Red Roofs Practitioners

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Red Roofs Surgery on 24 November 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice worked closely with other local practices and acute providers such as Nuneaton's George Eliot hospital.
- Patients said they found it easy to make an appointment with a named GP, that there was continuity of care, and urgent appointments were usually available the same day.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned. Staff training was also linked to the staff appraisal scheme to ensure staff were fully developed to best meet the needs of patients.
- Risks to patients were assessed and well managed with appropriate systems in place.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A building refurbishment was taking place.
- There was a clearly defined leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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. Staff understood their responsibilities to raise concerns, and they identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse. This included regular staff meetings to review safeguarding cases. There were enough staff to keep people safe. The practice worked closely with local care homes where patients lived to ensure procedures covered by the Mental Capacity Act were correctly followed.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any additional training needs were identified and planned to meet these needs. Staff were appraised annually and had personal development plans in place. Staff worked with multidisciplinary teams to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality. They had a register of patients who were carers and at the time of our inspection the practice had started to set up a support group for carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services

Summary of findings

where these were identified. Patients said they were able to make an appointment with a GP and were able to obtain urgent appointments the same day. Extended hours opening was available on Saturday mornings.

The practice building was purpose built and well equipped to treat patients and meet their needs. At the time of our inspection the practice had plans approved to extend the practice facilities into rooms that had previously been commercially sub-let to meet increased patient demand. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure with a succession plan in place. Staff felt supported by management. The practice had policies and procedures to govern management and held regular governance meetings. Appropriate systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had a long established, active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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 people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. A weekly 'ward round' was carried out in the eight care homes the practice had patients living in. The practice had also worked closely with these care homes to ensure procedures covered by the Mental Capacity Act were correctly followed.

At the time of our inspection, the practice was delivering its 2015-2016 flu vaccination programme. The practice worked closely with the local risk stratification enhanced service to closely monitor patients most at risk. This included those most at risk of unplanned hospital admission. The practice staff held weekly meetings to review hospital admissions and accident and emergency attendances and had developed a computerised tracker to record outcomes and identify trends.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. The practice used a chronic disease management system to monitor patients with chronic diseases. Management of patients with long term conditions was carried out by the practice nursing team and healthcare assistant. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice. All members of practice staff and the Patient Participation Group (PPG) had received dementia friends training to enable them to provide a higher level of support to patients with dementia.

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 living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

The practice ran baby clinics and post-natal appointments. The practice had a policy providing same day appointments for children and appointments were also available outside of school hours. The premises were suitable and accessible for children, with changing facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses. The practice notified Child Health Services when babies and children did not attend for their vaccinations.

The practice also offered a number of online services including booking appointments and requesting repeat medicines.

Working age people (including those recently retired and students)

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. Telephone consultations were available for patients who were unable to reach the practice during the day. Extended hours opening was available on Saturday mornings for patients who worked during the week. The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability. Members of the traveller and gypsy communities were also able to register at the practice.

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

Summary of findings

and offered additional attention such as longer appointments. The practice staff held weekly meetings to review hospital admissions and accident and emergency attendances and had developed a computerised tracker to record outcomes and identify trends.

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

A GP partner had training and experience with working with a drug and alcohol service and a scheme for violent and aggressive patients. As a result, the practice was able to meet the needs of patients within these categories and provide additional support when needed.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health. The clinical team 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 advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice performance was mixed when compared with local and national averages. There were 289 questionnaires issued and 142 responses which represented a response rate of 46%. Results showed:

- 63% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 68% and a national average of 73%.
- 93% found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
- 94% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 86%.
- 95% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 77% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 60% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 49% feel they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 3 comment cards. All comments cards were completely positive about all aspects of the practice, including the standard of care provided. Patients said staff were caring and respectful, that they could get through on the telephone and could easily obtain appointments.

During our inspection of Red Roofs Surgery, we spoke with ten patients during the inspection who were all very positive about the service they received. Two patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care.

We spoke with the management of two care homes served by the practice. They confirmed that the practice provided an excellent service and the GPs and nursing staff were also excellent.

Red Roofs Practitioners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Red Roofs Practitioners

Red Roofs Surgery is located in Nuneaton, north Warwickshire, on the edge of the town centre. The practice is run as a partnership and was first established in 1896. It moved to its current building in the same road in the 1980s. The practice provides primary medical services to patients in an urban and semi-rural area. Locally there are some areas of deprivation.

At the time of our inspection there were 15,300 patients registered with the practice. This included patients in eight local care homes, some with dementia. The practice also serves the local bail hostel.

A building refurbishment has been started and this includes the approval of plans to extend the practice into rooms that were formerly sub-let for commercial use. This would allow to the practice to meet an increased patient demand, provide a new patient waiting area and also consider the introduction of additional services for patients. This is due to be completed by the end of March 2016.

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

The practice has five partner GPs and five salaried GPs, a mix of male and female. There are also three practice nurses and a healthcare assistant based at the practice. They are supported by a practice manager and administrative and reception staff. Red Roofs Surgery is an approved training practice for doctors who wish to be become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The practice is open from 8am to 12pm and from 1.30pm to 6.30pm during the week. Appointments are available throughout those times. Extending hours opening is available on Saturdays from 8am to 12pm with one GP and one practice nurse on duty. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Appointments are available for maternity care, family planning and smoking cessation.

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.

How we carried out this inspection

Before our inspection of Red Roofs Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request 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 24 November 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 10 patients, including two 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 and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

Red Roofs Surgery had appropriate processes and systems for recognising, reporting and recording significant events. This was followed by all staff. We examined evidence that demonstrated when an incident occurred, the event was recorded, fully investigated, discussed with the staff involved and then reviewed in a staff meeting to enable lessons to be learned. When patients were affected by events, they received an apology and explanation which included detail of actions the practice had taken to improve care.

During our inspection, we looked at the record of incidents and events which had occurred over the last 12 months. This contained 19 incidents. One occurred when a patient's routine referral to hospital had been delayed by the practice. Following this, the practice apologised to the patient and reviewed the procedure for handling non-urgent referrals. Another incident we examined concerned a patient who felt the practice had failed to diagnose an infection which was then diagnosed by the local accident and emergency department after the symptoms worsened. The practice reviewed and made changes to its procedure for patients who presented themselves with the same symptoms.

When we discussed patient safety with practice staff, we found they were fully aware of their responsibilities to raise concerns and they demonstrated during our inspection how they reported incidents and near misses. We were shown how would notify the practice manager of any incidents and there was also a recording form available.

Red Roofs Surgery regularly analysed all significant events and complaints to identify any trends that might have been occurring and also to ensure incidents were not repeated.

During our inspection we were shown how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We were satisfied that staff understood risks and an accurate and current picture of safety was provided.

Overview of safety systems and processes

Red Roofs Surgery had processes and practices in place to keep patients safe. They included:

- Appropriate procedures to monitor and manage risks to patients and staff. This included a relevant health and safety policy. Electrical equipment was checked to ensure it was safe to use (June 2015). Clinical equipment was calibrated and checked to ensure it was working properly (June 2015).
- A variety of risk assessments was in place to monitor the safety of the premises such as fire safety, infection prevention and control and legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in January 2015. The practice had up to date fire risk assessments and regular fire drills were carried out.
- Procedures were in place to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Warwickshire County Council's safeguarding board. Safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a safeguarding lead and deputy who had been trained to the appropriate standard. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant for their role. We saw evidence that safeguarding cases were discussed in appropriate multi-disciplinary team meetings which included health visitors and social workers.
- The practice offered a patient chaperone service if this was required and we saw notices displayed in the patient waiting room and in treatment rooms to inform patients of this. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and we saw training records which confirmed this. All staff had also received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Good

Are services safe?

- Processes were in place to ensure required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. The practice nurse was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training. Practice-wide infection control audits were carried out on an approximate quarterly basis and we saw action was taken to address any improvements identified as a result. We examined the infection control audit which had been carried out in May 2015. This had identified some curtains in treatment rooms that needed to be replaced, a damaged radiator and some minor concerns with cleaning. We saw these concerns had been raised in staff meetings following the audit and were quickly addressed.
- Procedures were in place for managing medicines, including emergency medicines and vaccinations, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. To assist with prescribing, the practice received regular visits from a pharmacist from Warwickshire North Clinical Commissioning Group (CCG) to support this. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- Emergency medicines, including those kept in GPs' bags were regularly checked to ensure they were within date and therefore fit for use. We examined a selection of medicines and found they were all within date. Medicines, such as vaccinations that had to be refrigerated were appropriately stored and fridge temperatures were monitored and recorded on a daily basis to ensure they were being stored at the correct temperature. A cold chain procedure governed the management of this.
- The practice had carried out a staffing needs assessment. This identified the minimum staffing levels required to run the practice in a safe way. The practice had developed a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences. Annual leave for clinical staff was planned 12 months in advance and no more than 2 GPs took annual leave at the same time.
- We examined the practice staff recruitment policy and as part of this saw how the practice ensured recruitment checks had been carried out in line with legal requirements on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Arrangements to deal with emergencies and major incidents

The practice computer system included an instant messaging system which could be used to alert staff to any emergency. We saw training records to demonstrate staff had received annual basic life support training. There were emergency medicines and equipment available in the treatment room and we saw a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator available (which provides an electric shock to stabilise a life threatening heart rhythm),, oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar.

Red Roofs Surgery had devised a business continuity plan. This outlined instructions to identify and deal with emergencies that could affect the daily running of the practice, for example, power failure, loss of telephone system, loss of computer system and fire or flood. The practice had worked with other nearby practices to support each other in the event of the practice building being unable to offer a service to patients.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients' assessments and treatments were carried out by Red Roofs Surgery in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. Staff were kept informed of the latest changes and developments with clinical guidance and advice. The practice also carried out regular monitoring to ensure that clinical guidelines were followed. For example, risk assessments, audits and random sample checks of patient records. Clinical staff we spoke with told us they used NICE guidance and actioned recommendations when appropriate.

Management, monitoring and improving outcomes for people

Red Roofs Surgery participated in the Quality and Outcomes Framework (QOF) scheme. This 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 its performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 98.8% of the total number of points available, with 6.1% exception reporting. This was above the CCG average of 96.1% with an 8.2% exception rate. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014-2015 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which compared with the national average of 83.82%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 100% which was higher than the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% which was above the national average of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 91.9% which was higher than the national average of 88.35%.

Red Roofs Surgery had a system for completing and analysing 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 practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services. One such audit examined the use of steroid injections. During 2013-2014 the practice administered steroid injections to 12 eligible patients and found 70% of patients found their condition improved as a result and no patients had complications. Following this initial audit in April 2014, a further GP was trained to administer these injections and further suitable patients were identified. When the audit was repeated in April 2015, injections had been given to 35 patients in the preceding 12 months, a 200% increase.

Hospital admissions and accident and emergency (A&E) attendances were reviewed on a weekly basis. The practice worked closely with the local risk stratification enhanced service to closely monitor patients most at risk. This included those most at risk of unplanned hospital admission. The practice staff held weekly meetings to review hospital admissions and accident and emergency attendances and had developed a computerised tracker to record outcomes and identify trends.

For patients with diabetes, clinical staff were able to initiate insulin which meant patients did not have to attend the local hospital. One of the partner GPs was the diabetes lead for the Warwickshire North Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Good

Are services effective?

(for example, treatment is effective)

Effective staffing

During our inspection of Red Roofs Surgery, we examined evidence and had discussions with management and staff which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The induction programme for new staff and locum GPs included subjects such as safeguarding and patient confidentiality.
- Staff training was delivered in-house and also with other local practices. This was linked to the staff appraisal scheme which was used to identify gaps in staff learning and where the practice or individual staff members would benefit from training in a particular area. The practice would also consider requests for relevant training made by its staff.
- All staff had received an appraisal within the last 12 months.
- Due to a large number of patients with dementia (124), all members of practice staff and the Patient Participation Group (PPG) have received dementia friends training. The practice has a higher percentage of patients with dementia than other practices within the local area.

Coordinating patient care and information sharing

GPs and staff at Red Roofs Surgery had access to all relevant information necessary for the planning and delivery of care and treatment through the electronic patient record system and practice intranet. This included care and risk assessments, medical records, care plans and test results. Information such as, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

We saw records to demonstrate how the practice staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw examples of the minutes of regular multi-disciplinary team meetings and quarterly palliative care meetings to support this. We saw from meeting minutes they included health visitors, district nurses and a Macmillan nurse when appropriate. We saw anonymised records of discussions which included concerns about safeguarding adults and children, including domestic violence, as well as those patients who needed end of life care and support. We also saw details of the regular meetings held with health visitors. Children at risk were discussed and actions agreed as a result and case specific safeguarding meetings were held when required.

Consent to care and treatment

Consent for treatment was always obtained in line with current legislation and guidance. This included consent for minor surgery. We were shown the relevant forms. Audits for minor surgery consent were carried out. The latest in October 2015 showed these were recorded on 95% of the records for patients who procedures carried out. Three consent forms were missing, one of which had been scanned onto the wrong patient record, one had failed to be scanned and one had not been recorded. This was discussed in staff meetings and the practice was seeking to improve this and planned to carry out the audit again later in 2016.

Staff we spoke with understood the Mental Capacity Act 2005, particularly how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of patient capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

Red Roofs Surgery actively identified patients who needed additional support and meet their needs when appropriate. For example, a GP partner had training and experience with working with a drug and alcohol service and a scheme for violent and aggressive patients. As a result, the practice was able to meet the needs of patients within these categories and provided additional support and liaison with other professional and voluntary organisations when needed.

Good

Are services effective?

(for example, treatment is effective)

Newly registered patients were offered a health check with the practice nurse. Patients were referred to a GP if concerns were identified during this check. Over the last 5 years, approximately 20% of the entire patient list has received an NHS health check.

There was a comprehensive screening programme in place at the practice, carried out in line with national guidelines. The practice's uptake for the cervical screening programme was 81.51%, which was similar to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. All patients referred to secondary healthcare as a result of this were seen within the two week target.

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 95% to 100% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 74%, similar to the national average of 73.24%.

Red Roofs Surgery also carried out smoking cessation advice and support. A total of 20% of patients registered at the practice smoked and 34% of these have been given advice on quitting since April 2015.

The practice has worked with two other local practices to establish the Health Aware Communities Group. This worked with the local Nuneaton and Bedworth Borough Council to promote and improve access to healthcare. Community events were held to promote health awareness and provide on the spot health checks. The most recent, in a local community centre was attended by over 350 people.

The practice has also carried out diabetes checks in conjunction with the local mosque due to the high level of diabetes found in the Asian community locally.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection of Red Roofs Surgery, we saw staff treated patients with politeness, dignity and respect at all times, this included at the reception desk and on the telephone. This was collaborated up by comments we received from patients we spoke with on the day and by the patients who completed comment cards prior to our inspection.

Before our inspection, 3 patients completed comment cards. They were all completely positive about the standard of care at the practice and the practice staff. Patients reported it was easy to obtain appointments and clinical and reception staff were excellent. Patients also told us clinical staff were friendly, approachable and had a respectful attitude at all times.

The results from the July 2015 national GP patient survey showed the practice scored above average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

Comments we received from patients supported this.

Care planning and involvement in decisions about care and treatment

The information we received from patients during our inspection through the comment cards and in person showed that health issues were fully discussed with them. Patients told us they felt involved with their care and treatment and with decisions that needed to be made. Patients felt listened to and supported by staff and said they were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the July 2015 national GP patient survey showed patients surveyed were highly satisfied with their involvement in planning and making decisions about their care and treatment. For example:

- 93% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 96% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 93% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

All patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.

Staff told us that a translation service was available if it was needed.

Patient and carer support to cope emotionally with care and treatment

We saw notices, leaflets and information on the screen in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were actively identified and signposted to local and national services for support. Carers were also offered health checks by the practice. At the time of our inspection, the practice had started to plan the introduction of a support group for carers to enable them to be provided with additional support and advice.

We also saw that when families were bereaved, the GP telephoned them to offer support and information about sources of help and advice and followed this up with a letter. Leaflets giving support group contact details were also available to patients in the waiting room.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Red Roofs Surgery was involved with regular meetings with NHS England and worked with the local Warwickshire North clinical commissioning group (CCG). This enabled it to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Red Roofs Surgery planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Regular reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia. These were at least annually, but if the patient's condition required it, reviews were often carried out more frequently.
- GPs also made weekly visits to eight care homes where patients lived.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments. Patients who required a home visit were usually telephoned in advance so the exact reason for the visit could be determined.
- The practice led the formation of Primary Care Warwickshire, a GP federation. This comprised 16 practices and worked with acute providers, such as George Eliot Hospital, Nuneaton, to improve practice processes and provide more localised patient care.
- The practice offered routine antenatal clinics, childhood immunisations, travel vaccinations and cervical screening.
- Care plans were in place for all patients in care homes, patients with severe mental health problems and patients on the avoiding unplanned hospital admissions register (56 patients).

Access to the service

Red Roofs Surgery was open from 8am to 12pm and from 1.30pm to 6.30pm during the week. Appointments were available throughout those times. Extended hours opening was available on Saturdays from 8am to 12pm with one GP and one practice nurse on duty. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

The practice operated a duty GP system. Any patient or partner organisation, such as a care home served by the practice, which had an urgent problem was able to contact the duty GP during the day. If all appointment slots had been taken, the duty GP would also triage any telephone calls from patients who sought an emergency appointment.

Home visits were available for patients who were unable to attend the practice for appointments. There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice. A total of 29% of patients were registered for on-line access.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. The practice also provided patient information in a large print format for those who were visually impaired. Patients who were visually or audibly impaired had a note placed on their patient records for a GP to meet them personally in the waiting area when it was their appointment time. A smartphone and computer tablet 'QR code' was displayed in the waiting room. When scanned with a suitable device, this would download the practice patient leaflet electronically onto that device.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were similar to or below local and national averages. For example:

- 63% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 77% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 60% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 73%.

To increase patient capacity, at the time of our inspection a building refurbishment programme had been started and this included the approval of plans to extend the practice into rooms that were formerly sub-let for commercial use. This would allow to the practice to meet an increased patient demand and also consider the introduction of additional services for patients later in 2016. Practice management and GPs told us they would expect this to help improve patient satisfaction in these areas. Changes were also planned to the telephone system to increase capacity.

Over the last few months, the practice was concerned about the number of patients who did not attend for appointments and the affect this had on appointment availability. Staff at the practice had worked hard to increase patient awareness of this. As a result, the number of patients who failed to attend had halved over the last 12 months from over 5% to 2.5%.

The practice worked with the local bail hostel to ensure residents of the hostel were able to access the service when needed.

Listening and learning from concerns and complaints

Red Roofs Surgery had an appropriate procedure for handling concerns and complaints. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

During our inspection, we saw the system for dealing with complaints was straightforward and clearly accessible for patients. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. There were no re-occurring themes within the complaints received and it was apparent that verbal complaints were treated in exactly the same way as a formal written complaint would be. We reviewed complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. In addition to investigating individual complaints, the practice team reviewed all complaints on a quarterly basis to identify trends and ensure that lessons learned had been put into practice. We were satisfied that lessons learned from individual complaints had been acted on.

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

During our inspection of Red Roofs Surgery, we reviewed its statement of purpose. This clearly stated the practice's intention to provide excellent patient centred care and develop patient relationships. This was clearly outlined in literature produced by the practice and on the website. Throughout our inspection, it was clear that the practice aimed to provide a constant high standard of care for its patients. This was supported by the entirely positive comments we received from patients who completed the patient comment cards before our inspection and from patients we spoke with on the day.

Governance arrangements

Red Roofs Surgery had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- Appropriate management review systems were used. This covered capacity planning and management; training needs assessments and appraisals; current performance, patient feedback, compliance, reviews and audits.
- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.
- Succession planning was in place for GP partners and replacements were actively being sought for the two partners who were due to retire in 2016.
- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with local and national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.

Procedures and policies were implemented, regularly reviewed and were available to all staff. We saw discussion recorded in the minutes of staff meetings when policies were reviewed. Staff we spoke with knew how to access these policies.

- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- The practice was an approved training practice for doctors who wish to be become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

Leadership, openness and transparency

We were satisfied that the GPs and practice management team had the appropriate experience, capacity and capability to run the practice and provide high quality care. Every partner GP had a particular area of interest and their training and experience reflected this. Staff we spoke with told us the GP and management team were very open and they would have no difficultly with raising anything with them at any time. Staff said they were very well supported at all times and knew what was expected of them within their roles. We saw records to evidence that regular team meetings were held.

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

Red Roofs Surgery actively encouraged and valued the feedback it received from patients about the delivery of the service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The GPs and practice

Are services well-led?

Good

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

management told us they were proud of the PPG and it had been in operation for over 20 years. We saw how the PPG was involved with plans to refurbish the practice building and increasing awareness of missed appointments.

The practice had recently been inspected by the local Healthwatch who felt the patient waiting area could be more child friendly. As a result, the practice had purchased suitable toys which were easy to keep clean. It iwas planned to place these in treatment rooms and the new patient waiting area which was due to open by March 2016.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results for November 2015 showed that 92% of patients were extremely likely or likely to recommend the practice. Only 1.4% of patients said they were unlikely to recommend the practice. Patients' comments made as part of the Friends and Family test were mostly positive and included the excellent care provided by clinical staff and good availability of appointments.