

Wargrave House Surgery

Quality Report

23 St Owen Street
Hereford
Herefordshire
HR1 2JB

Tel: 01432 272285
Website: www.wargravehousesurgery.co.uk

Date of inspection visit: 1 November 2016
Date of publication: 06/01/2017

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to Wargrave House Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Wargrave House Surgery on 1 November 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded including lessons learned.
- Safe arrangements were in place for staff recruitment that protected patients from risks of harm. The numbers of staff were regularly reviewed to enable them to meet patients' needs. The practice manager left in July 2016 and senior staff were in the process of recruiting. The assistant practice manager was fulfilling the role temporarily.
- There were on-going arrangements were in place to protect patients and others from unnecessary infections.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training had been encouraged and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their treatment.
- Senior staff had responded to the previous results of the National Patient Survey regarding access for appointments. A new appointment system was introduced in May 2016 and this was being monitored for effectiveness. All patients who requested same day appointments were triaged to ensure they received appropriate and timely care.
- Information about how to make a complaint was readily available and easy to understand. Complaints received were dealt with appropriately.
- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management sought feedback from patients which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Staff knew of the incident reporting system and documentation from incident reports supported this assurance process.
- Risks to patients were assessed and well managed and these were re-visited regularly or when their circumstances changed. This included health and safety arrangements.
- A pharmacist visited the practice weekly to carry out audits provide guidance to GP about safe and appropriate prescribing of medicines.
- There was an infection control protocol in place and arrangements to ensure that appropriate hygiene standards were maintained to prevent unnecessary infections.
- There were recruitment policies and procedure in place to ensure patients safety was protected. We were shown evidence where senior staff had adhered to the policies and procedures.
- Staffing levels were regularly monitored to ensure there were enough staff to meet patients' needs.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to local and national guidelines and legislation when assessing and treating patients.
- Staff had reviewed the needs of the local population and engaged with Herefordshire Clinical Commissioning Group (CCG) to secure improvements to patient care and treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were in line with the locality and national averages. The practice had achieved 97% of available QOF points in 2014/15 for managing long-term conditions and health screening. This compared with 98% locally and 95% nationally.
- Patients who were assessed as being at high risk regarding their care needs had been assessed jointly by GPs and by the community matron and care plans developed. This system is known as a (virtual ward'). This ensured that patients received

Summary of findings

seamless care and assisted in prevention of unplanned hospital admissions. District nurses and the community matron liaised with practice staff to ensure the needs of these patients were kept up to date.

- A GP partner had recently commenced identifying military veterans who were placed on a register. They intended to provide a listening service and sign post patients and their family members to a range of support services.
- There was evidence of appraisals and personal development plans for all staff to promote their increased knowledge and skills.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data published July 2016 from the National GP Patient Survey showed that the practice was comparable with local and national averages regarding aspects of care.
- Patients we spoke with told us they were satisfied with their care and some described the standard of care as high.
- Comment cards we received showed patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this.
- Patients told us they had their needs explained to them and they told us they were involved with decisions about their treatment.
- Carers were encouraged to identify themselves to enable staff to provide them with appropriate levels of support.
- Information for patients about the services available to them was readily available and easy to understand.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Most patients told us it was easy to make pre-bookable appointments, some said there was a delay. All patients spoken with told us that they could book same day appointments.
- The practice provided enhanced services. For example, avoiding unplanned admissions by carrying out health reviews and the development of individual care plans.
- The practice had good facilities and was well equipped to treat patients and meet their needs including medical emergencies.

Good



Summary of findings

- The practice was part of Taurus Healthcare, which enables patients to access to general medical care from 6am until 8pm weekdays and 8am until 8pm during weekends and bank holidays. This service was provided from Wargrave House and meant that patients might be seen by GPs or nurses from other practices. All clinical staff had access to patient's medical notes to promote appropriate assessments and treatments.
- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and appropriately when issues were raised. Learning from complaints was shared with all staff and other stakeholders.

Are services well-led?

The practice is rated as good for providing well-led services.

- Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff were well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There were policies and procedures to govern activity and these were accessible to all staff.
- There was focus on continuous learning and improvement at all staff levels.
- Senior staff actively sought patient feedback about the services they received and where possible made changes to improve them. For example, replacement of the telephone system to improve patient access.
- The Patient Participation Group (PPG) were active and staff responded positively to them when issues were raised or suggestions put forward. A PPG is a group of patients who represent the views of patients and work with practice staff to improvement services and the quality of care.
- Senior staff were considering ways of meeting the future care needs of patients.

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 had identified its patients who were aged over 75 and encouraged them to attend the practice for annual health checks.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Practice staff worked with other agencies and health providers to provide patient support. For example, Age UK.
- The practice maintained a palliative (end of life) register and care plans were in place for those it was appropriate for. Care plans were regularly reviewed and if necessary following multidisciplinary meetings to ensure patients received seamless care.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Flexible appointment times were offered to enable patients to attend the practice for their health reviews. Longer appointments and home visits were available when needed.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.
- Clinical staff worked with health and social care professionals to deliver a multidisciplinary package of care.
- Nationally reported Quality and Outcomes Framework (QOF) data for 2014-2015 showed the practice had achieved good outcomes in relation to conditions commonly associated with this population group. Performance for chronic obstructive pulmonary disease (COPD) was 96%; compared with the national average of 90%.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates for all standard childhood immunisations ranged from 94% to 99%. The Clinical Commissioning Group (CCG) results ranged from 89% to 97% and nationally from 73% to 95%.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Our discussions held with practice staff showed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Family planning advice was provided. Clinical staff provided minor surgery including intrauterine device (IUD), contraceptive coil fitting.

Working age people (including those recently retired and students)

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

Good



- The practice had adjusted its services to accommodate the needs of this population group.
- Telephone consultations were provided for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Extended hours were provided to improve patient access. This was from 6am until 8pm weekdays and 8am until 8pm during weekends; patients may be seen by a clinician from another practice.
- Online services were available for booking appointments and ordering repeat prescriptions; 36% of patients held an online account.
- The practice website and the practice leaflet gave advice to patients about how to treat minor ailments without the need to be seen by a GP. Copies of this were also available in the practice.
- Patients we spoke with told us that clinical staff routinely provided healthy living advice to promote their well-being.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Health checks for patients who had a learning disability took place. Data informed us that all 55 patients who had a learning disability had received their annual health check during 2014-2015. A GP partner specialised in this area.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place for referring patients to other agencies and support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing. There was a clinical lead for dealing with vulnerable adults and children.
- The practice kept a register of carers; staff had identified 3% of patients who were carers. Clinical staff offered them guidance, suggested support groups and offered them the flu vaccination each year.
- A GP partner was in the early stage in identifying and coding patients who were military veterans to enable them to signpost these patients to a range of support services.

People experiencing poor mental health (including people with dementia)

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

Good



- 92% of patients who experienced poor mental health had received a mental and physical health check during 2014-2015 and were involved in developing their care plans. It compared with the CCG data of 92% and national data of 88%.
- Practice staff regularly worked with multi-disciplinary teams in the case management of patients who experienced poor mental health, including those with dementia. These patients were routinely offered same day appointments.
- There was a designated lead GP for patients who experience poor mental health.
- A community psychiatric nurse (CPN) held clinics at the practice one or two times a week. A community dementia nurse held a clinic at the practice every alternate week.

Summary of findings

- GPs carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients well-being.
- Referrals to other health professionals were made when necessary. For example, the community mental health team.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed that feedback was in line with local and national averages. A total of 229 questionnaires were distributed with 114 responses received, this equated to a 50% response rate and 1.2% of the total number of registered patients.

- 89% of patients found the receptionists at this surgery helpful compared with a CCG average of 90% and a national average of 89%.
- 78% of patients found it easy to get through to this surgery by phone compared with a CCG average of 80% and a national average of 73%.
- 72% described their experience of making an appointment as good compared with a CCG average of 80% and a national average of 73%.
- 94% of patients said the last appointment they got was convenient compared with a CCG average of 95% and a national average of 92%.
- 36% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 28% and a national average of 35%.

During our inspection we spoke with six patients. They told us they were satisfied with the care and treatment they received. They all told us they could make same day and pre-bookable appointments. Two patients told us there was a two to three week wait if they wanted to see a specific GP.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards all were positive about the standard of care they received. Some described the care as excellent. One comment reported that receptionists were rude and they could not get appointments. All other comment cards commented on how polite and helpful staff were including receptionists. Two cards made reference to a GP partner and the high standard of care they received from them.

We also spoke with one member of the Patient Participation Group (PPG) who was also a registered patient and communicated with another member by email. A PPG are a group of patients registered with a practice who work with the practice via email to improve services and the quality of care. They told us they were very satisfied with the care they received.

Wargrave House Surgery

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 advisor.

Background to Wargrave House Surgery

Wargrave House Surgery is located in the centre of Hereford and provides primary medical care to people who also live in the town and its surrounding suburbs. There are approximately 9,030 patients registered at the practice. The practice holds a General Medical Services (GMS) contract, a nationally agreed contract commissioned by NHS England. There is a slightly higher than average age group of registered female patients aged between 55 and 85 and above. There are 861 patients registered who are aged 75 and above, this equates to 10% of the practice population.

The practice is managed by five GP partners (two male, three female) and they are supported by three salaried GPs. The practice employs two nurse practitioners and an independent nurse prescriber who sees patients who have minor illnesses. They carry out reviews of patients who have long term conditions such as, diabetes, asthma and hypertension. They also provide cervical screening and contraceptive advice. There are two health care assistants (HCA) who carry out duties such as, phlebotomy (taking blood for testing), health checks and flu vaccinations.

The practice manager left the practice in July 2016. The assistant practice manager has been carrying out the practice manager role and functions for three months. They are supported by six receptionists, three administrators and one medical secretary.

There is a pharmacist who works at the practice for one session per week one day per week to carry out audits and provide guidance to GPs about appropriate prescribing of medicines for patients. A community psychiatric nurse provides one or two clinical sessions per week, a community dementia nurse provides one session on alternate weeks and a physiotherapist works at the practice twice a week.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, minor surgery, injections and vaccinations.

There is no dedicated parking for patients; there is free on street parking outside the premises for up to 30 minutes and car parks within the town. There are a number of disabled parking spaces directly outside the front of the premises. The premises have been adapted to make it wheelchair friendly for most areas of the ground floor. There is a disabled toilet.

The practice is open from 8am until 6pm Mondays and Fridays and Saturdays from 9am until 1pm.

Appointments times vary between GPs:

- From 8am until 9.30am telephone consultations are held.
- Patients have face to face appointments from 9.30am until 11.30am or 12pm.
- Patients who request same day appointments are given a half hour window when they can turn up and wait to be seen.
- From 3pm until 3.30pm further telephone consultations are held.

Detailed findings

- From 5pm until 6pm patients who request same day appointments are given a half hour window when they can turn up and wait to be seen.

Extended hours are:

- From 9am until 1pm each Saturday, patients can be seen by a practice nurse and occasionally by a GP.
- From 7am each Tuesday and Friday patients can attend and be seen by a HCA. This service mainly concerns phlebotomy (taking blood samples).

The practice has joined up with other local practices as part of Taurus Healthcare. Patients from this and other practices can be seen at Wargrave House Surgery from 6am until 8pm each weekday and from 8am until 8pm during weekends and bank holidays. This means that patients may not be seen by a GP or nurse from their own practice but clinical staff have access to all patient's records to ensure appropriate assessments and treatments are provided.

Patients who request a home visit are telephone triaged by a GP to enable them to prioritise patients.

The practice has opted out of providing GP services to patients out of hours during night times. During these times GP services are provided currently by a service commissioned by NHS Clinical Commissioning Group (CCG), Primecare located in the GP Access Centre. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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)

Before inspecting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 1 November 2016. During our visit we spoke with a range of staff including three GP partners, a nurse practitioner and a health care assistant, the acting practice manager and two receptionists. We spoke with six patients who used the service and one Patient Participation Group (PPG) member and another by email who were also registered patients. We observed how people were being cared for and talked with carers and/or family members and reviewed how personal care and treatment was provided. We reviewed 22 comment cards where patients and members of the public shared their views and experiences of the service provided.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again. Senior staff carried out a thorough analysis of significant events.
- There had been 10 significant events recorded in the last year and we saw that they had been dealt with appropriately.
- We reviewed safety records, MHRA (Medicines and Healthcare Products Regulatory Agency) alerts; incident reports patient safety alerts and minutes of meetings where these were discussed. We saw that medicines alerts were sent to staff on their arrival, we saw evidence that patients and medicines searches were carried out and appropriate actions taken. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, a newly registered patient became unwell but information requested in the registration form had not been provided. The system for registration was reviewed and changes made to prevent a similar occurrence.

Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management.

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of

staff for safeguarding and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had been taken.

- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone 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). Non-clinical staff had received training before they were permitted to act as chaperones. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse followed by the acting practice manager were the infection control leads and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol in place for staff to follow. An infection control audit was carried out annually; we saw that any actions identified had been addressed. The latest audit was dated July 2015 and we raised this with staff. We were informed that another audit had been carried out the day after our inspection. The lead nurse (recently designated) told us they planned to search for specialist training they could attend. Weekly visual checks were carried out and recorded using the report provided by the cleaning company to check the standards of hygiene.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Are services safe?

- Patients who received high risk medicines were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had Patient Specific Directives (PSDs) that permitted healthcare assistants (HCAs) to administer medicines by injection and vaccinations.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- A pharmacist worked at the practice for one session per week. They were carried out a range of audits and gave GPs guidance to promote appropriate prescribing.
- We reviewed three personnel files including a salaried GP and found that 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 DBS checks. We saw that appropriate checks were carried out when the practice used locum GP cover and that a role specific induction was provided.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

Monitoring risks to patients

- There were procedures in place for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.

- 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 (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. For example, due to difficulties in patient access by phone another receptionist was recently recruited. All staff absences were covered by other staff re-arranging or working extra shifts and re-organising patient's appointments. Locum GPs were used to cover GPs annual leave.

Arrangements to deal with emergencies and major incidents

Appropriate arrangements were in place to deal with emergency situations.

- All clinical and non-clinical staff received regular basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and these were checked regularly.
- Appropriate emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- 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 this were held off site by each GP partner to eventualities such as loss of computer and essential utilities.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and 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 sample checks of patient records.
- An enhanced service was in place which included detailed assessments of patients who presented with memory problems. This ensured timely diagnosis of dementia and appropriate support plans to promote improved life styles.
- Patients of all unplanned hospital admissions were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). Comparisons were also made with the local Clinical Commissioning Group (CCG). The practice's overall QOF achievement for 2014-2015 was 97%.

Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

QOF data published in July 2016 showed the practice was performing in line with CCG and national averages;

- The review rate for atrial fibrillation (irregular heart beat) was 98%; which was comparable with the CCG average of 99% and 98% national average. The practice exception reporting rate was 5% compared with 10% for the CCG and 11% nationally.
- The review rate for patients who experienced poor mental health was 92%; which was comparable with the CCG average of 92% and 88% national average. The practice exception rating was 11% compared with the CCG average of 11% and the national average of 11%.
- Performance for chronic obstructive airways disease (COPD) related indicators were 96%; which was comparable with the CCG average of 93% and 90% national average. The practice exception reporting rate was 12% compared with 10% for the CCG and 12% nationally.
- Performance for asthma was 83%; which was comparable with the CCG average of 78% and 75% national average. The practice exception rating was 7% compared with the CCG average of 6% and the national average of 7%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mm Hg or less was 85%; which was comparable with the CCG average of 84% and 84% national average. The practice exception reporting rate was 2% compared with the CCG average of 4% and the national average of 4%.
- The percentage of patients with diabetes with a record of foot examination and risk classification within the preceding 12 months was 95%; which was comparable with the CCG average of 90% and 88% national average. The practice exception reporting rate was 7%; compared with the CCG of 5% and 8% national average.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. Audits were planned to be repeated to demonstrate that improved patient care was provided. They included:

- An audit of the treatment provided for patients of a specific age group who had type one diabetes. The audit had been repeated to ensure that the changes made from the first audit had been effective.

Are services effective?

(for example, treatment is effective)

- Another audit concerned atrial fibrillation (irregular heart beat) and the medicine prescribed for these patients. It had been repeated to ensure that improvements had been sustained.
- On-going audits regarding GP prescribing were carried out by the pharmacist and changes were recommended where necessary.
- Another on-going audit was carried out for patients who had received minor surgery regarding post procedure complications. The practice reported that to date there had been no post procedure infections.

During the last 12 months clinicians had completed six clinical audits and another was in progress. We found that due to the departure of a senior member of staff some clinical audits had not been repeated. We raised this with staff during our inspection and two days later received confirmation that the re-audits had been carried out.

Nursing staff and health care assistants (HCA) held weekly meeting to discuss the most appropriate care and treatments for patients.

Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, policies and procedures and confidentiality. We spoke with a nurse practitioner who described the induction programme they had received.
- The practice had a training programme in place and extra courses were provided that were relevant to specific roles to enhance staff skills. For example, a nurse practitioner held a diploma in diabetes.
- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and

mentoring, clinical supervision and facilitation and support for revalidating GPs. They told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- The practice held quarterly protected learning time when all staff discussed clinical issues, safeguarding, patient care, operational matters and training. They invited speakers to these events to talk about specific health conditions to enhance their knowledge and skills.

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 their intranet system.

This included care and risk assessments, care plans, medical records and investigation and test results.

- Information such as NHS patient information leaflets were available for patients to take away with them.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and the out of hours' care team.
- Practice staff carried out 'social prescribing'. This meant that staff made referrals to a range of professional support groups such as; Age UK, mental well-being and housing support. These services promoted patients' lifestyle and well-being.
- Care plans were in place for patients who had complex needs and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.
- Patients who were assessed as being at high risk regarding their care needs had been assessed jointly by GPs and regularly by the community matron (virtual ward'). This ensured they received seamless care. District nurses and the community matron liaised with practice staff to ensure the needs of these patients were kept up to date.

Are services effective?

(for example, treatment is effective)

- A community psychiatric nurse provided one or two clinical sessions per week, a community dementia nurse provides one session on alternate weeks and a physiotherapist worked at the practice twice a week.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, although we noted one exception.

- All 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. Younger patients we spoke with told us they were treated in an age appropriate way, their health explained to them and they gave consent for treatment.
- When consent was obtained, it was recorded in patient records. We were provided with templates used to record patient consent, for example, when contraceptive implants were fitted.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. All eligible patients who attended the practice had received advice on obesity.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme was 75%; compared with the CCG average of 81% and the national average of 82%. The practice exemption rate was 3% compared with 5% for the CCG average and 6% national data. A GP told us that they were aware of the

lower than average rate. There were some Eastern European patients registered at the practice who preferred not to undergo this screening procedure. Staff had commenced contacting patients to remind them of the importance of cervical screening.

- Those patients who had mobile phones received a text reminder about their booked appointments. Patients who had not attended reviews were followed up and contacted and asked to make an appointment.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Data showed us that 68% of eligible female patients had attended for breast screening during a 36 month period; compared with the CCG average of 73% and the national average 72%.
- Also 61% of eligible patients had undergone bowel screening in the last 30 month period; compared with the CCG average of 62% and the national average of 60%.
- Newly registered patients received health checks and their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99%; compared with 94% to 97% for the CCG and 73% to 95% nationally. The immunisation rates for five year olds were from 94% to 98%; compared with 89% to 96% for the CCG and 81% to 95% nationally.
- A GP partner had recently commenced a register for patients who were classified as military veterans. The purpose was to provide advice and signpost them to various agencies that could provide assistance for these patients. For example, housing, further education, financial advice and mental health. The senior partner had developed relationships with local charities that may also provide assistance for patients.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very 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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 32 Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A number of the comment cards made reference to individual staff and their professional attitudes.
- We spoke with one member of the Patient Participation Group (PPG) and communicated with another member by email. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All patients we spoke with told us that staff were courteous and helpful.

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

- 91% of patients said the GP was good at listening to them compared with the CCG average of 93% and the national average of 89%.
- 98% 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 89%.

- 88% of patients said the last GP they saw or spoke with was good at treating them with care and concern; compared with the CCG average of 90% and the national average of 85%.
- 93% of patients said the nurse was good at listening to them; compared with the CCG average of 93% and the national average of 91%.
- 95% of patients said they had confidence and trust in the last nurse they saw or spoke with; compared with the CCG average of 98% and the national average of 97%.
- 91% of patients said the last nurse they spoke with or saw was good at treating them with care and concern; compared with the CCG average of 93% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey published July in 2016 showed how patients felt about their involvement in planning and making decisions about their care and treatment. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments; compared with the CCG average of 92% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care; compared with the CCG average of 87% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments; compared with the CCG average of 93% and the national average of 87%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care; compared with the CCG average of 88% and the national average of 85%.

We spoke with the practice manager about the lower than average explanations provided to patients by GPs. They told us that GPs had been made aware of this and discussions were in progress for making improvements.

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

Are services caring?

- We saw a range of health promotion advice and leaflets about long term conditions were in the waiting area that provided patients with information and support services they could contact.
- The practice leaflet provided information about the operations of the practice and the practice website provided information on how to treat minor ailments.
- Staff told us that translation services were available for patients who did not have English as a first language.

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 counselling services offered within the practice was available on the practice website. GPs offered relatives/carers support and if necessary an appointment was offered to them.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the total practice list as carers. Practice staff advised us that when new patients joined, they were asked about any carers responsibilities and they were signposted to a local carer's service. Information was also available on the practice's website. Flu vaccinations were offered to carers.

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.

- All requests for same day appointments were triaged to ensure that a face to face appointment was necessary and to determine if they needed to be seen by a nurse practitioner or a GP.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- Urgent access appointments were available for children and those with serious or complex medical conditions. These patients were seen on the day even if the clinical sessions were fully booked.
- Patients received text messages to remind them of their pending appointment.
- Home visits were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored.
- The patient information pack provided a wealth of information and advice about minor conditions.
- A designated GP made weekly visits every two weeks to two assigned care homes.
- GPs provided shared care to a nearby walk-in drug clinic. GPs assessed patients and prescribed medicines.

Access to the service

Appointments times varied between GPs:

- From 8am until 9.30am telephone consultations were held.
- Patients had face to face appointments from 9.30am until 11.30am or 12pm.
- Patients who requested same day appointments were given a half hour window when they could turn up and wait to be seen.

- From 3pm until 3.30pm further telephone consultations were held.
- From 5pm until 6pm patients who requested same day appointments were given a half hour window when they could turn up and wait to be seen.

Extended hours were:

- From 9am until 1pm each Saturday, patients could be seen by a practice nurse and occasionally by a GP.
- From 7am each Tuesday and Friday patients could attend and be seen by a HCA. This service mainly concerns phlebotomy (taking blood samples).

A new appointment system was introduced in May 2016 following the results of the patient survey where patients reported difficulty in obtaining appointments. The system was being monitored for its effectiveness.

The practice had joined up with other practices as part of 'Taurus Healthcare'. Patients from this and other practices could be seen at Wargrave House Surgery from 6am until 8pm each weekday and from 8am until 8pm during weekends and bank holidays. This means that patients may not be seen by a GP or nurse from their own practice but clinical staff had access to all patient's records to ensure appropriate assessments and treatments are provided. We spoke with two patients who had used this service several times. They told us they were very happy with it.

Results from the National GP Patient Survey published July 2016 showed the degree of patient satisfaction with how they could access care and treatment. For example:

- 78% of patients said they could get through easily to the surgery by phone; compared with the CCG average of 80% and the national average of 73%.
- 85% of patients said they were able to get an appointment to see or speak with a nurse or GP; compared with the CCG average of 89% and the national average of 85%.
- 72% of patients described their experience of making an appointment as good; compared with the CCG average of 80% and national average of 73%.
- 77% of patients reported they were satisfied with the opening hours; compared to the CCG average of 79% and the national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

Patients who contacted the practice to request a home visit were placed into the telephone triage system whereby one of the GPs made telephone contact with the patient to discuss their needs. The GP then made an informed decision and prioritised the home visits according to clinical need.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

- The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy informed who the patient should contact if they were unhappy with the outcome of their complaint.
- The practice kept a complaints log of minor complaints to identify and act upon any trends. There had been 19 formal complaints received over the past 12 months; two of these did not concern patient care.
- We saw that complaints had been dealt with in an effective and timely way. Complaints were discussed with staff to enable them to reflect upon them and any actions taken to reduce the likelihood of future incidents. Complaints were reviewed regularly during staff meetings to ensure that appropriate actions had been taken.

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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. There was a statement of purpose with clear aims and objectives which staff understood.

- Clinical staff met regularly with other practices and through the Federation and Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered the needs of the future that included the proposed transfer of secondary care services to primary care and how these could best be delivered.

Governance arrangements

There was a clear leadership structure in place and staff felt supported by management.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care. There was a culture of transparency between all staff.
- Clear methods of communication that involved the whole staff team and other healthcare professionals disseminated best practice guidelines and other information.
- Practice specific policies were implemented and were available to all staff.
- The practice manager had left over 3 months ago. Senior staff informed us they were in the process of recruiting. The assistant practice manager was temporarily acting up into the role. We were told that the role would possibly filled soon. They told us that they had received advice and support from other practice managers in carrying out the role.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice effectively and promote high quality care. All staff we spoke with during the inspection demonstrated that they made positive contributions towards the running of the practice.

- They prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. Staff we spoke with told us they were encouraged to consider their training needs with a view to enhancing their roles.
- The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents practice staff gave affected people reasonable support, information and if necessary, written apology. We saw evidence of where 'duty of candour' had been applied when staff had openly explained and gave apologies to patients.

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.

- It had an established Patient Participation Group (PPG) and liaised via email. PPG are a group of patients registered with a practice who work with the practice to improve services and the quality of care. We spoke with a member of the PPG and communicated with another member by email. They told us that practice staff communicated well with them and listened to any concerns that were raised. For example, the PPG had suggested that an improved telephone system would be beneficial and the practice had responded to this.
- The PPG had not attended any face to face meetings; members told us they would like the opportunity to attend meetings. The acting practice manager informed us they were in the process of arranging a meeting.

Are services well-led?

Good 

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

- Information was gathered from patients and staff through meetings and appraisals about issues, concerns or where improvements could be made. Staff members were asked to comment before the changes were implemented.