgery and dermoscopy (to assess all skin lesions) which resulted in the practice being low referrers to secondary care.
- The practice had a planned recall system for patients with chronic diseases which targeted specific patient groups at different times of the year so that reviews of patient care could be managed effectively.
- Five nurses at the practice were trained to provide appropriate diabetes management clinics. They provided an annual total of 3280 appointments with 450 home visits to patients to ensure treatment was monitored.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were above local and national averages. For example, the percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 78% which was comparable to the local average of 76% and the national average of 72%. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 66% which was above the local average of 64% and the national average of 58%.
- Patients were encouraged to take responsibility for monitoring their healthcare with access to a self-service monitor in the practice to measure their height, weight and blood pressure. Clinical staff followed up with patients where any concerns were noted from the information recorded.
- There was a register of those patients who were also carers and at the time of the inspection there were 120 carers registered with the practice (1% of the practice population). The practice had taken action to identify carers who were not yet included on their register.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young patients.

**Outstanding**



# Summary of findings

- There were systems to identify and follow up children who were at risk of abuse. Staff had been trained to recognise signs of abuse in vulnerable children and the action they should take if they had concerns.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.
- Appointments were available outside of school hours and the premises were suitable and accessible for children.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% which were slightly higher than the CCG rates of 97% to 99%, and for five year olds from 92% to 99% which were comparable with the CCG rates of 95% to 99%.
- There was a children's area, baby changing and breast feeding rooms available to those who needed it.
- The practice offered combined appointments to enable first baby checks, initial immunisations and postnatal assessments for mothers to be carried out in one visit.
- We saw examples of joint working with health visitors and district nurses.
- A number of online services including booking appointments and requesting repeat medicines were also available.
- The practice's uptake for the cervical screening programme at 81% was in line with the local average of 83% and the national average of 82%.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations and cervical cytology.
- We saw examples of joint working with midwives, health visitors, and district nurses and a midwife led clinic was provided at Abbey Medical Centre.

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

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

- 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.

**Outstanding** 

# Summary of findings

- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- Telephone consultations were provided which was particularly helpful for those patients who worked during appointment times.

## People whose circumstances may make them vulnerable

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

- The practice treated patients of all ages and provided a range of medical services.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. They had completed annual health checks for 67% of the 61 patients on their register in the current year. Longer appointments were available for patients with a learning disability when required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. They had advised patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff would know that patients may need to be prioritised for appointments or offered longer appointments.
- The practice offered additional services to carers such as annual health checks.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.
- The practice offered flu and shingles vaccinations at home to vulnerable patients who were unable to attend the surgery.

**Outstanding**



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

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

**Outstanding**



# Summary of findings

- The practice held a register of patients with poor mental health including those patients with dementia. Staff had received training on how to care for patients with mental health needs and dementia.
- The interior decoration for the building extension and the waiting room was decided after consultation with patients, staff and assistance from the Alzheimer's Society. There were plans to refurbish the rest of the building by redecorating and re-flooring throughout to bring the entire building up to the same standards as the new extension.
- Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health.
- Patients were given information about how to access various support groups and voluntary organisations.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those patients with dementia.
- The GPs and 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 supported families in their bereavement and signposted them to support services.
- Data for 2015/2016 showed the practice achieved results that were comparable with local and national rates for support for patients with poor mental health. The practice recognised they had a low dementia prevalence which suggested their registers may be incomplete and had taken action to address this. They had identified patients for assessment during 2015 and carried out 781 patient assessments but recognised the recorded prevalence was still low for their patient list. They increased the number of initial assessments to 1001 patients during 2016, 535 of whom had an impairment test carried out.
- Two Improving Access to Psychological Therapies (IAPT) counsellors attended the practice weekly.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing above or in line with local and national averages. There were 219 surveys sent to patients and 115 responses which represented a response rate of 53% which was higher than the national response rate of 38%. Results showed:

- 83% of patients found it easy to get through to this practice by telephone which was above the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
  - 88% of patients found the receptionists at this practice helpful which was in line with the CCG average of 89% and the national average of 87%.
  - 92% of patients were able to get an appointment to see or speak to someone the last time they tried which was in line with the CCG average of 91% and above the national average of 85%.
  - 97% of patients said the last appointment they got was convenient which was above the CCG and the national averages of 94% and 92% respectively.
  - 84% of patients described their experience of making an appointment as good which was above the CCG average of 81% and the national average of 73%.
  - 76% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.
- 61% of patients felt they did not normally have to wait too long to be seen which was in line with the CCG average of 61% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards from patients who all gave positive feedback about the standard of care they received. Patients were complimentary about the practice and commented that staff were patient, friendly and always made time for patients.

We spoke with three patients during the inspection, one of whom 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. Patients were positive about the service they received and told us they received very good care from the GPs and the nurses.

We reviewed feedback from the NHS Choices website in which patients gave their views of the service they received from the practice. The feedback overall was positive (4.5 stars) and the GPs had responded to some of the comments on the website thanking patients for their compliments or asked patients to come into the practice to meet with them if they had raised an issue.

## Outstanding practice

- The practice had extended the building to provide four new consulting rooms, a large administration area and an enlarged and improved waiting room to cater for the future rise in the local population. The practice had managed the build and maintained service provision while ensuring the continued safety of patients and staff.
- The interior decoration for the building extension and the waiting room was decided after consultation with patients, staff and assistance from the Alzheimer's Society. There were plans to refurbish the rest of the building by redecorating and re-flooring throughout to bring the entire building up to the same standards as the new extension.

# Abbey Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

## Background to Abbey Medical Centre

Abbey Medical Centre is located in Kenilworth, South Warwickshire and provides primary medical services for Kenilworth and the surrounding areas. At the time of the inspection there were 13,500 patients registered with the practice. It has four GPs partners and five salaried GPs operating from a purpose built building in Kenilworth. There was a mix of male and female GPs which gave patients a choice of their preferred gender of GP for their consultation.

Abbey Medical Centre is an active member of the Warwickshire Clinical Commissioning Group (CCG) and the GP federation. A federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.

The practice population was in line with local and national averages for most age groups, with a higher number of older patients. There were 24% of patients over 65 years compared with local rate of 21% and the national rate of 17%, and 12% of patients over 75 years compared with the local rate of 10% and the national rate of 8%. The practice area is one of less than average deprivation at 6% compared with local and national levels of 12% and 22%.

The GPs are supported by a practice manager, an advanced nurse practitioner, one nurse manager, three practice nurses, a healthcare assistant, a phlebotomist (person who takes blood samples), reception and administrative support staff.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice reception opens from 8.15am to 6.30pm Monday to Friday. Appointments and telephone consultations are available from 8.30am to 6.30pm. Emergency telephone cover from 8am to 8.15am is provided by the out of hours provider (CareUK) on the contact telephone number shown on the practice website and in the patient information leaflet. Pre-bookable appointments are available two mornings a week from 8.15am. Extended hours appointments are not currently available at the practice following a review of the uptake of the appointments over the past two years.

When the practice is closed, patients can access out-of-hours care through NHS 111. Patients access a recorded message on the telephone system advising them on the numbers to call. This information is also available on the practice's website and in the practice information leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service for patients to order repeat prescriptions, book appointments and access their medical records.

The practice treats patients of all ages and provides a range of medical services. This includes disease management

# Detailed findings

such as asthma, diabetes and heart disease. Other appointments are available for maternity care and family planning. Abbey Medical Centre also carries out minor surgery for patients which includes cryotherapy.

The practice building has ground level access, accessible toilets, wheelchair provision and accessible car parking available for patients.

Abbey Medical Centre is a long established training practice for trainee GPs (qualified doctors who are training to become GPs) with three GP trainers and two training programme directors. At the time of the inspection there were two trainee GPs working at the practice.

## 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 Abbey Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 27 October 2016.

During our inspection 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.
- Spoke with a range of staff that included three GP partners, a salaried GP, the practice manager, the IT manager, the nurse manager and two practice nurses.
- We looked at procedures and systems used by the practice.
- We spoke with three patients, including a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who work with the practice team to improve services and the quality of care.
- We observed how staff interacted with patients who visited the practice. We saw how patients were being cared for and talked with carers and/or family members.
- We reviewed five 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 patients' needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of patients' and what good care looks 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

Abbey Medical Centre used an effective system for reporting and recording significant events.

- The practice had a significant event protocol. Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff gave us examples where they had reported events, the process they had followed and the learning outcomes shared and discussed with them.
- Staff told us they could access the forms on the computer system and these would be escalated to senior staff once they had been completed. All staff were encouraged to complete these and there was no blame culture as staff were encouraged to learn what needed to be done to avoid similar incidents happening again.
- The practice carried out an analysis of significant events and shared learning from these with appropriate staff. Minutes of meetings demonstrated that significant events were regularly discussed at weekly clinical and three monthly team meetings. The event recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw records of events that had been reported for the last three years with eight events for the period January 2016 to August 2016. Each event had been risk assessed to identify potential impact for patients. Action had been taken to ensure safety of the practice was maintained and improved. For example, a patient had been incorrectly booked for an appointment. The incident had been discussed with all staff concerned and changes had been made to procedures to reduce the risk of further occurrences.

We reviewed safety records, incident reports, Medicines and Healthcare Products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed.

- The practice had a procedure for dealing with all received alerts for staff to follow.
- Patient safety alerts were received by the practice manager and secretaries by email, with nominated staff

responsible for accessing these and forwarding them to appropriate staff. Data administrators were responsible for providing GPs with lists of patients implicated by alerts for action.

- All alerts were discussed at weekly clinical meetings with action taken recorded. GPs described examples of alerts that had led to changes. For example, when the practice received a safety alert about faulty equipment used for testing blood glucose, they had contacted all patients affected and alternative arrangements were made.
- Regular two or three monthly meetings were held with all staff to discuss significant events that had occurred, learning identified and any changes in procedures made.
- Alerts were organised and matched to meeting minutes and gave a clear audit trail of the processes followed and action that had been taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff were clear about their roles and responsibilities should they have any safeguarding concerns about patients. They confirmed they knew the designated GP lead responsible for safeguarding concerns and told us they had received training appropriate to their role. GPs and nursing staff had completed level three training for safeguarding adults and children. GPs described where they had responded to a concern raised by a healthcare professional. All clinical staff had been informed and alerts had been added to the patient's record. Bi-monthly child protection meetings were held with health visitors and minutes were seen to confirm this. A copy of the Warwickshire child protection flowchart was displayed in consultation and treatment rooms which gave staff guidance and contact details for clinical staff to access should they have any concerns.
- A notice was displayed in treatment rooms advising patients that chaperones were available if required. All clinical 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

## Are services safe?

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). Staff confirmed that a record was added to patients' notes when chaperones had been offered, and this included when the service had been offered and declined.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice nurse manager was the infection prevention clinical 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 and staff had received up to date training. The last infection control audit had been completed in May 2016 with no areas for improvement identified.
- There was a sharps injuries policy and all staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. An injuries flowchart was displayed in all consulting rooms. All instruments used for treatment were single use. A record of the immunisation status for all staff was maintained by the practice.
- The collection of clinical waste was contracted to an external company and there was suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at four files for different staff roles including a salaried GP and a receptionist and found that recruitment checks had been carried out in line with legal requirements. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that systems and processes were also followed when locum GPs were employed by the practice.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for the different staffing groups to ensure that enough staff were available each day. The majority of staff worked part time and they confirmed they would cover for each other during holiday periods and at short notice when colleagues were unable to work due to sickness.
- Clinical staff registrations and professional membership were checked and monitored regularly.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storage and security of medicines. Prescriptions were securely stored and there were systems to monitor their use.
- Processes ensured that reviews were carried out with appropriate regularity for patients prescribed high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.

### Monitoring risks to patients

Procedures were followed to monitor and manage risks to patient and staff safety.

- A full assessment which incorporated all potential areas of risk within the practice building had been completed in October 2016 and rated the level of risk for each area. Reviews were scheduled to be completed every six months. Preventative measures were in place to mitigate the risks identified and monitored to ensure the safety of the premises. This included risks associated with slips, trips and falls, manual handling, storage of chemicals, Infection Prevention and Control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings).
- The latest Legionella risk assessment report had been completed in August 2016.
- There was an up to date fire risk assessment (dated September 2016) and regular fire drills were carried out.
- 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 and clinical equipment was checked to ensure it was working properly. For example, the last electrical check was carried out in June 2016.

## Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

The practice had made arrangements to respond to emergencies and major incidents.

- A business continuity plan advised staff how to deal with a range of emergencies that may impact on the daily operation of the practice. 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. The plan was stored securely in what the practice referred to as a battle box. This contained emergency equipment, a copy of the service continuity plan and other relevant documents to enable recovery of the service should alternative premises be needed. Fully equipped battle boxes were kept at the home of the senior partner GP and the practice manager. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies.
- All staff received annual basic life support training. The practice had a comprehensive emergency procedure which gave staff clear guidance to follow should an emergency arise. Simulation exercises were carried out during staff team meetings to ensure staff were clear about roles and responsibilities when responding to emergency situations. Minutes of meetings showed that responding to anaphylaxis (an allergic reaction) had been carried out during 2016.
- 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 emergency medicines and equipment available as required, including a first aid kit and accident book. These were easily accessible and all staff knew of their location. Medicines included those for a range of emergencies such as 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.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children. These had been regularly checked and maintained.



# 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.

- There were systems to ensure all clinical staff were kept up to date. The practice had access to best practice guidance from the National Institute for Health and Care Excellence (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.
- Annual reviews were carried out with patients who had long term conditions such as diabetes, lung diseases, and for those patients who had mental health problems including dementia.
- The practice had a planned recall system for patients with chronic diseases which targeted specific patient groups at different times of the year so that reviews of patient care was managed effectively. For example, patients with diabetes scheduled for the beginning of the year and patients with lung diseases during summer months when their conditions were not impacted by winter ailments. Planning recalls in this way meant that pressures were reduced during busy winter months and flu vaccination programmes were not compromised.

### 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.
- The most recent published data for 2015/2016 showed that the practice achieved 100% of the total number of points available compared with the local average of 99% and the national average of 95%. Evidence showed that the practice had consistently achieved this level for the past years.

- The practice had achieved results that were mainly in line with averages for QOF indicators when compared with other local practices and nationally.
- GPs used their specialist skills in areas such as minor surgery and dermoscopy (to assess all skin lesions) which resulted in the practice being low referrers to secondary care. For example, referral figures from 2013 to 2016 showed a reduction in dermatology referrals of 20%. The referral figures to secondary care for the same period showed an overall 40% reduction.
- Five nurses at the practice were trained to provide appropriate diabetes management clinics. They provided an annual total of 3280 appointments with 450 home visits to patients to ensure treatment was monitored.

Data showed:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans was 90% which was in line with the Clinical Commissioning Group (CCG) average of 93% and above the national average of 89%. The practice exception rate at 0% which was lower than the CCG average of 10% and lower than the national average of 13%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient was unsuitable for treatment, was newly registered with the practice or was newly diagnosed with a condition.
- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 93% which was in line with the local average of 92% and above the national average of 89%. The practice exception rate of 8% was 3% higher than the CCG average and in line with the national average of 8%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% which was 7% below the local average and 4% below the national average. The practice exception rate was 7% which was in line with the CCG average of 6% and the national average of 7%. The practice recognised they had a low dementia prevalence and had taken action to address this. They had identified patients for assessment during 2015 and carried out 781 patient assessments but recognised this was still low for their patient list. They



# Are services effective?

## (for example, treatment is effective)

increased the number of initial assessments to 1001 patients during 2016, 535 of whom had an impairment test carried out. Of these nine patients were diagnosed with dementia. The practice planned to continue this work with this patient group.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure measurements was 84% which was in line with the CCG average of 84% and the national average of 83%. The practice exception rate was 2% which was 1% below the CCG average 2% below the national average.

The practice had a planned recall system for patients with chronic diseases which targeted specific patient groups at different times of the year so that reviews of patient care was managed effectively. For example, patients with diabetes were scheduled for reviews early in the QOF year and patients with lung disease during the summer months when they were less likely to be unwell from associated winter ailments. This plan meant that workload was spread evenly throughout the year with reviews of care more effective for patients.

The practice carried out regular clinical audits to monitor and identify where improvements to practise could be made.

- The practice had a comprehensive audit programme in place which demonstrated a quality monitoring and improvement process for all services they provided which included clinical and non-clinical areas.
- Audits were carried out in response to latest guidance, patient alerts, significant events, and through issues or queries raised in meetings.
- We looked at five audits which had been carried out in the last two years which included cytology smear sampling adequacy rates, two week wait cancer referrals and appointment availability for nursing staff. Following the inspection the practice submitted evidence of a further 18 audits they had carried out over this period. They told us these were completed audits where the improvements made were implemented and monitored.
- An audit had been carried out in 2014 where guidance for the prescribing of a medicine had changed. The two cycle audit demonstrated improvement in the prescribing and monitoring of this medicine. No changes to practise had been required as a result of the second audit cycle.

- The practice also participated in applicable local audits, national benchmarking and peer review.

### 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 confidentiality, information governance and operational procedures which were accessible on the practice's computer system.
- Staff received training that included dementia awareness, safeguarding, fire procedures, domestic violence awareness and basic life support. Staff had access to and made use of e-learning training modules. We saw the staff training tracker which was regularly updated with records of training due, planned and completed.
- The learning needs of staff were identified through a system of appraisals, evaluation, meetings and reviews of practice development. Staff had access to appropriate training to cover the scope of their work and meet their development plan. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation.
- Staff received an appraisal every year. We saw that appraisal preparation had commenced with staff and were scheduled to be completed in November 2016. Staff confirmed that training objectives would be set during their appraisal for completion during the following year.
- The practice was a training practice and three of the GP partners had extensive experience in training qualified doctors in General Practice. At the time of the inspection there were two trainee GPs at the practice.

### Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient records and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.





# Are services effective?

## (for example, treatment is effective)

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- The practice told us they had good relationships with other healthcare workers such as district nurses, counsellors, Macmillan nurses and health visitors. Multi-disciplinary meetings were held bi-monthly to discuss patients such as elderly frail patients, patients with cancer, patients on the admission avoidance list or those who required palliative care.
- GP skills and specialisms enhanced the services that the practice provided which saved patients time, improved their treatment and reduced unnecessary hospital referrals.

### 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.

- The process for seeking consent was monitored through patient records audits. For example, minor surgery audits gathered information to confirm that consent protocols had been followed and that consent had been obtained. All patients had consented to treatment and this had been recorded in their records.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.
- 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 GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child

has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

### Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.
- Patients with a newly diagnosed long term condition were referred for educational meetings and clinics to help them manage their condition.

The practice had a comprehensive screening programme.

- The practice's uptake for the cervical screening programme was 81% which was comparable to the local average of 83% and the national average of 82%.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were above local and national averages. The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 78% which was comparable to the local average of 76% and the national average of 72%. The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 66% which was above the local average of 64% and the national average of 58%. The practice confirmed they routinely received information about patients who were diagnosed with this condition from screening.
- GPs and the nurses told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or promoting seasonal vaccinations.

Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% which were slightly higher than the CCG rates of 97% to 99%, and for five year olds from 92% to 99% which were comparable with the CCG rates of 95% to 99%. The



## Are services effective? (for example, treatment is effective)

practice told us this was partly due to the fact that parents of children who did not attend for required immunisations were contacted directly by an administrator from the surgery.

It was practice policy to offer NHS health checks to 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 practice had completed NHS health checks for 2528 (54%) of the 4705 eligible patients registered with the practice in the last five years.

Patients were encouraged to take responsibility for monitoring their healthcare with access to a self-service monitor in the practice to measure their height, weight and blood pressure. A print out was provided and clinical staff accessed the information and updated patients records. No appointment was needed for this monitoring. Clinical staff would follow up with patients where any concerns were noted from the information recorded.

The practice had engaged with local initiatives to promote exercise and healthy living for patients with mental health issues, learning disabilities or who were at risk of developing a long term condition. The practice manager also led a weekly walking group to assist certain groups of patients in becoming more active.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- Staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect.
- There was a confidential room available for patients to discuss any personal information with staff.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Staff told us they were aware of and followed the practice policy to ensure patients were treated with dignity and respect at all times.

We received five comment cards, all of which were positive about the standard of care received by patients at the practice. Patients were complimentary about the practice and commented that staff were friendly and approachable and always willing to help. Patients told us they were extremely satisfied with the service they received from all staff at the practice and that everyone made time for patients.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients also told us that they were always treated kindly and with dignity and respect. They confirmed they were offered choices of treatment by the GPs and that the GPs always listened to them.

Results from the National GP Patient Survey results published in July 2016 showed the practice scored results that were mainly higher than local and national rates in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses:

- 96% of patients said the GP was good at listening to them which was higher than the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 95% of patients said the GP gave them enough time which was above the CCG average of 91% and the national average of 87%.

- 100% of patients said they had confidence and trust in the last GP they saw or spoke to which was above the CCG and the national averages of 98% and 95% respectively.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 89% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern which was in line with the CCG average of 92% and the national average of 91%.

We saw that there were many positive patient comments about the practice on the NHS Choices website. For example, patients commented that they always found the practice to be excellent with supportive and patient GPs. They found staff were friendly and helpful and that they were always able to see a GP or nurse when required. We noted that the practice responded to most comments added to the NHS Choices website.

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

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- Health issues were discussed with them and they felt involved in decision making about the care and treatment they received.
- They had sufficient time during consultations to make an informed decision about the choice of treatment available to them;
- The clinical staff were patient and clear about discussing aspects of their treatment with them.

Data from the National GP Patient Survey (July 2016) showed that:

- 90% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average of 91% and above the national average of 86%.
- 86% of patients 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 87% and the national average of 82%.

The practice provided support so that patients could be fully involved in decisions about their care.



## Are services caring?

- Care plans were completed for patients with a learning disability and for other patients such as those who were diagnosed with asthma, dementia and mental health concerns.
- Care plan reviews had been completed for 67% of the 61 patients with a learning disability registered with the practice during the past year.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.
- Face to face or telephone interpreter translation services were available for patients for advance booking.
- 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. Patients with dementia were given information and supported to engage with the nearby dementia café.
- Midwives, counsellors and care of the elderly consultants had regular clinics within the practice that patients could be referred to.
- The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. At the time of the inspection there were 120 carers registered with the practice (1% of the practice population). The practice had recognised the need to increase the number of carers on their register and had taken action to identify carers who were not yet included on their register. This included significant work for patients with dementia and increasing the availability of information for patients.
- Staff told us that if families had experienced bereavement the GPs either visited or telephoned to provide support and signposted patients to support services.

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

The practice supported patients and carers in a number of ways:



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- There was an online service which allowed patients to order repeat prescriptions, book appointments and access their medical records. Online appointments were available with GPs, midwife, blood tests or nurses up to six weeks in advance.
- Home visits were available for patients who were too ill to attend the practice for appointments. Routine home visits were carried out by GPs for housebound patients to monitor their health and care needs.
- Telephone consultations with GPs were available to patients who did not require a physical consultation.
- Text reminders were sent to patients 48 hours in advance of their scheduled appointment.
- 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 and heart disease.
- Midwives, counsellors and Age UK also held regular clinics within the building which GPs referred patients to as appropriate.
- 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 so patients could be sign-posted to support agencies.
- Five GPs were qualified to perform child development assessments at the practice, and offered 40 minute appointments for these assessments to be completed.
- All patients had a named GP.
- The practice offered a range of minor surgical procedures, which included joint injections.
- The practice offered routine childhood immunisations, travel vaccinations and cervical smears. They were also registered to provide yellow fever vaccinations.
- Translation services were available for patients whose first language was not English. Face to face or telephone interpreters could be booked through Coventry Interpretation and translation Unit (CITU). Patients were able to access links to information on the practice website in alternative languages. The practice also had access to a sign language interpreter for these patients. Information could be provided in Braille for patients with a visual impairment.
- There was a hearing loop in reception at the practice to help patients with a hearing impairment. The open plan reception desk had a lowered counter for use by patients who used wheelchairs. Wheelchairs were made available for patients to use to access the building.
- On-site services such as dermoscopy (technique for examination of skin lesions) and phlebotomy (taking blood samples) were provided to reduce inconvenience to patients so they were not required to travel to secondary care providers for these services.
- Age UK carried out assessments for housebound patients who were at risk of social isolation and loneliness either by telephone or through home visits. The practice had 76 patients who were housebound and 58 of those were also patients with long term conditions. An administrator was employed to liaise with both patients and Age UK. The practice had made 116 over 75 assessments in the last 6 months and referred 35 of these patients to Age UK for further support.
- The practice had previously offered flu vaccination clinics on a Saturday to improve access and convenience for patients.
- The practice had extended the building to provide four new consulting rooms, a large administration area and an enlarged and improved waiting room to cater for the future rise in the local population. The practice had managed the build and maintained service provision while ensuring the continued safety of patients and staff.
- The practice had become Dementia Friendly in response to suggestions from the PPG. Staff and PPG members had attended a presentation given by Alzheimer's UK and training for staff was arranged.
- The interior decoration for the building extension and the waiting room was decided after consultation with patients, staff and assistance from the Alzheimer's



# Are services responsive to people's needs?

(for example, to feedback?)

Society. There were plans to refurbish the rest of the building by redecorating and re-flooring throughout to bring the entire building up to the same standards as the new extension.

- The practice had engaged with patients, the PPG and patient volunteers to assess available transport options to and from the practice and parking facilities. A travel plan was devised which also encouraged patients to walk, cycle or consider car sharing when accessing the practice, encouraging patients to increase their exercise and consider a healthier and greener way of living.
- The practice provided equipment which was available to patients on loan. The practice told us this gave clinicians access to information to enable them to make timely assessments and clinical decisions to improve patient outcomes. For example, patients with conditions such as heart disease and high blood pressure who required monitoring.

## Access to the service

The practice reception opened from 8.15am to 6.30pm Monday to Friday. Appointments and telephone consultations were available from 8.30am to 6.30pm. Emergency telephone cover from 8am to 8.15am was provided by the out of hours provider (CareUK) on the contact telephone number shown on the practice website and in the patient information leaflet. Pre-bookable appointments were available two mornings a week from 8.15am.

Extended hours appointments were not available for patients. Following an audit on the take-up of these appointments over a two year period the practice had taken the decision to discontinue these appointments. They had planned however, to keep this situation under review with their patients to ensure that they were up to date with patients' views and needs.

The practice did not provide an out-of-hours service but had alternative arrangements for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed an answerphone message gave the telephone number they should ring depending on the circumstances.

- Information on the out-of-hours service (provided by Care UK) was available on the practice's website and in the patient information leaflet.

- Appointments were bookable in person, online and by telephone. The online service also allowed patients to order repeat prescriptions and access their personal medical record.
- The patient information leaflet gave details of GPs working days to help patients should they wish to make an appointment with a preferred GP.
- Patients were able to sign up for an optional text reminder of their appointment.
- Telephone consultations were provided for patients by GPs and nursing staff. These were particularly useful for example, where patients wanted to discuss test results or obtain medical advice where a visit was not necessary.
- The practice treated patients of all ages and provided a range of medical services. Vulnerable patients were supported to register with the practice.

Home visits were available for patients who were too ill to attend the practice for appointments and patients were asked to telephone before 10am where possible. GPs or nurses would call the patient to assess the support the patient needed. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP or nurse home visit, receptionists would message the duty GP so that appropriate arrangements could be made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

- 83% of patients found it easy to get through to this practice by telephone which was above the CCG average of 78% and the national average of 73%.
- 84% of patients described their experience of making an appointment as good which was above the CCG average of 81% and the national average of 73%.
- 76% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.

We received five comment cards which gave positive comments about the appointment system and availability at the practice. The patients we spoke with gave positive views about the appointment system. They said that they had no problem with getting appointments and they could always see a GP if the appointment was urgent.



# Are services responsive to people's needs? (for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- The complaints policy was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints within the practice.
- Information was made available to help patients understand the complaints system. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations. This information was also available on their website.

- A summary of complaints for the period February to September 2016 showed that six complaints had been received. We saw that complaints had been dealt with and patients were given an apology where appropriate. Where lessons were learnt from the complaints, action was taken so that improvements to patient care were made. For example, we saw where the practice had reviewed guidance as a result of a complaint. Learning was also shared at appropriate team meetings and meetings minutes confirmed this.
- The practice had completed a full analysis of all complaints (including verbal and informal complaints) to identify level of risk of recurrence, themes and trends.

# 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 set out their aims in their statement of purpose which was available on the website and to patients in the waiting area. The practice aimed to treat everyone as individuals, responding to their needs appropriately and with dignity and respect. Their vision prioritised the delivery of high quality care for patients.

They had an effective business plan (dated 2014 to 2017) which demonstrated this vision. The GPs told us they had shared this plan so that everyone who worked at the practice was clear about their aims and the reasoning behind these. The plan was reviewed annually and updated as changes had been made.

Staff told us that they were aware of the visions and the values of the practice. Minutes of meetings demonstrated that staff and the Patient Participation Group (PPG) members had been fully involved in the development of the practice vision and values document.

There had been significant changes within the practice during 2016. The practice had introduced a new computer operating system, an extension to the building had been built and a new practice manager had been appointed (who had been in post for three months at the time of the inspection). The practice told us they were reviewing and updating systems and procedures and taking the opportunity to plan for the future development of the practice as a result of these changes.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. 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.

Arrangements were made to identify, record and manage risks, issues and ensure that mitigating actions were implemented.

- The practice held meetings to share information, to look at what was working well and where improvements were needed. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.

### Leadership and culture

During the inspection the GPs and the management team demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- They encouraged a culture of openness and honesty.
- We saw evidence of a strong, cohesive team who were passionate about their work, and committed to provide the best service they could for their patients.
- Staff told us the culture of the practice was friendly and supportive. The practice leads were caring and supported staff in both their personal and professional lives and were flexible to staff needs when this was needed.

The GPs and the practice manager were visible in the practice:

- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at any time and at their regular team meetings.
- Staff told us that management were approachable and always took the time to listen to all members of staff whatever their role.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.
- Staff enjoyed working at the practice. They told us that everyone worked well together as a team and everyone supported each other.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and

# Are services well-led?

Good 

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

engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG), 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.

The practice had an active PPG with 30 members who met four times per year with the practice manager and a GP. The PPG worked with the practice to respond to any patient concerns or suggestions. Suggestions taken up by the practice included:

- An invitation to Healthwatch to visit the practice to talk with patients to gain their views about the practice and the service they provided. Healthwatch spoke with approximately 50 patients. The PPG member told us the feedback from Healthwatch had been positive and also identified areas where improvement could be made, such as insufficient seating in the waiting area and a lack of awareness of the online booking facility.
- The PPG were planning to set up a walking group for patients.
- The practice had successfully obtained funding for an extension to the building in 2015 to provide four new consulting rooms, a large administration area and an enlarged and improved waiting room to cater for the future rise in the local population. This had involved discussions with staff and the PPG, the local planning department, the highways agency, the district council and local town councillors. The build was entering its final phase at the time of the inspection.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. The practice believed that all clinical and administrative staff should complete an annual appraisal so that each person's learning /development needs were identified and implemented.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice had been a training practice for many years and were committed to the training of doctors. There were plans to host and mentor student nurses from a nearby university.
- Staff were undertaking Alzheimer's Awareness training aiming to become a recognised dementia aware practice.

Future plans were being developed and implemented which included:

- The practice to become a hub for South Warwickshire extended hours services.
- To install a 24 hour defibrillator to the outside of the property.
- Develop services in mental health provision within South Warwickshire.
- The installation of an upgraded telephone system was scheduled for March 2017.
- Involvement and sign up to the GP Forward View project in response to increased demand on services. For example, a greater use of technology to facilitate patient online self-care and self-management.