# Spa Medical Centre

## Quality Report

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

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Are services safe? | Good |
| Are services effective? | Good |
| Are services caring? | Good |
| Are services responsive to people's needs? | Good |
| Are services well-led? | Good |

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Spa Medical Centre on 12 April 2016. The overall rating for this service is good.

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

- The practice provided patients with care which 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.
- There was a system in place 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.
- 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.
- Information about services and how to complain was available in the reception area and patients told us that they knew how to complain if they needed to.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

However there are areas where improvements are needed.

The areas where the provider should make improvements are:

- Take action to ensure that the infection control measures in place are followed and applied consistently by all staff.

# Summary of findings

- Take action to ensure that all policies and procedures are dated and kept under regular review.

**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?**

Good

The practice is rated as good for providing safe services.

- The practice had a system in place for reporting and recording significant events. Staff were actively encouraged to report all incidents and near misses. Staff recognised this was part of their role and responsibilities.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- There were safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. Staff had received training to the appropriate level which had equipped them to protect vulnerable patients.
- Risks to patients were assessed and well managed. There were robust systems in place to manage patient safety alerts, including medicines alerts which were acted upon. Action should be taken to ensure that the infection control measures in place are followed and applied consistently by all staff.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had carried out clinical audits to ensure best practice was followed in providing quality services for patients.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- 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. NICE produced and issued clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Annual appraisals and personal development plans were completed for all staff. Staff confirmed these were carried out annually.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

# Summary of findings

- Results from the National GP Patient Survey published in January 2016 showed that the practice scored average or below average for results in relation to patients' experience and satisfaction scores on consultations with the GPs and the nurses. The practice had responded to the results and action was taken. Patients were encouraged to book appointments online and telephone triage was introduced.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.
- Information for patients about the services available was easy to understand and accessible.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services.

- The practice was responsive to patients' needs and had systems in place to maintain the level of service provided. Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care.
- The practice offered a dual appointment system. One GP offered traditional appointments where patients contacted the practice for an appointment. The other GP offered triage telephone appointments with follow up appointments arranged when a patient needed to be seen by the GP.
- Extended hours were available for the benefit of 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.
- Translation services were available to patients should they need this. Information about this facility was available on the information board in the reception area. An in-house interpreter was also available.
- 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 in line with or below local and national averages. For example, 94% of patients said the last appointment they got was convenient which was in line with the CCG and the national averages. 70%

# Summary of findings

of patients described their experience of making an appointment as good which was below the CCG average of 79% and a national average of 73%. The practice had taken action in response to these results.

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other practices within the local Clinical Commissioning Group (CCG) group and the GP Federation.

**Are services well-led?**

Good

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.
- The practice had a range of policies and procedures in place to guide staff, however we found that not all of the policies and procedures were up to date or had been dated.
- Staff had received inductions and attended staff meetings. Staff told us they were supported to develop their skills to improve services for patients.
- 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

Good

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.
- There was a dedicated nurse who worked 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 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.

### People with long term conditions

Good

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

- 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 86% which was 6% below the CCG average and 3% below the national average. The practice had recruited nursing staff and restructured the nursing team to provide continuity of care and improve patient reviews.
- 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.
- Longer appointments and home visits were available when needed for patients diagnosed with a long term condition. 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.

# Summary of findings

**Families, children and young people**

Good

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 who were at risk of abuse. For example, children and young patients who had a high number of accident and emergency (A&E) attendances. Staff had received safeguarding training. They were aware of their responsibilities in protecting children who were at risk of harm.
- Childhood immunisation rates were higher than the local Clinical Commissioning Group (CCG) averages.
- 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.
- We saw good examples of joint working with midwives, health visitors, and district nurses.
- Appointments were available outside school hours. A number of online services including booking appointments and requesting repeat medicines were also available.

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

Good

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 offered weekly evening extended hours so that patients could access appointments around their working hours.
- 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.

**People whose circumstances may make them vulnerable**

Good

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 those patients with a learning disability.

# Summary of findings

- The practice offered longer appointments for patients with a learning disability, and had completed annual health checks for all 12 patients on their register. Communication aids such as easy read and picture formats were available to ensure communication opportunities were enhanced.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments or 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 and documentation of safeguarding concerns.
- The practice told us they were in the process of reviewing carers asinformation about carers had not always been collected from patients. Forms were now available for reception staff to ask patients for this information. The GPs and the nurses were to review their care plans in order to ascertain whether any carers had been missed.A poster was displayed in the waiting room advertising support for carers.

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

Good

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 experiencing poor mental health including those patients with dementia. 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. 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 84% which was 14% lower than the CCG average and 11% lower than the national average. The practice had recruited nursing staff, restructured the nursing team, and developed more effective recall systems to improve on these rates.

# Summary of findings

- 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.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

# 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 405 surveys sent to patients and 95 responses which represented a response rate of 23%.

Results showed generally below average responses in relation to the following:

- 59% of patients found it easy to get through to this practice by phone which was below the Clinical Commissioning Group (CCG) average of 78% and a national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 90% and 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.
- 70% of patients described their experience of making an appointment as good which was below the CCG average of 79% and a national average of 73%.

Results showed that the practice was rated generally above or in line with local and national averages in relation to the following:

- 79% of patients said they 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%.
- 91% of patients found the receptionists at this practice helpful which was above the CCG average of 89% and a national average of 87%.
- 57% 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 12 comment cards, 10 of which were positive about the standard of care received. Patients commented that the practice staff were very polite and very professional; they were always treated with dignity and respect; that the practice could not be better; the option to use the translator was considered was an excellent service; and staff were always willing to go the extra mile. Two patients commented that they waited too long when they attended for their appointment, and that the waiting room was too hot.

During the inspection we spoke with six patients, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and could always get an appointment when they needed one.

## Areas for improvement

**Action the service SHOULD take to improve**

- Take action to ensure that the infection control measures in place are followed and applied consistently by all staff.
- Take action to ensure that all policies and procedures are dated and kept under regular review.

# Spa Medical Centre

**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 Practice Manager specialist advisors.

## Background to Spa Medical Centre

Spa Medical Centre provides a range of primary medical service for patients in a three storey building situated in the south of Leamington Spa. The practice area covers Leamington south of the River Leam and Radford Semele (postcodes beginning CV31), Warwick Gates and Heathcote (postcodes beginning CV34).

Spa Medical Centre is a relatively small practice which covers some of the more deprived areas of the district. There were approximately 3,710 patients registered with the practice at the time of the inspection, with the majority of the population of Asian ethnic origin (60%).

The practice has two male GP partners and a salaried female GP. The GPs are supported by a practice manager, two registered nurses, a medical secretary, reception staff that includes a full time interpreter, and a cleaner.

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

The practice opens for appointments from 8am to 6.30pm on Mondays to Fridays. Extended hours appointments are offered on Tuesday evenings from 6.30pm to 8.40pm for pre-bookable appointments only. When the practice is closed, patients can access out-of-hours care through NHS 111. The out-of-hours service is provided by Care UK which is based in the emergency department at Warwick Hospital. The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

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 months in advance.

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, well women clinics, child health surveillance and smoking cessation. The practice supports a local nursing home specialising in the care of elderly patients with dementia.

## 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.

# Detailed findings

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

We carried out an announced inspection on 12 April 2016. During our inspection we spoke with a range of staff that included GPs, the practice manager, and reception and administration staff. We also spoke with a visiting Macmillan nurse who supported the practice with palliative care.

We also looked at procedures and systems used by the practice. During the inspection we spoke with three patients who were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

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)

Good

# Are services safe?

## Our findings

### Safe track record and learning

The practice had a system in place for recording significant events as they occurred. We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed.

- The practice carried out an analysis of the significant events each year and shared learning from these with appropriate staff. We saw that nine incidents had been recorded for the period March 2015 to December 2015. The practice manager and the GP told us that monthly meetings took place to discuss these. We saw that the outcomes of these meetings were recorded with the date the significant event was discussed. For example, from a significant event meeting held at the end of December 2015 we saw that a review of practise had been discussed. An action had been taken to install a white board in the staff reception area. This board was used to identify patients who needed to be seen by a GP, such as those patients who were due a review of their medicines. It was intended that receptionists could alert clinical staff when patients collected their prescriptions. The practice told us that this had made a difference and they had carried out reviews with patients.
- Staff told us they were encouraged by the practice manager to report any incidents or concerns. They told us this was an expectation as part of their roles and responsibilities of working at the practice.
- There was an open and transparent approach towards reporting and recording significant events. Where incidents involved patients we saw that patients were informed initially by telephone or invited to the practice so that a face to face discussion could be held. A verbal and written apology would be given. Patients would also be told about actions the practice had taken to make improvements.
- 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.
- Patient safety alerts were sent to the lead GP by the practice manager, who received all alerts by email. The lead GP reviewed and distributed these to clinical staff by email twice daily. The lead GP raised computer alerts with all clinical staff with details of actions required where relevant. GP partners also met daily and would discuss any alerts as they were received. We saw an example where action had been required following an alert. The use of a particular medicine had been advised for short term use. A patient search had been carried out by the lead GP to check on the use of this medicine. Action to review prescribed medicines had been taken where patients had been identified.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems and processes in place to keep patients safe. All staff had completed safeguarding training for adults and children at the levels appropriate to their role. We saw training records and spoke with staff to confirm this. One of the GPs was the safeguarding lead for the practice and staff confirmed they were aware of this. GPs attended safeguarding meetings and provided reports when appropriate.

A register of vulnerable patients had been established following the review of a significant event. The learning from this had identified the need for a register and a system to alert staff to vulnerable patients. Staff were able to describe an incident where there had been concerns about a child at risk of harm and the action that had been taken to ensure the child was protected. Health visitors were based at a local school. The practice had regular contact with the health visitors by telephone, email and formal meetings.

Staff told us that all policies were accessible to them and clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.

There was a notice displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. Chaperone duties were carried out by clinical staff trained for the role. All clinical staff had 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.

Good

# Are services safe?

Appropriate standards of cleanliness and hygiene were followed by all staff at the practice. The premises were visibly clean and tidy. Cleaning logs were completed daily and the practice manager monitored these to ensure cleaning was completed effectively. Dates for curtain and carpet cleaning had been identified. For example, the curtains were due for cleaning in May 2016.

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. The practice manager told us that annual infection control audits were the responsibility of the lead nurse who had recently left the practice. As a result an audit was overdue. A new nurse, who was fully qualified in infection control measures, was due to start work at the practice at the end of the month. It was planned for this nurse to take responsibility for and review all infection control measures. We saw recruitment records to confirm this.

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, storage and security of medicines. Regular medicine audits were carried out by the GP partners at the practice to ensure prescribing was in line with best practice guidance for safe prescribing. Prescriptions were securely stored and a log was kept to ensure security of these was monitored at all times.

We looked at files for different staff roles including those for a GP, two nurses and two reception staff to see whether recruitment checks had been carried out in line with the practice's recruitment policy and legal requirements. We found that appropriate recruitment checks had been undertaken as required. For example, proof of identity, qualifications and registration with the appropriate professional body.

## 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 to ensure that enough staff were available each day. Staff confirmed they would also cover for each other during holiday periods and at short notice when colleagues were unable to work due to sickness.
- There were policies and 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. A company was employed for the inspection, calibration and replacement of equipment where needed. 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 equipment was regularly maintained by an external company. Drills were carried out three monthly and the last drill was carried out on 18 March 2016. Staff were able to explain 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 emergency medicines and oxygen were easily accessible to staff in a secure area of the practice. 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 GPs at home. The plan identified risks to the practice where there was potential to disrupt services provided to patients. This included the loss of

Good

# Are services safe?

the telephone system, the loss of the computer system and power failures. Details of local suppliers to contact in the event of failure, such as heating and water providers were available for staff. The use of alternative premises was also identified in the event the practice building could not be accessed. We saw for example, that arrangements had been made with a nearby practice for use of their premises in an emergency.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice used the appraisal system, revalidation and patient safety alerts to ensure that care and treatment was delivered according to evidenced based guidance. This included 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.

- We saw examples where computer templates had been adapted by the practice to ensure that care plans and patient care followed best practice guidance for prescribing medicines.
- The practice told us how they managed patients with long term conditions. Patients identified were reviewed every six to 12 months in line with best practice. 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.
- The practice regularly reviewed the care of those patients with planned and unplanned admissions to secondary care. A practice meeting was held every two months to review patients at risk and following admission. On discharge from hospitals patients were telephoned by a GP or nurse, and a consultation was arranged if necessary. A patient had recently been discharged from hospital and we saw that follow up contact had been made and actions taken.

### 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 95% of the total number of points available, with 10% 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 local and national averages.

Data from 2014/2015 showed that the practice achieved below average results in the following areas:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 86% which was 6% below the CCG average and 3% below the national average. The practice exception rate was in line with the Clinical Commissioning Group (CCG) and the national averages.
- Patients with hypertension (high blood pressure) having regular blood pressure tests was 80% which was 6% below the CCG average and 4% below the national average. The practice exception rate of 8% was above the CCG average of 3% and the national average of 4%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 84% which was 9% below the CCG average and 4% below the national average. The practice exception rate of 5% was below the CCG average of 10% and the national average of 11%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% which was 15% below the CCG average and 11% lower than the national average. The practice exception rate of 24% was below the CCG average of 6% and the national average of 8%.

The practice told us their below average performance in QOF 2014/2015 reflected the ongoing problems they had with nurse absence and recruitment for the last two years. With the successful recruitment of nurses to the practice they had made significant changes to their nursing team and their recall systems to improve patient care. They were confident that those changes would result in improvements to their future performance for the year 2016/2017.

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. The system included an assessment of clinical practice against best practice such as clinical guidance, to

Good

# Are services effective?

## (for example, treatment is effective)

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 the practice had carried out audits in response to changes in guidance. For example, we saw that an audit of a particular medicine had been carried out to ensure that prescribing had followed best practice. The practice told us that patients registered with the practice had a higher than average prevalence of chronic disease.

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

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. We looked at the induction programme that was in place for newly appointed clinical and non-clinical members of staff. An induction programme had been prepared for a nurse who was due to start work at the practice at the end of the month. This included assessment of skill competencies to be completed before the nurse practiced unsupervised. The practice manager told us that they had long standing members of staff working at the practice and recruitment of new staff had not been necessary for some time. They told us that the induction format had been modified for use with all new staff as a result of recent recruitment.

A specific induction pack was available for locum GPs which provided information on current issues such as prescribing, referrals, and clinical information relative to the practice.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff confirmed they received annual appraisals. Records showed that staff training was up to date. Staff received training that included safeguarding, health and safety awareness, equality and diversity, 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 saw examples from minutes of meetings of ways in which clinical staff kept up to date with their clinical skills. One of the nurses had attended a respiratory (breathing) study day and shared learning from this with the clinical team. From the minutes we saw that details of the discussion had been recorded together with action identified for the practice to take.

### 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. Multi-disciplinary meetings took place regularly every two months. Regular monthly palliative care meetings were held to discuss ways to improve communication and coordination of patients care. These meetings were attended by the health visitor and a district nurse. Additional contact was maintained with district nurses by email and telephone should this be required. 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.

During the inspection we spoke with a visiting palliative care nurse. They confirmed they had good working relationships with the practice, and that they attended monthly meetings to share information and review patients who had enhanced care plans in place. They told us that staff knew patients well, including their history and were able to identify and share concerns if any arose.

### Consent to care and treatment

Patients' consent to care and treatment was 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. Training on the Mental Capacity Act 2005 had been completed by the whole team in September 2015.
- The GPs and nurses understood that when providing care and treatment for children and young patients,

Good

# Are services effective?

## (for example, treatment is effective)

assessments of capacity to consent were also carried out in line with relevant guidance. Staff demonstrated knowledge of this. They also 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.

- Consent forms were available to staff on the practice computer system. Guidance for use was available and included information to guide staff when consent must be obtained. For example, when procedures were to be carried out where the patient was not anaesthetised and expected to remain alert throughout the procedure. This also included obtaining consent when an interpreter was used. Staff we spoke with were familiar with and understood the consent policy.
- Joint injections were carried out at the practice and consent was recorded onto patients records held on the practice's computer.

### Health promotion and prevention

Health checks were carried out for all new patients registering with the practice, for 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. If patients were found to have risk factors for disease during these checks follow up appointments were scheduled for further investigations.

The practice was part of the South Warwickshire GP Federation through which they provided screening for all patients over 75 years of age, in association with Age UK. 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.

Registers were kept for patients with a learning disability, with mental health concerns, with long- term conditions and those with palliative care needs. These were used by the practice to ensure regular reviews were carried out at least annually to ensure and promote best patient care.

The practice had a comprehensive screening programme:

The practice's uptake for the cervical screening programme was 70% which below the local average of 77% and the national average of 74%. We saw records that showed that less than 1% of the samples taken during the last year had been inadequate, which was within the acceptable range.

- The practice's uptake for the bowel screening programme in the last 30 months was 53% which was below the local average of 64% and the national average of 58%. Uptake for breast screening for the same period at 63% was lower than the local average of 75% and the national average of 72%.
- Childhood immunisation rates for the vaccinations given were higher than local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 97% which were in line with the CCG rates of 84% to 99%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 95% to 100% which were all above the CCG rates of 93% to 98%.

The practice had restructured the nursing team following the recruitment of nurses to the practice. They told us there had been changes made to the recall system too which would improve reviews of patients care and encourage patients to attend for future screening.

A range of information was provided for patients in the waiting areas. A television screen gave information about the Patient Participation Group (PPG), appointments, contacting the practice and other health information, and seasonal information such flu vaccines. Information posters in waiting rooms were available in alternative languages where English was not a patient's first language.

The practice had an active website which gave patients information on all services provided by the practice such as practice news as well as general self- help health information. Patients could also book appointments, order prescriptions and send messages to the practice.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We saw that the practice provided a caring service demonstrated in the way 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.

Care was taken to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were kept closed during consultations and 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 12 comment cards, 10 of which were positive about the standard of care received by patients at the practice. Patients commented that staff were polite and very professional, and that the translator was willing to go the extra mile to help patients with their appointments and care needs. Patients told us that this was a small practice that provided a personal service.

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

- 84% of patients said the GP was good at listening to them which was below the Clinical Commissioning Group (CCG) average of 92% and the national average of 89%.
- 83% of patients said the GP gave them enough time which was below 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%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 90% and national average of 85%.
- 89% 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%.
- 91% 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 showed that discussions had taken place about actions required to improve service for patients. This included the promotion of the facilities to book appointments online; encouraging patients to access to their records online; and the introduction of telephone triage with GPs to improve appointment access. The PPG reported they had received positive feedback from patients on their experiences of the online prescribing system.

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

Patients told us that their involvement in their care was good; that clinical staff had a good understanding of their wishes and that treatment and medicines were explained clearly to them.

Results from the National GP Patient Survey published in January 2016 showedresults that were below or in line with national and localaverages from patientsto questions about their involvement in planning and making decisions about their care and treatment. For example:

- 84% said the last GP they saw was good at explaining tests and treatments which was below the CCG average of 91% and the national average of 86%.
- 81% 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 the national average of 82%.
- We saw that care plans were in place for all patients including those with a learning disability. Easy read formats were also available to assist with communication. Annual health checks had been completed for all 12 patients with a learning disability on their register.

Good

# Are services caring?

- 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. The practice told us they used patients' birthdays as their recall system to ensure annual reviews were completed. They told us that this was also easier for patients to remember too.

A member of staff who worked full time at the practice as a receptionist also provided a translation services 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 patients who were carers (0.3% of their patient register) and the practice supported these patients by offering health checks and referrals for social services support. The practice told us that the low numbers of carers was a reflection of the practice population. There was a majority of Asian patients who cared for their own family and were reluctant to be included on the register. The practice told us they were actively reviewing how they captured this information to identify where carers were known to them. Alerts would then be added to their patient record system. The practice also used other opportunities such as the flu vaccine campaign and the local advocacy support agency to gain information about carers for their patient register. New patients were asked about their caring responsibilities when they completed registration forms. An information poster about support for carers was clearly displayed in waiting rooms. For example, carers were referred to Guidepost, a local charity and young carers were referred to the Warwickshire Young Carers project for younger patients up to the age of 25 years.

Staff told us that if families had experienced bereavement the practice sent a card of condolences, telephoned them and often visited to offer support and information about sources of help and advice. Services were also provided for patients that were affected by suicide. Follow up calls and visits were made and links with Macmillan nurses were offered as needed. Leaflets giving bereavement support group contact details were also available to patients in the waiting room.

Feedback from patients showed that they were positive about the emotional and caring support provided by the practice. Comments included that staff were supportive and caring, always willing to help without waiting to be asked.

Good

# 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:

- The practice offered a dual appointment system. One GP offered traditional appointments where patients contacted the practice for an appointment. The other GP offered triage telephone appointments with follow up appointments arranged when a patient needed to be seen by the GP.
- 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 for those patients with long term conditions such as a learning disability and dementia.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. The practice told us that homeless patients were registered at the nearby Salvation Army address, and members of the travelling community were registered according to the name of the nearest road where they were parked.
- 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.
- 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. An in-house interpreter was also available.

### 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.

- Clinics available at the practice included pregnancy, contraception, smoking, exercise, substance misuse, dietary advice, and mental health.
- The practice leaflet and website provided patients with comprehensive information about appointments. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to three months in advance.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- The practice opened from 8am to 6.30pm on weekdays. They offered extended hours on Tuesday evenings 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 messages to the practice.
- Practice waiting and consultation rooms were available over two floors with lift access to the first floor for those patients unable to negotiate stairs.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- Patients with a hearing impairment were flagged up on computer so that staff were aware of the support they may need ahead of the patient's appointment. A hearing loop was available.
- Patients told us the display screen had been useful for sharing information about the practice and the services they provided.
- The practice operated a telephone first system for one of the GPs. They also proposed to use a Skype package as a positive response to address difficulties some patients had experienced in accessing appointments.

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 below local and national averages in the following areas:

- 59% of patients said they could get through easily to the surgery by phone which was below the CCG average of 78% and national average of 73%.
- 70% of patients described their experience of making an appointment as good which was below the CCG average of 79% and national average of 73%.

Generally above or in line with local and national averages in the following areas:

- 79% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 69% and national average of 65%.
- 94% of patients said the last appointment they got was convenient which was in line with local and national averages.

The practice had analysed the results of the patient survey; they had worked with the PPG to review the results and make improvements; they had promoted online booking and introduced the triage system. Patients gave positive views about these improvements to the appointments system. We received 12 comment cards all of which were positive about the availability of appointments at the practice. Patients told us they could always get and appointment when they needed one. Patients told us they liked the telephone triage system that had been introduced to help with access to appointments, as this meant they could speak with a GP while they were at work. Patients commented they could always see a GP if the appointment was urgent.

### Listening and learning from concerns and complaints

The practice had a complaints policy and procedure in place which was in line with recognised guidance and contractual obligations for GPs in England. Leaflets were available for patients in the waiting rooms with details of the complaints procedure in the event they needed to make a complaint. Information was also available online which included the provision to make complaints.

The practice manager was the designated responsible person who handled all complaints in the practice. We saw from the records that we examined that patients were contacted to discuss their complaints. Outcomes of investigations including details of any changes made as a result were shared with patients. An apology (written and verbal) was given where appropriate.

We tracked complaints and found that processes and procedures had been followed. For example, we saw a complaint received from a patient who had not been booked in on arrival and was kept waiting for their appointment for some time. We saw that learning from this had resulted in patients being advised to let receptionists know if they had been waiting for 20 minutes or more. We were told by the practice manager and staff that overall learning from complaints received was shared with all staff at the relevant team meetings.

Patients told us they had been aware of past complaints about the difficulty in getting an appointment, but changes have been made in the last 18 months and this had much improved. 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.

# 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 provide the best care, in an informal, friendly way making the best use of resources.

The practice had identified their objectives for the next 12 months particularly in view of one of the partners pending retirement. There were plans for the consolidation of the nursing team with a newly appointed nurse and plans for the recruitment of a Health Care Assistant (HCA).

### 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 and Caldicott Guardian.
- The practice had a range of policies and procedures in place to guide staff however we found that not all of the policies and procedures were up to date or had been dated. For example, the chaperone policy was last reviewed in March 2009. We saw examples where a systematic approach had been taken with other policies which ensured these were up to date and regularly reviewed. This included the complaints policy and procedure (updated April 2015) and the blame free culture policy dated 7 September 2015.
- A programme of 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 below 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. The practice acknowledged their below average performance and told us this was mainly due to the difficulties experienced with a shortage of nursing staff at the practice, particularly for the last year. (Two nurses had left the practice within a relatively short time). The practice had successfully recruited nursing staff and as a result had made significant changes to the structure of the nursing team. In addition changes had been made to their recall systems to ensure patient care was maintained more effectively. The practice was confident that these changes would be reflected in improved data for the coming year.

### Leadership, openness and transparency

The management team in the practice had the experience, capacity and capability to run the practice and ensure that quality care was provided. 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, blame free 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 told us they really enjoyed working for the practice. It was small, cosy and they all knew the patients well. They told us there was a nice, friendly atmosphere; that all GPs and management were definitely approachable; and that everyone worked well as a team. Their overall view was that they were a well bonded staff team with flexible ways of working.

### 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 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

# Are services well-led?

Good

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

implemented an action plan for the year. The action plan included action to raise awareness of the online facilities within the practice, and to promote the PPG to encourage new members.

- We spoke with three members of the PPG who confirmed that changes had been made following feedback to the practice. These included the introduction of telephone consultations and the ability to book online appointments. PPG minutes were displayed in the waiting room, with the latest ones for March 2016 available. Evidence of regular meetings held with the PPG was seen and all meetings were well attended. PPG members told us they were considering holding meetings at different times of the day to capture more participants in recognition of the need for younger members.
- 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.

**Continuous improvement**

The practice had taken part in the local primary care research network in association with the Warwick Medical School, having completed a number of trials. The practice had also agreed to take part in a pilot scheme for Prescribing Waste Management to reduce medicine waste through over ordering of prescriptions. At the time of the inspection data was not available to show the impact of this research on improved outcomes for patients.

- The practice was an active member of the South Warwickshire GP Federation. Thirty-six other GP practices across the South Warwickshire Clinical Commissioning Group (CCG) area 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.