

Croft Medical Centre

Quality Report


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

Ratings

Overall rating for this service	Good	
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Are services safe?	Good	
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Are services effective?	Good	
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Are services caring?	Good	
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Are services responsive to people's needs?	Good	
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Are services well-led?	Good	
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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 Croft Medical Centre on 20 September 2016. Overall the practice is rated as good.

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

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were comprehensively assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had recruited a clinical pharmacist who had carried out medicines reviews and worked with one of the practice nurses and outside agencies to implement a range of improvements. This included carrying out detailed reviews for 39 patients in a six-month period, resulting in patients using less medicines and significant cost savings for the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had set up a social prescribing project which aimed to address social and economic isolation. Patients were referred to a community

development worker who met with patients in a setting suitable for them, including weekly surgeries at the practice. The project had referred 37 patients to local services during a six month period in 2016 and we saw examples of improved outcomes for vulnerable patients.

There was an area where the practice should make improvements:

- The practice should continue to monitor and review the appointment system and telephone access for patients to improve patient satisfaction.

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



- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong.
- There was a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, reported, reviewed and shared.
- The practice used opportunities to learn from incidents to support improvement. Learning was based on a thorough analysis and investigation and we saw that reviews were undertaken to ensure the learning was embedded. We saw that all staff were involved in discussions and learning.
- Information about safety was highly valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- Arrangements for managing medicines kept patients safe.
- Risk to patients were identified and dealt with.
- The practice had made significant reductions to medicines waste with associated cost savings.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above regional and national averages. The most recent published results showed that the practice achieved 98% of the total number of points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published during 2016 showed patients rated the practice in line with local and national averages for several aspects of care. For example 87% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 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 comprehensive, easy to understand and accessible, including being provided in different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided help and support for patients who were carers.

The practice had an established and comprehensive approach to end of life care which had been recognised with a GP federation award in 2016.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 where these were identified. For example the practice was reviewing extended hours appointments to provide greater access.
- There was continuity of care with urgent appointments available the same day.
- Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.
- 53% of patients found it easy to get through to this surgery by telephone compared with the CCG average of 78% and the national average of 73%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.

Summary of findings

- 42% of patients felt they did not have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.
- Practice staff told us they were aware of patients' views about access to the practice and we saw evidence this had been discussed with plans put in place.
- The practice had set up a social prescribing project which aimed to address social and economic isolation. Patients were referred to a community development worker who met with patients in a setting suitable for them, including weekly surgeries at the practice. The project had referred 37 patients to local services during a six month period in 2016 and we saw examples of improved outcomes for vulnerable patients.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and we saw examples of improvements made.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out 444 health checks for people aged over 75 in the last 12 months (60% of the practice list for patients in this age group).
- The practice directed older people to appropriate support services.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was in line with CCG and national averages. For example 96% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively.
- The practice demonstrated improved blood sugar measurements for patients with diabetes over the last two years.
- We saw evidence of reduced emergency admissions for chronic obstructive pulmonary disease over the last two years.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 82% compared with CCG and national averages of 83% and 82% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives, health visitors and education professionals including school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were offered to accommodate those unable to attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. We saw evidence that circumstances were considered in care planning and treatment and the practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice had a list of patients registered as having a learning disability and had offered health checks for all of these patients in the last 12 months. We saw the practice used information to support care planning. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had set up the local Sydenham social prescribing project which aimed to address social and economic isolation. Patients were referred to a community development worker who met with patients in a setting suitable for them, including weekly surgeries at the practice. The project had referred 37 patients to local services during a six month period in 2016. This included vulnerable patients who were previously isolated attending, engaging in and leading support groups, and patients being supported to secure accommodation and employment.
- The practice had an established and comprehensive approach to end of life care which was led and co-ordinated by one of the practice nurses. We saw evidence of extensive support offered to patients and families with the help of outside agencies. The practice nurse had won a GP federation award during 2016 for end of life care.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was in line with the Clinical Commissioning Group (CCG) and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 93% and 88% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. There were 261 survey forms distributed and 95 returned. This represented a 36% response rate and 1% of the practice's patient list.

The results showed the practice was performing in line with local and national averages in some areas. For example:

- 87% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 74% of respondents were satisfied with the surgery's opening hours compared with the Clinical Commissioning Group (CCG) average of 77% and the national average of 76%.
- 86% of patients found the receptionists at this surgery helpful compared with the CCG average of 89% and the national average of 87%.

However, the practice was performing below local and national averages in some areas. For example:

- 53% of patients said they found it easy to get through to this surgery by telephone compared with the CCG average of 78% and the national average of 73%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 42% of patients felt they did not have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our visit. We reviewed 23 comment cards and 20 of these were fully positive about the standard of care received at both the main and branch surgery. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. Three comments cards contained negative comments relating to the difficulty in getting appointments.

We spoke with five patients during the inspection including those who mainly used the branch surgery. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

There was an area where the practice should make improvements:

- The practice should continue to monitor and review the appointment system and telephone access for patients to improve patient satisfaction.

Outstanding practice

We saw one area of outstanding practice:

- The practice had set up a social prescribing project which aimed to address social and economic isolation. Patients were referred to a community development worker who met with patients in a

setting suitable for them, including weekly surgeries at the practice. The project had referred 37 patients to local services during a six month period in 2016 and we saw examples of improved outcomes for vulnerable patients.

Croft Medical Centre

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 GP specialist adviser, and a Practice Manager specialist adviser.

Background to Croft Medical Centre

Croft Medical Centre is a purpose built premises located in the Sydenham area of Leamington Spa within the South Warwickshire Clinical Commissioning Group (CCG). The practice is served by the local bus network and there is accessible parking. The practice and facilities are fully accessible to wheelchair users.

In addition to the main location the practice also provides GP services at a purpose built branch surgery in Bishop's Tachbrook for patients living in and around this village. The branch surgery has a dispensary on site to issue prescribed medicines to patients and is fully computerised and linked to the main location. We visited the main location as part of this inspection.

The practice and branch surgery provide primary medical services to approximately 10,800 patients in the local community. The practice population is mostly White British with significant numbers of Eastern European and Portuguese patients. The practice also serves other ethnic groups including Asian British, South American and Middle Eastern. Patients aged 25 to 39 are overrepresented compared with regional and national averages.

The clinical staff team consists of three male and one female GP partners, one male and three female salaried GPs, a clinical pharmacist, an advanced nurse practitioner, a triage nurse, three practice nurses, a healthcare assistant, a phlebotomist and three dispensary staff.

The clinical team is supported by a practice manager, a data manager and a team of 17 administrative and reception staff. The practice conducts GP training with qualified doctors undergoing a period of further training in order to become GPs and offers experience to medical students.

The main location and telephone lines are open from 8am to 6.30pm on weekdays and is closed at weekends. Appointments are available between 8.10am and 6pm on weekdays with extended hours appointments available on Tuesday mornings from 7am and Monday and Tuesday evenings from 6.30pm to 7.30pm.

The branch surgery is open for GP and nurse appointments and dispensary services on Monday, Wednesday and Friday mornings (9am to 11.40am), and Tuesday and Thursday afternoons (2.30pm to 5pm).

When the practice is closed services are provided by Care UK Warwickshire out of hours service. This is provided from 6.30pm to 8am and is accessed through the national NHS 111 number.

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. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS South Warwickshire Clinical Commissioning Group (CCG). We carried out an announced inspection on 20 September 2016. During our inspection we:

- Visited the main location premises;
- Spoke with a range of managerial, clinical and non-clinical staff who worked at the main location and branch surgery;
- Spoke with patients who used the service at the main location and branch surgery;
- Observed how patients were being cared for and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients, and;
- Reviewed a total of 23 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 were provided for specific groups of people and what good care looked 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

Are services safe?

Our findings

Safe track record and learning

Patients were protected by comprehensive safety system and a commitment to transparency, learning and improvement. There was a well-established system in place for reporting, recording, sharing and learning from significant events, incidents and near misses.

- We found that staff were open and transparent and fully committed to reporting, discussing and learning from significant events, incidents and near misses. Staff told us they would inform the practice manager and GPs of any of these and we found that staff fully understood their responsibilities. Staff told us they expected to be fully involved in exploring the circumstances of these and associated learning during discussions and formal meetings.
- There was a dedicated reporting form for significant events and adverse incidents (including near misses) on the practice's computer system. The format of the form was designed to promote discussion and learning in addition to documenting the circumstances of the incident. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that events had been consistently reported, recorded, discussed, reviewed and tracked over the last two years.
- The practice manager was responsible for the analysis and governance of significant events, incidents and near misses.
- There was a link on the practice's computer system available to all staff which accessed all active and in progress incidents. This included full details, circumstances, owners, and associated actions that had been completed and needed to be carried out. Staff told us they used this facility to monitor incidents and consider learning points, and that these were discussed in appraisals and meetings.
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included dedicated significant events, incidents and complaints meetings held monthly which were

attended by clinical and non-clinical staff of all grades. Staff involved in any of the incidents discussed always attended the meetings. We saw minutes from these meetings where significant events and learning points were discussed and actions allocated. These minutes were shared with the full staff team and summaries were included as standing agenda items in full practice and team meetings to ensure learning was embedded.

- We saw evidence of a range of regular external meetings attended by practice staff where significant events and incidents and associated learning points were discussed with the aim of improving patient safety. This included regional practice manager meetings, Clinical Commissioning Group (CCG) GP meetings and the CCG practice nurse forum.
- The practice was part of the South Leamington and Southam GP buddy group. This consisted of a group of eight practices who met formally every two to three months to discuss challenges and good practice, and to carry out peer reviews of significant events to improve patient safety. The group began to meet informally over two years ago and now the meeting process was formalised. Staff told us they used the relationships and links established as part of the process to discuss issues on an ad-hoc, informal basis when this was seen to be needed or beneficial to patient outcomes.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again

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

The practice had a system in place for managing, monitoring and responding to MHRA alerts. This was through an electronic log which was linked to the alerts and records of any actions taken.

We saw evidence that lessons learnt were shared and action was taken to improve safety for patients. For example:

Are services safe?

- Information about safety was used to promote learning and improvement and was shared with outside agencies. We saw evidence that MHRA and patient safety alerts had been discussed with local residential care homes as part of ongoing liaison to promote patient safety. The triage nurse responsible for co-ordinating care for the over 75s and the clinical pharmacist had visited care homes regularly and held meetings with staff.
- The clinical pharmacist had completed detailed medicine reviews for 39 patients in a six-month period and had met with GPs and nurses twice a month to discuss relevant alerts, developments and outcomes. These meetings were minuted and actions were allocated to promote patient safety.
- Dispensary staff had carried out regular audits and reviewed medicines alerts and had met with the GP dispensary lead to discuss these on a weekly basis. Learning points were documented and discussed in wider clinical and full staff meetings.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Those arrangements reflected relevant legislation and local requirements. Up to date policies were accessible to all staff on the practice's computer system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding which was one of the GP partners, and one of the nurses was the deputy safeguarding lead. The GPs and nurses attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions.
- Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses as a minimum to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were managerial, clinical and administrative leads for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. In-house infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken 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.

Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice dispensary was signed up to the Dispensary Services Quality Scheme (DSQS) and had completed annual dispensary audits which are a requirement of the scheme. We saw that the most recent audit had been carried out in the last six months.
- The practice had a designated GP lead for the dispensary. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and

Are services safe?

understood the SOPs and agreed to act in accordance with its requirements. The Standard Operating Procedures covered all aspects of work undertaken in the dispensary. We saw examples including those relating to dispensing general prescriptions, repeat prescriptions and dispensing controlled drugs. The SOPs that we saw were appropriate and reflected practice and would satisfy the requirements of the DSQS. The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments and updates which had been shared with staff.

- The dispensary lead told us they met with the designated GP lead on a weekly basis and we saw evidence that these meetings had taken place.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We saw evidence that the dispensers' competence had been checked regularly. Dispensary staff told us they were aware that their competence had been checked since they obtained their qualifications.
- The practice was offering dispensing reviews of use of medicines (DRUMs) which is a requirement of the DSQS. DRUMs are reviews carried out with patients into how they are using their prescribed medicines. There were confidential areas at the practice and branch surgery where these took place.
- We saw that dispensary staff completed a log of dispensing errors which included near misses. Staff told us these were discussed with any themes, trends and learning points shared with the full staff team. Dispensing errors were classified and dealt with as significant events where applicable.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of

the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions, receiving mentorship and support from the medical staff for this extended role.

- The branch surgery held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. These were being followed by practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were also arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs.
- The clinical pharmacist had carried out medicines reviews and worked with one of the practice nurses and outside agencies to implement a range of improvements. This included providing advice and guidance for patients, making improvements to and synchronising medicines ordering, and discussing waste reduction with residential homes and a community pharmacy. Staff told us this had significantly reduced polypharmacy and had saved an estimated £14,000 over an eighteen-month period. (Polypharmacy is the use of combinations of medicines by patients.)

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested during the last 12 months. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

Are services safe?

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms including at the branch surgery. This alerted staff to any emergency.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. We saw evidence that risks, emergencies and major incidents were discussed in full staff meetings.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice and branch surgery had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There was a stringent process in place to ensure that the equipment remained safe for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and branch surgery and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off-site.

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. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at weekly clinical meetings and minutes were produced. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Outcomes of these checks were discussed in clinical, team and full practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This is in line with the Clinical Commissioning Group (CCG) and national averages of 98% and 95% respectively.

The practice's exception reporting figures were in line with CCG and national averages. (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.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was similar to the CCG and national averages. For example 96% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 16% compared with the CCG average of 14% and the national average of 18%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 93% and 88% respectively. The practice's exception reporting rate for this indicator was 14% compared with the CCG average of 11% and the national average of 13%.
- Performance for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure), whose last measured blood pressure was under the recommended level, was 84% compared with the CCG average of 86% and the national average of 84%. The practice's exception reporting rate for this indicator was 2% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 71% compared with CCG and national averages of 77% and 75% respectively. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a member of the clinical team and discussed. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- The practice had carried out six clinical audits in the last year, and each of these were completed audits where the improvements made were implemented and monitored. This included an audit into minor surgery and aspirin use.
- The practice was liaising with local universities and commercial organisations to conduct research studies.
- The clinical pharmacist had completed detailed medicine reviews for 39 patients in a six-month period and had met with GPs and nurses twice a month to discuss findings and to identify and implement recommendations.
- Findings were used by the practice to improve services. For example, the clinical pharmacist had carried out reviews with patients using eight or more medicines. We saw evidence of reduced medicine use and improved patient satisfaction following the use of patient surveys.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff could evidence a range of specialist training for example in sexual health, asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- All staff had received training that included safeguarding, fire safety awareness, basic life support, dementia awareness, domestic abuse awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the practice intranet system.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs, for example patients at nearby care homes.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet. Patients were signposted to relevant services locally.
- A range of advice including smoking cessation, mental health, bereavement, counselling and sexual health was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 82%, which was in line with the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place 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 had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 77% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 76% and 72% respectively. We saw that 59% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 64% and 58% respectively.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and for five year olds from 90% to 98%. The CCG averages ranged from 97% to 99% for under two year olds and from 95% to 99% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, and NHS health checks for patients aged 40–74 and over 75.

- 526 checks for those aged 40–74 were completed within the last 12 months.
- 444 checks for those aged over 75 were completed within the last 12 months.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We saw that all members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Staff told us they always knocked on consulting room doors and waited to be invited in before entering.
- 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 told us there were rooms available for this.

We saw that 20 of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. There were a small number of negative comments relating to the difficulty in getting appointments.

We spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards indicated that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 85%.
- 90% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 98% and the national average of 95%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with CCG and national averages. For example:

- 87% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.
- 83% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. The practice had recognised the two largest non-English speaking groups of patients and had produced information leaflets, information about local support and self-care advice documents in Polish and Portuguese.
- Information leaflets and information about local support were available in an easy read format.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about local support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 115 patients as carers (1% of the practice list). Staff told us they were trying to identify more carers, for example the practice had worked in partnership with local organisations to provide annual carers' events – some of which were hosted at the practice – during national carers week. (National carers week is a yearly campaign to raise awareness of caring and highlight the contributions carers make and the challenges they experience.)

Written information was available to direct carers to the various avenues of support available to them which

included a noticeboard section in the reception area. Patients who were carers told us that they were signposted to local support services. Carers on the register were offered flu vaccinations each year.

The practice had an established and comprehensive approach to end of life care which was led and co-ordinated by one of the practice nurses. We saw evidence of extensive support offered to patients for example daily contact in some cases, and support provided to families with the help of outside agencies. We saw evidence that the practice nurse and clinical pharmacist had visited local residential care homes to provide end of life care. The practice nurse had won an award from the South Warwickshire GP federation in 2016 for co-ordinating end of life care provision for the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the reception team would send a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available on Tuesday mornings from 7am and Monday and Tuesday evenings from 6.30pm to 7.30pm.
- There were double appointments available for any patients needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice and all facilities were fully accessible for wheelchair users and there were automatic doors, a wheelchair friendly reception desk, disabled toilets and a lift in place.
- There was adequate onsite parking with designated disabled parking spaces.
- The practice website could be translated into a range of languages.
- The practice had a self-check-in screen in the reception area which could be translated into Polish and Portuguese.

The practice's main location and telephone lines were open from 8am to 6.30pm on weekdays and were closed at weekends. Appointments were available between 8.10am and 6pm on weekdays with extended hours appointments available on Tuesday mornings from 7am and Monday and Tuesday evenings from 6.30pm to 7.30pm.

The branch surgery was open for GP and nurse appointments and dispensary services on Monday, Wednesday and Friday mornings (9am to 11.40am), and Tuesday and Thursday afternoons (2.30pm to 5pm).

When the practice was closed services were provided by Care UK Warwickshire out of hours service. This was provided from 6.30pm to 8am and was accessed through the national NHS 111 number.

Pre-bookable appointments could be booked up to eight weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages:

- 53% of patients found it easy to get through to this surgery by telephone compared with the CCG average of 78% and the national average of 73%.
- 67% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 42% of patients felt they did not have to wait too long to be seen compared with the CCG average of 61% and the national average of 58%.

We spoke with five patients on the day of the inspection and three of them told us they were able to get appointments when they needed them. Two patients said they had experienced problems getting appointments when they needed them.

Practice staff told us they were aware of patients' views about access to the practice and had carried out surveys and worked with the Patient Participation Group (PPG) to look at improvements. Staff told us they were planning to increase access to appointments in the next few weeks by

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

offering more appointments and increased extended hours access. There was an action plan in place for this and we saw evidence that this had been discussed in team meetings.

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

We saw that alternative emergency care arrangements were made in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We saw that the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at 12 complaints received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate. Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw that complaints were discussed as part of dedicated significant events, incidents and complaints meetings with learning points shared throughout the practice.

Staff told us the practice was due to recruit an intern to consider patients' comments and complaints about access to appointments. Practice staff told us this would lead to a review of appointment times to help improve patient access.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a detailed 2016-2020 business plan in place which included development plans for staffing, infrastructure and IT support.
- The practice had a 2016-2020 training and development plan which was linked to the business plan.
- Staff were aware of the content of these documents and told us they had contributed to their development.

Governance arrangements

The practice had an overarching and comprehensive governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were easily accessible to all staff on the practice's computer system. Staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained including discussion at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements and this was discussed in dedicated meetings.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Oversight and monitoring of the full range of risk assessments and risk management was available in one place.
- The practice had systems for ensuring that oversight and monitoring of all staff training was in place. We saw that staff training logs had been documented and were up to date.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to and involve all members of staff.

The provider was aware of and had systems in place 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 support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, clear information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff told us that they felt supported by management.

- Staff told us the practice held regular team and full practice meetings plus dedicated meetings for specific areas for example significant events, incidents and complaints.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the partners in the practice, the Practice Manager and their colleagues.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The group met monthly at the practice and consisted of a membership of 25 patients, 15 of who attended all or almost all of the meetings.
- The practice manager and other staff attended and contributed to PPG meetings. Minutes and action logs were produced.
- The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made improvements to reception staff training after the PPG carried out a survey of patient views and shared this with the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

Continuous improvement

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

- The practice had set up the local Sydenham social prescribing project which aimed to address social and economic isolation. Patients were referred to a community development worker who met with patients in a setting suitable for them, including weekly surgeries at the practice. The project had referred 37 patients to local services during a six month period in 2016 and we saw examples of improved outcomes.
- The clinical pharmacist recruited by the practice as part of an innovation project had carried out 39 detailed patient reviews in a six month period. Staff told us the project had significantly reduced polypharmacy and had saved an estimated £14,000 over an eighteen-month period. (Polypharmacy is the use of combinations of medicines by patients.)