

Clarendon Lodge

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?		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 Clarendon Lodge	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 Clarendon Lodge Medical Practice on 8 November 2016. The overall rating for this practice is good.

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

- The practice was aware of and provided services according to the needs of their patient population. 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.
- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were processes and procedures to keep patients safe. These included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of the requirements of the duty of candour and systems ensured compliance with this.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure that patients received the best care and treatment in a coordinated way.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Annual carers events were held at the practice providing opportunities for networking and support.
- There was a clear leadership structure which encouraged a culture of openness and accountability. Staff told us they felt supported by management.
- The practice had a clear vision which had quality and safety as its top priority. Planning was in place to demonstrate the intended development of the services provided by the practice.
- The practice demonstrated a strong commitment in working with their Patient Participation Group (PPG) to improve services for patients. Suggestions for improvements and changes to the way it delivered

Summary of findings

services as a result of feedback from patients and from the PPG were evident. For example, changes to the telephone system were made to improve access to appointments.

- The practice was an approved training practice for trainee GPs and had achieved the South Warwickshire GP Award for Excellence in Medical training for 2015/2016.
- With the appointment of the practice community liaison nurse the practice had achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care/nursing home patients.
- Information about services and how to complain was available and patients told us that they knew how to complain if they needed to.
- There was a strong focus on continuous learning and improvement at all levels, with engagement in pilot opportunities.

We saw several areas of outstanding practice including:

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice provided dedicated support to 11 local care and nursing homes. Daily contact by the practice

employed community liaison nurse was provided to patients. They also provided education and support to care and nursing home staff to enable end of life care to achieve a dignified death for patients.

- The practice achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care home patients. For example, audits had been completed over a two year period which demonstrated a 54% reduction in emergency admissions by care/nursing home patients by November 2016. We were told that dedicated ward rounds and working with care/nursing home staff were seen as contributory factors for these results.
- The PPG were very involved in the development of the practice website which they described as developed by patients for patients. Members of the PPG had spent time visiting care homes supported by the practice to gain views about the services they received from the practice. The PPG produced a newsletter in which they took the opportunity to share practice responses to patient surveys, including local and national survey results.

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.
- Lessons learned were shared at meetings so that improvements to safety in the practice were made and monitored.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice was aware of the requirements of the duty of candour and systems ensured they complied with this.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- The practice assessed risks to patients and had systems for managing specific risks such as health and safety, infection control and medical emergencies.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.
- There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and the national averages. Results for 2015/2016 showed the practice had achieved 98% of the total number of points available compared with the local average of 98% and the national average of 95%. Exception reporting at 4% was lower than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- Staff worked with other health care teams and there were systems to ensure appropriate information was shared.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice had improved the quality of care and treatment it provided through clinical audit and ongoing monitoring.
- Patients with complex needs, including those with life-limiting progressive conditions, were supported to receive coordinated care in innovative and efficient ways.
- Staff we spoke with during the inspection demonstrated that they had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The practice was an approved training practice for trainee GPs and demonstrated their commitment to GP training with more than half of the practice GPs originally trained at the practice. They had achieved the South Warwickshire GP Award for Excellence in Medical training for 2015/2016.
- The practice was a consistently high performer for CCG audits for the completion of care plans and patient notes in nursing homes, compared with local practices. We saw evidence to confirm this. For example, the practice had achieved 100% completion in all audit criteria areas.
- The practice achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care home patients. For example, audits had been completed over a two year period which demonstrated a 54% reduction in emergency admissions by care/nursing home patients by November 2016.
- The practice provided dedicated support to 11 care and nursing homes. Weekly ward rounds were carried out by a lead GP and daily contact by the practice community liaison nurse was provided to patients. They also provided education and support to care and nursing home staff. This enabled improved end of life care to achieve a dignified death in their preferred place for patients (which had been achieved for 83% of patients from March to November 2016).

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Patients were complimentary about the practice and commented that that they received excellent care from the GPs and the nurses, that staff were friendly and everyone was very professional.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff gave us examples that demonstrated this.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Views of external stakeholders were very positive and aligned with our findings.
- Information to help patients understand and access the local services was available. Information was also available in alternative formats such as large print and easy read where needed.
- The practice kept a register of all patients who were also carers (1% of patient population) and signposted them to support organisations. The practice offered additional services to carers which included annual flu vaccinations and health checks.
- We received completed comment cards (57) from patients all of which were extremely positive about the standard of care received by patients. Patients felt that the practice provided an excellent service and that staff were friendly and approachable. Patients commented that staff were supportive and always listened to them.
- Data showed that patients rated the practice mainly in line with or above local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example, 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%. 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- Annual carers events were held at the practice, providing opportunities for networking and support. These were attended by members of the Patient Participation Group (PPG), Guidepost (a countywide support service), Dementia Awareness and Age UK. Twelve patients had accepted invitations to the event and nine had attended. Carers had commented that they had found the meeting helpful and supportive.

Summary of findings

- The practice had a dedicated carer administrator who liaised with staff, carers and other agencies to provide support for carers.
- Information about available support from the practice was also included in the widely circulated PPG newsletter.

Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

Outstanding



- Clarendon Lodge Medical Practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for those patients at the end of their life.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- A domiciliary flu vaccination service was provided for those patients who were housebound or patients' temporarily unable to attend the clinics at the practice including patients discharged from hospital. This service was provided to 50 patients during last year.
- Services were provided for all vulnerable patient groups presenting to the practice. For example, services were provided to homeless people, patients experiencing domestic violence and patients who were affected by substance misuse.
- The practice sponsored reminiscence sessions to patients in care and nursing homes which were led by the Patient Participation Group (PPG) in conjunction with a local historical group.
- The practice had responded quickly to complaints and issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- Domiciliary visits were carried out for patients with long term conditions so that regular reviews of their care were maintained. The practice had completed 628 domiciliary patient reviews during last year.
- A community Health Care Assistant (HCA) service had been introduced to carry out home visits to patients for blood pressure checks and take blood samples. The practice had carried out 197 of these visits to patients in the period from January 2016 to November 2016, to ensure that tests were done in a timely manner.

Summary of findings

Are services well-led?

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

Good



- There was a clear vision and strategy to provide high quality care for all their patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development. Staff were clear about the strategy and their role to achieve this. High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff understood their roles and responsibilities. The practice had a wide range of policies and procedures to govern activity and held regular partnership and business meetings to ensure oversight and governance was effective within the practice.
- The practice had systems for responding to notifiable safety incidents and shared this information with staff to ensure appropriate action was taken.
- Formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged.
- Staff felt supported by management. They reported that should they have any concerns they felt comfortable raising these as everyone at the practice was easy to talk to and approachable. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff told us they were encouraged to make suggestions and recommendations for the practice development.
- The practice demonstrated a strong commitment in working with their Patient Participation Group (PPG) to improve services for patients. Suggestions for improvements and changes to the way it delivered services as a result of feedback from patients and from the PPG were evident. The PPG were very involved in the development of the practice website which they described as developed by patients for patients. Members of the PPG had spent time visiting care homes supported by the practice to gain views about the services they received from the practice. The PPG produced a newsletter in which they took the opportunity to share practice responses to patient surveys, including local and national survey results.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients.
- Home visits and rapid access appointments were offered for those patients with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Monthly multi-disciplinary meetings were held and included discussions on patients receiving end of life care.
- Care plans were shared with out of hours services to ensure care was in line with patients wishes and assist in clinical decisions when the practice was closed.
- Visits to patients were made to provide flu vaccinations for those patients who were unable to attend the practice.
- Nationally reported data showed that outcomes for patients were in line with local and national standards for conditions commonly found in older patients.
- The practice was a consistently high performer for local audits of the completion of care plans and patient notes in care/nursing homes, compared with local practices.
- The practice sponsored reminiscence sessions to patients in care and nursing homes which were led by the Patient Participation Group (PPG) in conjunction with a local historical group.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice described examples where they had worked together with the district nursing team, out of hours services and care home staff to manage patient care.

Outstanding



People with long term conditions

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

- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, such as asthma and diabetes.

Good



Summary of findings

- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Performance for diabetes related indicators was in line with the local average and higher than the national average. For example, patients who had a blood glucose level within the acceptable recommended range was 81% compared the CCG and the national averages of 82% and 78%. The practice exception rate of 6% was below the CCG and the national averages of 10% and 12%.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.
- The practice achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care home patients.
- A domiciliary flu vaccination service was provided for those patients who were housebound or patients' temporarily unable to attend the clinics at the practice including patients discharged from hospital. This service was provided to 50 patients during last year.
- NHS health checks were offered for early identification of chronic disease and there was proactive monitoring.
- Domiciliary visits were carried out for patients with long term conditions so that regular reviews of their care were maintained. The practice had completed 628 domiciliary patient reviews during last year.
- A community Health Care Assistant (HCA) service had been introduced to carry out home visits to patients for blood pressure checks and take blood samples. The practice had carried out 197 of these visits to patients in the period from January 2016 to November 2016, to ensure that tests were done in a timely manner.
- The practice patient leaflet provided information about other organisations and websites patients could access.

Families, children and young people

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

- 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.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems to identify and follow up children living in disadvantaged circumstances and who were considered to be at risk of harm. For example, children and young people who had a high number of accident and emergency (A&E) attendances.
- The practice worked with midwives and health visitors to coordinate care.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- The practice offered a number of online services including requesting repeat medicines and booking appointments.
- Baby changing facilities and breast feeding rooms were available to those who needed it.

Working age people (including those recently retired and students)

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

- The practice was proactive in offering a full range of health promotion and screening services that reflected the needs of this age group.
- Health promotion advice was offered such as smoking cessation and nutrition.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- Extended hours appointments were available for pre-bookable appointments on Monday and Thursday evenings until 7.30pm and from 8am till 10.10am on the first Saturday of each month.

Good



People whose circumstances may make them vulnerable

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

- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had

Good



Summary of findings

concerns. There was a lead GP for safeguarding adults and children. GPs were trained to an appropriate level in safeguarding adults and children. All safeguarding concerns were discussed at the weekly GP meetings.

- The practice engaged in local initiatives to provide additional services such as the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help them with detecting any signs of abuse and patients were sign-posted to support agencies.
- Services were provided for all vulnerable patient groups presenting to the practice. For example, services were provided to homeless people, patients experiencing domestic violence and patients who were affected by substance misuse.
- Vulnerable patients were informed how to access various support groups and voluntary organisations.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were added to patients records for staff awareness so that longer appointments could be allocated.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 72% of the 53 patients on their register for 2016/2017.
- Sign language interpreters could be booked for face-to-face consultations for patients with hearing impairments.
- The practice offered additional services to carers such as a free annual flu vaccination and health check. There was a dedicated carer's information board in the patient waiting area.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Advanced care planning and annual health checks were carried out for patients with dementia and poor mental health.

Good



Summary of findings

- The practice was a consistently high performer for the Clinical Commissioning Group (CCG) audits on the completion of care plans and patient notes in care/nursing homes, compared with local practices.
- Performance for mental health indicators was 92% which was in line with the CCG average of 93% and above the national average of 88%. The practice exception rate was 2% which was lower than the CCG average of 11% and lower than the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was above the local and national averages of 85% and 84% respectively. The practice exception rate was 2% which was lower than the CCG average of 6% and the national average of 8%.
- Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. There was a system to follow up patients who had attended accident and emergency (A&E) departments where they may have been experiencing poor mental health.
- Clinical staff had a good understanding of how to support patients with mental health needs. They were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 resulted in 110 responses to 248 surveys sent to patients, representing a response rate of 44% (compared with the national rate of 38%). This represented 1% of the practice's patient list.

In most areas the practice was rated above the Clinical Commissioning Group (CCG) and the national averages for access to appointments. Results showed:

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 91% and the national average of 85%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 90% and the national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 85% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 57 comment cards which were all extremely positive about the services provided by the practice. Patients commented that the practice provided an excellent service with GPs and nurses who always took the time to make patients feel comfortable.

We spoke with three managers of local care and nursing homes supported by the practice. They provided positive feedback about the support they and their patients received and highly praised the practice.

We spoke with a patient during the inspection who was also a member of the Patient Participation Group (PPG). They were very positive about the service they received. They told us this was an excellent practice and that all the staff were helpful and supportive.

Results from the NHS Friends and Family test showed that patients had provided consistently positive feedback with 96% of patients in 2016 recommending the practice to others.

Outstanding practice

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice provided dedicated support to 11 local care and nursing homes. Daily contact by the practice employed community liaison nurse was provided to patients. They also provided education and support to care and nursing home staff to enable end of life care to achieve a dignified death for patients.
- The practice achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care home patients. For example, audits had been completed over a two year period which

demonstrated a 54% reduction in emergency admissions by care/nursing home patients by November 2016. We were told that dedicated ward rounds and working with care/nursing home staff were seen as contributory factors for these results.

- The PPG were very involved in the development of the practice website which they described as developed by patients for patients. Members of the PPG had spent time visiting care homes supported by the practice to gain views about the services they received from the practice. The PPG produced a newsletter in which they took the opportunity to share practice responses to patient surveys, including local and national survey results.

Clarendon Lodge

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector and a GP specialist advisor.

Background to Clarendon Lodge

Clarendon Lodge Medical Practice provides services for the northern part of the town of Leamington Spa and the surrounding villages of Hunningham, Weston under Wetherley and Bubbenhall. The practice is situated in a residential building which has undergone much extension and conversion over the years.

At the time of the inspection the practice served a population of 13,425 patients. 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 is an active member of the Warwickshire Clinical Commissioning Group (CCG) and the GP federation. A GP federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.

The practice has a higher than average older population at 10% compared with the national average of 8%. Services are provided to 11 care and nursing homes locally and the practice serves a student population at a nearby university.

There are seven GP partners and two salaried GPs (four males and five females) at the practice. The GPs are supported by a practice manager, an administration

manager, a nursing team manager, a reception team manager, three practice nurses, a community liaison nurse, two healthcare assistants, administration, maintenance and reception staff.

Opening hours are from 8am to 6pm on Monday to Friday each week with appointments between these times. Patients calling between 6pm to 6.30pm are directed to the duty GP practice mobile.

The practice is closed at weekends. Extended hours appointments are available for pre-bookable appointments on Monday and Thursday evenings until 7.30pm and from 8am till 10.10am on the first Saturday of each month.

The practice does not provide an out-of-hours service but has alternative arrangements for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Care UK) is available in the patient practice leaflet and on the website.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book appointments with GPs.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as lung diseases, asthma and diabetes. Other appointments are available for health checks, childhood vaccinations and contraception advice.

Clarendon Lodge Medical Practice is an approved training practice for trainee GPs with three GP trainers. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

Before our inspection of Clarendon Lodge Medical Practice 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 8 November 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 managerial, clinical and non-clinical staff.
- Looked at procedures and systems used by the practice.
- Spoke with a patient who was also a member of the Patient Participation Group (PPG).
- Observed how patients were assisted by staff when they attended the practice and talked with carers and family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Clarendon Lodge Medical Practice used an effective system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a significant events protocol for all staff to follow in reporting incidents. All incidents were reported to the practice manager in the first instance.
- Staff told us they were encouraged to report any incident and there was a no blame culture to support this. They knew how to access the appropriate form which was available on the practice intranet. The 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).
- There had been 12 significant events recorded in the last 12 months. The practice had responded promptly to each event, they had carried out a thorough investigation and had taken appropriate action when necessary. Significant event meetings were held every Monday lunchtime.
- We saw where changes to practise had been made as a result of these investigations. For example, an incident had occurred where a patient was found to have missed a medicine review. Learning outcomes had been clearly identified and the protocol for repeat prescribing of medicines had been reviewed and changes made as a result.
- Quarterly reviews of significant events took place and evidence showed that learning outcomes had been clearly identified and shared with staff.
- When things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.

Patient safety and medicine alerts were effectively managed.

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). Four staff were identified to routinely receive these emails.
- These were coordinated by the practice manager (with deputy cover arranged when absent) who reviewed the alert, entered details onto the safety alerts log including the date and details of action taken. Alerts were discussed in weekly clinical meetings.
- GPs and nurses described examples where action had been taken as a result of alerts. For example, a search of patients was carried out following an alert about possible risks to patients who used home use blood glucose testing strips with specific batch numbers. The search revealed that no patients were identified and no further action was required.

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 reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were two GP leads for safeguarding adults and children and staff confirmed they knew who they were. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed level three training for safeguarding children.
- Safeguarding concerns were discussed at weekly practice clinical meetings and six weekly multidisciplinary meetings attended by GPs, a health visitor, the practice community liaison nurse and the community midwife. Children and families were discussed and alerts were raised where there were concerns about their safety. Minutes of meetings showed that discussions had taken place about adults and children who were considered to be at risk of harm. Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse.
- The practice engaged in local initiatives to provide additional services such as the Identification and

Are services safe?

Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help them with detecting any signs of abuse and patients were sign-posted to support agencies.

- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy during the inspection. The nurse manager was the 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. Records showed that infection control training was completed throughout 2016. Infection control audits were carried out annually and we saw that action was taken to address any improvements identified as a result. The last audit had been completed in September 2016.

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

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. A PDG protocol was accessible to on the practice computer system for clinical staff and included links so they could access details of the latest guidance. 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.

- Two of the nurses had qualified as independent prescribers and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was provided by the GPs for this extended role.
- There was a system in place for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with detailed records to show effective stock management and handling of all vaccines. An incident recording form was available for all staff to support reporting of incidents.
- There were processes for handling repeat prescriptions which included the review of 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. The practice had devised a traffic light coding system to their system to ensure a safe monitoring regime was maintained. We saw records to confirm this.
- Systems confirmed that staff were protected against Hepatitis B. There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.
- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures.

- We looked at three staff files for different staff roles including a receptionist, an administrator and a practice nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Systems and processes were followed when locum GPs were required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been

Are services safe?

completed to ensure appropriate GP, nurse and staff cover was maintained. This was reviewed by GPs, the practice manager and the reception team manager at weekly management meetings.

Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent. GPs operated a buddy system for covering their leave.

Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- Staff told us the practice was well equipped and they had access to equipment and supplies needed to carry out their duties safely.
- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been carried out in September 2016. These included equipment such as thermometers, weighing scales, syringes and blood pressure monitoring machines.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in September 2016.
- There was a health and safety policy available for staff with a poster in the practice which listed the contact details for local health and safety representatives.
- Staff had completed fire training during January/February 2016. Regular fire safety checks were carried out including weekly alarm checks. An external company had been employed to carry out a fire risk assessment with the latest assessment undertaken in September 2016.

Arrangements to deal with emergencies and major incidents

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

- There was an emergency incident procedure to guide staff in the event an emergency. On the day of the inspection we saw the emergency procedure in action as staff responded to an accident that had occurred outside the practice. It was evident that staff were aware of the procedure and what needed to be done in the situation.
- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. We saw how the practice responded to an emergency following a power failure in the building as we arrived for the inspection. Action was taken swiftly and efficiently to ensure service for patients was maintained safely. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and the practice manager). Contact details for all staff were included.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- The practice took part in local practice group meetings, the focus of which was mainly education and learning (including reflective practice). Discussions included best practice such as updated cancer care guidance and NICE guidance. These meetings were intended to provide professional development. Guest speakers attended to provide skill and knowledge updates.
- Regular routine meetings were held monthly for each practice staff group, with a schedule in place so staff knew when the meetings were due. Staff we spoke with confirmed this.

Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards with lower than average exception reporting rates.

- 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.
- Results for 2015/2016 showed the practice had achieved 98% of the total number of points available compared with the local average of 98% and the national average of 95%. The practice's exception reporting at 4% was lower than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%. Exception reporting relates to patients on a specific

clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data showed the practice performed mainly in line with local and national levels:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans were 92% which was in line with the CCG average of 93% and above the national average of 88%. The practice exception rate was 2% which was lower than the CCG average of 11% and the national average of 13%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was above the local and national averages of 85% and 84% respectively. The practice exception rate was 2% which was lower than the CCG average of 6% and the national average of 8%.
- Performance for diabetes related indicators was in line with the local average and higher than the national average. For example, patients who had a blood glucose level within the acceptable recommended range was 81% compared the CCG and the national averages of 82% and 78% respectively. The practice exception rate of 6% was below the CCG and the national averages of 10% and 12%.

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- We saw 11 clinical audits had been completed during the last year with second cycle audits completed for four of these. A range of topics was covered such as audits based on guidance for prescribing medicines such as antibiotics and audits on the use of steroids in patients with chronic lung disease. Outcomes of audits showed that changes had been implemented with improvements to patient care made.

Are services effective?

(for example, treatment is effective)

- We saw that audit findings had been presented, discussed and documented as part of clinical, team and practice meetings.
- QOF performance was closely monitored at all times. The practice manager and one of the GPs were the practice leads for monitoring performance.
- The practice participated in local audits, national benchmarking, accreditation and peer review. There was a cross CCG buddy system of 36 practices in place which were divided into buddy groups. The practice's group of six practices regularly reviewed issues such as prescribing, medicines management and referrals.

Effective staffing

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

- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of their competence. The practice nurses attended annual updates for cervical screening.
- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at practice meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- Staff were supported with online training, supporting additional qualifications such as nurse prescribing, health assessment, apprenticeship schemes and employee assistance programme.
- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.

- Protected learning time organised by the CCG occurred every six weeks and was held locally.
- The practice had employed an apprentice, working in conjunction with The National Skills Academy to offer career progression. This had resulted in a full time position at the practice for the apprentice and created the possibility of future apprenticeship opportunities as a result.
- The practice was an approved training practice for trainee GPs with three GP trainers. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There were two trainee GPs at the practice at the time of the inspection. The practice demonstrated their commitment to GP training with more than half of the practice GPs originally trained at the practice. They had achieved the South Warwickshire GP Award for Excellence in Medical training for 2015/2016.

Coordinating patient care and information sharing

The practice had systems to provide staff with the information they needed through the practice's patient record system 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.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 72% of the 53 patients with learning disabilities for this current year.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, the practice provided dedicated support to 11 local care and nursing homes. Weekly ward rounds were carried out by a lead GP and daily contact by the practice community liaison nurse was provided to patients. They also provided education and support to care and nursing home staff to enable end of life care to achieve a

Are services effective?

(for example, treatment is effective)

dignified death in their preferred place for patients (which had been achieved for 83% of patients from March to November 2016). This was confirmed by the home managers we spoke with.

- The practice was a consistently high performer for CCG audits of the completion of care plans and patient notes in nursing homes, compared with local practices. For example, the practice had achieved 100% completion in all audit criteria areas such as the number of patients with advanced care plans, medical assessments within two weeks of arrival at the home and the number of patients who had received a medicine review within the last six months.
- The practice achieved consistently lower than local averages for emergency admissions for patients with various conditions including diabetes, cancer and care home patients. For example, audits had been completed over a two year period which demonstrated a 54% reduction in emergency admissions by care/nursing home patients by November 2016. We were told that dedicated ward rounds and working with care/nursing home staff were seen as contributory factors for these results.

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 ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Monthly meetings were held to discuss patients with specific needs. For example, multidisciplinary meetings for patients with palliative care needs were attended by GPs, a health visitor, district nurses, the community matron and palliative care nurses. Frailty meetings (to help patients live as well as possible with frailty) were attended by the GPs, the practice community liaison nurse, practice nurses and the district nursing team.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- Staff had access to guidance on obtaining consent for treatment, immunisation or investigation. The consent protocol was kept under regular review and last reviewed in June 2016.
- We saw evidence that showed informed consent was documented. Completed forms were scanned to patient records.
- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Regular training was provided. Records showed that Deprivation of Liberty Safeguards (DoLS) training had been completed in February 2016.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (53 patients were registered) and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 72% of the patients on their register had received a care review in the past year.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.

Cervical screening and child immunisation results showed the practice was comparable to the local and national averages.

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% which compared with local averages of 96% to 98%. Five year olds ranged from 93% to 100% which was comparable to national averages of 95% to 99%.
- The practice's uptake for the cervical screening programme was 81% which was in line with the local average of 83% and the national average of 82%. The practice exception rate of 4% was in line with the local rate of 5% and the national rate of 6%. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available.

Are services effective?

(for example, treatment is effective)

There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were comparable to local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 69% which was lower than the local and the national averages of 76%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months at 62% was in line with the local average of 64% and above the national average of 58%.

The practice followed up patients with text, email, letters and telephone call reminders to attend or participate in

screening programmes. Clinical staff told us that reminder messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening.

It was practice policy to offer a health check to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice carried out health checks and had achieved 45% of their target of patients (1,278) eligible for health checks for the year 2015/2016. Since October 2013 the practice had carried out 1,266 (61%) health checks on eligible patients. 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.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes they would follow to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were treated with dignity and respect.

- We spent time in the waiting area observing how staff engaged with patients. We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Curtains were provided in all consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and we observed that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We saw how staff responded to a patient in distress during our inspection. Nothing was too much trouble and staff showed compassion, dignity and respect in supporting the patient concerned. Staff worked together to ensure patients in the waiting area were kept informed of potential delays.

We received completed comment cards from patients. All of the 57 comment cards were all extremely positive about the standard of care received by patients. Patients were very complimentary about the practice and felt that they offered an excellent service, that staff were friendly and approachable and provided an exceptional level of care. Patients commented that staff were supportive and always listened to them.

Nine patients provided specific details of how the GPs and all staff had helped them during difficult times and had been supportive. They said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards consistently reinforced these views and provided many examples of where the actions and support of practice staff had made a difference to how they felt. Patients with on-going health problems reported that GPs

contacted them if they had not seen them for some time to enquire about their health which they found reassuring. Views of external stakeholders were very positive and aligned with our findings.

Results from the NHS Friends and Family test were consistently positive with 96% of patients in 2016 recommending the practice to others.

We spoke with a patient who was also a member of the Patient Participation Group (PPG). They also spoke highly of the practice and told us they were satisfied with the care and the treatment they received. They said they were always seen by their GP when they needed to be and that the GPs were professional and approachable.

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

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

- They commented that they were given time during their consultations with the clinical staff to help them make an informed decision about treatment options available to them.
- Interpreter and translation services were provided should patients need these.
- Care plans were completed for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment, although results for nurses were slightly lower than average. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Patient and carer support to cope emotionally with care and treatment

The practice provided support for patients and carers in a number of ways:

- There was a carers protocol for all members of staff to follow. This encouraged all staff to maximise opportunities to identify carers, and once identified the process to follow to ensure they were provided with appropriate information, referral and support. Appropriate codes for recording carers onto the computer system was also included in the protocol to ensure consistency. Definitions of carers were provided to aid clarity for staff.
- The practice had a dedicated carer administrator who liaised with staff, carers and other agencies to provide support for carers.
- 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. The register showed that at the time of the inspection 77 carers were registered with the practice (1% of the practice population).
- A dedicated carers board with information leaflets was available in the waiting area of the practice.
- Health checks, free flu vaccinations and flexible appointments were provided for carers.
- Annual carers events were held at the practice (the last one held in April 2016), providing opportunities for networking and support. These were attended by members of the Patient Participation Group (PPG), Guidepost (a countywide support service), Dementia Awareness and Age UK. Twelve patients had accepted invitations to the event and nine had attended. Carers had commented that they had found the meeting helpful and supportive.
- Carers information was also shared in the widely circulated PPG newsletter. In the October 2016 edition of the newsletter an article provided information about services the practice made available for carers. Carers were also signposted to benefit entitlement and support agencies with contact details provided.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and offered a patient consultation at a time to meet the family's needs. Handwritten condolence cards were sent to bereaved families. Two comment cards we received specifically reported how GPs had supported patients when they had suffered bereavement. They said they appreciated this support and found it to be very helpful.
- There were notices and leaflets available in the waiting area which explained to patients how to access a number of support groups and organisations. Information was also available on the practice website.



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.

- The practice understood the needs of the patient population and had arrangements in place to identify and address these.
- The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- The practice 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.
- Same day appointments were available for all patients including 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.
- Regular reviews of patients care were carried out, with 90% of all eligible patients having a personalised care plan in place.
- Domiciliary visits were carried out for patients with long term conditions so that regular reviews of their care were maintained. The practice had completed 628 domiciliary patient reviews during last year.
- Home visits were available for patients who were too ill to attend the practice for appointments. This included visits to administer flu vaccinations to patients who were unable to visit the practice independently.
- Telephone consultations were available to patients who did not require a physical consultation. Online consultations were also available and patients could send photographs to help GPs with their diagnosis.
- There was an online service which allowed patients to order repeat prescriptions and book appointments.
- Patients had been encouraged and supported by the practice to access their medical records since the introduction of this system in April 2016. At the time of the inspection 264 patients had taken up this opportunity to be more involved in their health care.
- Extended hours appointments are available for pre-bookable appointments on Monday and Thursday evenings until 7.30pm and from 8am till 10.10am on the first Saturday morning of each month. These appointments were helpful to patients who worked or had caring responsibilities.
- A domiciliary flu vaccination service was provided for those patients who were housebound or patients' temporarily unable to attend the clinics at the practice including patients discharged from hospital. This service was provided to 50 patients during last year.
- The practice had introduced a community Health Care Assistant (HCA) service to carry out home visits to undertake blood pressure checks and take blood samples. The practice had carried out 197 of these visits to patients in the period from January 2016 to November 2016, to ensure that tests were done in a timely manner.
- Where older patients had complex needs, the practice shared summary care records with local care services. The practice described examples where they had worked together with the district nursing team and care home staff to manage patient care.
- Alternative communication formats were available for patients such as easy read and larger print. Translation services were available on request including Braille and sign language.
- Access was suitable for patients who used wheelchairs and baby changing and breast feeding facilities were available.
- The practice engaged with the Warwick and Leamington Food bank as a food voucher distribution centre for vulnerable patients.
- Services were provided for all vulnerable patient groups presenting to the practice. For example, services were provided to homeless people, patients experiencing domestic violence and patients who were affected by substance misuse.
- The practice sponsored reminiscence sessions to patients in care and nursing homes which were led by the Patient Participation Group in conjunction with a local historical group.
- The practice engaged in local initiatives to provide additional services such as the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training, support and referral programme). The project provided staff with training to help them with detecting any signs of abuse so patients could be sign-posted to support agencies.



Are services responsive to people's needs?

(for example, to feedback?)

- The practice participated in the CCG frail elderly incentive scheme which involved visiting any patients over 75 who had not been seen in the last three months. This offered increased health checks for eligible patients and patients within this category had a dedicated telephone line to use to contact the practice.

Access to the service

Opening hours were from 8am to 6pm on Monday to Friday each week with appointments between those times. Patients who called between 6pm to 6.30pm were directed to the duty GP practice mobile. The practice was closed at weekends. Appointments were available for booking up to eight weeks in advance.

Clarendon Lodge Medical 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 in the practice patient information leaflet and on the website.

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

- 76% of patients described their experience of making an appointment as good which was in line with the CCG average of 81% and the national average of 73%.
- 74% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 69% and the national average of 65%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 91% and the national average of 85%.
- 67% of patients said they could get through easily to the practice by telephone which was below the CCG average of 78% and the national average of 73%.

The practice had responded to patient feedback about telephone access to appointments and had introduced changes. They had established a call centre so that telephone calls were handled away from the reception desk and installed additional telephone lines. The practice were aware of and were dealing with the low data.

The patient we spoke with told us they were happy with the appointment system and were able to see a GP without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 57 comment cards which were positive about the appointment system and appointment availability at the practice. Patients commented they had not experienced any difficulty in accessing appointments and they had always been able to get an appointment when they needed.

The practice had a system to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated person for responding to all complaints.
- Accessible information was provided to help patients understand the complaints system at the practice.
- The practice maintained a log for complaints with 16 complaints recorded for the period April 2015 to March 2016. We saw that complaints had been responded to in an open and transparent way. They had been fully investigated in accordance with the practice's complaints policy and procedure.
- The procedures for handling complaints ensured that where lessons were learned these were recorded and shared accordingly. Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care provided.

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 Clarendon Lodge Medical Practice mission statement told us they aimed to provide the highest standard of care and treat all their patients as individuals. Staff confirmed they were aware of the aims of the practice and that they worked to deliver a standard of service that reflected this ethos.

The partners and the practice manager met regularly and held quarterly away days for strategic review and planning. The practice away day held in 2016 showed they had discussed, planned and shared ideas for practice development. The business plan had identified objectives for the coming year and the longer term such as arrangements for recruiting staff, developing systems and services. Monthly quality service meetings were held to monitor the strategy and improved patient outcomes achieved.

Governance arrangements

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

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly in line with or above local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes.
- A comprehensive understanding of the performance of the practice was maintained which involved the whole practice team. Any change in performance was identified, discussed and mitigating actions were put in place.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff worked as a team and were committed to support each other to provide the best care for their patients.

- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented.
- Monthly management and partnership meetings were held within the practice. This ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

Leadership, openness and transparency

During the inspection the GPs and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- Clinical and non-clinical staff had a wide range of skills and experience. They told us they prioritised safe, high quality and compassionate care.
- The practice encouraged a culture of openness and honesty in a blame free environment.
- There were high levels of staff satisfaction. Staff told us they were proud to work at the practice and be part of the team.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.
- Regular meetings were held within the practice for all staffing groups. In addition to the management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- There was a nurse manager to co-ordinate the nursing care and lead on safeguarding and nurse meetings.
- The practice was an active member of the GP federation. A GP federation is formed of a group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.
- GPs held additional roles which enabled increased awareness of local and wider issues, opportunities and information which they considered to be beneficial to the practice. Additional roles included a Royal College

Are services well-led?

Good 

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

GP Examiner (RCGP), a Local Medical Committee (LMC) member, a hospital governor, a local clinical lead for the out of hours service and a member of the CCG governing body.

- There were 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). This included providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.

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

- Staff told us that they were approachable and always took the time to listen to all members of staff.
- Staff told us that they worked together and supported each other to provide the best care for patients.
- Staff confirmed that there was an open culture within the practice.
- The practice provided staff with access to an external employee assistance agency so they could access support at any time and access for immediate family members was also included.

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.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG had been actively involved with the practice since they formed in 2012 and currently had a membership of 12 with 350 members of the virtual PPG.
- The practice manager told us that they held bi-monthly meetings with the PPG. Minutes of meetings were available to patients in the waiting area and on the practice website.
- The PPG produced a newsletter in which they took the opportunity to share practice responses to patient surveys, including local and national results. Details of services provided and reminders for seasonal clinics were included. A section described the new practice

website that was due to be launched once testing had been completed, including a screen shot of the new look. The PPG were actively involved in the development of this website which they described as developed by patients for patients.

- Members of the PPG had spent time visiting care homes supported by the practice to gain views about the services provided by the practice. The findings showed that the ward rounds were successful, that visiting staff were professional and provided both educational and supportive opportunities for care home staff.
- The practice had responded to feedback from Healthwatch Warwickshire following their Enter and View visit to the practice in March 2016. This included comments about online access to appointments. The practice had increased patient awareness of the online facility and 17% of patients now accessed this facility.
- Improvements had been made by the practice as a result of feedback from the PPG which included the installation of an additional rail to the stairs, the development of a new practice website, and the delivery of reminiscence sessions to care and nursing home patients.
- Members of the PPG also attended and contributed to the local CCG Public and Patient group meetings as representatives of Clarendon Lodge Medical Practice.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they were confident they would be supported if they needed to raise any issues or concerns. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- They felt involved and engaged to improve how the practice provided services for patients.
- The practice engaged in social events to promote team building with all practice staff.
- Staff told us the practice worked as a team and this approach enabled them to provide the best care they could for all patients.

Continuous development

A practice pharmacist was due to commence employment in February 2017, to work in conjunction with the practice community liaison nurse.

Continued improvement was encouraged and there was a clear proactive approach to seeking out and embedding

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new ways of providing care and treatment. The practice was committed to and encouraged continuous learning and innovation through regular meetings, training events, protected learning time as well as making time to reflect on practise to consider further improvements.