

# Pear Tree Surgery

## Quality Report

28 Meadow Close, Kingsbury,  
Tamworth, B78 2NR

Tel: 01827 872755

Website: [www.peartreesurgery.nhs.uk](http://www.peartreesurgery.nhs.uk)

Date of inspection visit: 24 May 2016

Date of publication: 02/08/2016

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

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Pear Tree Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pear Tree Surgery on 24 May 2016. Overall the practice is rated as good.

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

- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Patients told us they said they were treated with dignity, respect and compassion. Patients were involved decisions about their care and treatment.

- Urgent same day patient appointments were available when needed. All patients we spoke with and those who completed comment cards before our inspection said they were always able to obtain same day appointments.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons learned were not repeated.
- Patients said GPs gave them enough time.
- Risks to patients were assessed and well managed.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events. They were fully reviewed at every staff meeting.

**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



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- Risks were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment. We saw evidence that staff were actively encouraged to develop their professional qualifications.
- Care was delivered by staff according to current evidence based guidance.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- All staff received appraisals and had personal development plans.
- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- The results of the National GP Patient Survey published in January 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.

# Summary of findings

- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its local population and tailored services appropriately. For example, as the practice was some distance away from the nearest hospital, patients requiring a referral could be referred to either George Eliot Hospital, Nuneaton or Good Hope Hospital, Sutton Coldfield.
- Patients told us they were always able to obtain a same day appointment when needed.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work.
- Processes were in place to monitor and improve quality and identify risk.
- The practice sought feedback from patients and staff. It carried out its own patient survey, which it acted on. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.
- There was a strong emphasis on learning and improvement. We received feedback from trainee clinical staff to say how supportive and 'learning friendly' the practice was.

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



- Older patients were given personalised care which reflected their needs.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

### People with long term conditions

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

Good



- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- The practice achieved a 96% vaccination record for diabetes patients during 2015-2016.
- Longer appointments and home visits were available when needed.

### Families, children and young people

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

Good



# Summary of findings

- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- A total of 87% of eligible patients had received cervical screening in the last 12 months. This was above the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with or above average for the Clinical Commissioning Group (CCG).
- We saw positive examples of joint working with midwives. The practice carried out post-natal appointments. Ante-natal appointments could be booked with the midwife team at either the practice or the nearby Sure Start Centre in Kingsbury.
- Family planning services were available and all the practice nurses were trained to carry out contraceptive pill checks.
- Health visitors attended a monthly meeting at the practice.

## **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 practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available on Saturday mornings.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- The practice held a walk in service from 8am to 10am during the week and any patient who walked in would be seen.
- A full range of services appropriate to this age group was offered, including travel vaccinations.

**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 supported vulnerable patients to access various support groups and voluntary organisations.
- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.

**Good**



# Summary of findings

- Travellers were registered at the practice and the practice worked with the local health visitor team to ensure they were able to receive appropriate health care.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients who were diagnosed with depression received a follow up from a GP within eight weeks of diagnosis.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was largely performing in line with local and national averages for care, although some areas regarding patient access to the practice were below average and the practice was working to improve these. 252 survey forms were distributed and 114 were returned. This represented 1% of the practice's patient list.

- 54% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 68% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 72% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, all of which were positive about the standard of care received. Patients said they could always obtain an appointment for the same day when needed, appointments were always on time and GPs and nursing staff always gave them enough time. One patient who made positive comments also said that you sometimes had to wait to obtain a routine appointment.

We spoke with nine patients during the inspection. One patient was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All the patients we spoke with said they were satisfied with the care they received and thought staff were excellent, always treated them with respect and gave them the time they needed.

Trainee GPs and medical students based at the practice used comment cards to tell us they were fully supported at the practice and the training provided was excellent.



# Pear Tree 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 and a practice manager specialist advisor.

## Background to Pear Tree Surgery

Pear Tree Surgery is located in Kingsbury, near Tamworth. The practice is run as a partnership and provides primary medical services to patients in a semi-urban area. There is also a branch surgery at Hurley which patients can also use. Hurley also has a practice dispensary which can be used by Pear Tree Surgery patients. They also offer a home delivery service for medicines. The branch surgery was not inspected as part of this inspection. The practice is located in a purpose built facility and has 10,500 patients registered.

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

The practice has three partner GPs and three salaried GPs (a mix of male and female) and four practice nurses (one shortly due to retire). They are supported by a practice manager and administrative and reception staff. An additional salaried GP has been recruited due to increased patient demand and starts in September 2016.

The practice is open from 8.00am to 6.30pm during the week. A walk in service for patient appointments is available from 8am to 10am and then appointments are

provided from 10am to 11.30am and from 2pm to 5pm. A daily duty GP is available on the telephone between these appointment sessions and until 6.30pm. Extended hours appointments are available on Saturdays from 8am to 12.30pm. When the practice is closed, patients can access out of hours care provided by Care UK through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

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

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

Pear Tree Surgery is an approved training practice for doctors who wish to become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

## 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 our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 24 May 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- 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.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We reviewed policies, procedures and other information the practice provided before the 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 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

The practice had an effective system in place for reporting and recording significant events.

- Pear Tree Surgery carried out a thorough analysis of significant events. We saw 10 had occurred within the last 12 months. All had been recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented.
- Staff we spoke with described the incident reporting procedure and we were shown the recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, 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, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a medicines fridge thermometer developed a fault, the correct procedure was followed to ensure there was no risk to patients. A revised method of recording fridge temperatures was introduced and the equipment checked to confirm it was working correctly. Following this incident, the practice decided to split stocks of medicines between two fridges to ensure stock was always available if one failed.

### Overview of safety systems and processes

We saw that Pear Tree Surgery had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by The Warwickshire Multi-Agency Safeguarding Hub

(MASH). Staff told us how they could access these policies and we saw evidence of them. They 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 who had been trained to the required level 3. All clinical staff had also been trained to this level. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- All children who were a cause for concern were discussed in the monthly clinical meeting and raised in the multi-disciplinary meetings when appropriate.
- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A GP partner was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in December 2015. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- There was a notice in the waiting room to inform 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 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.
- There were suitable arrangements in place for managing medicines. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, 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. This included forms used in computer printers.
- There were Patient Group Directions (PGDs) in place to allow nurses to administer medicines in line with legislation.

## Are services safe?

- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Some staff had DBS risk assessments carried out.

### Monitoring risks to patients

Risks to patients were assessed and well managed by the practice.

- Risks to patient and staff safety were monitored in an appropriate way. The practice had up to date fire risk assessments (last carried out in November 2015) and undertook regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use (checked November 2015) and clinical equipment was checked to ensure it was working properly. This had last been checked in March 2016.
- 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). A Legionella risk assessment had been carried out in February 2015.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. 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 for each other when absent. A regular locum GP was used when a GP was absent.

### Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use the branch surgery if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.
- Staff were interchangeable between Pear Tree Surgery and the branch surgery at Hurley. In times of staff shortage and unexpected high patient demand they could bring extra staff into the practice.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Pear Tree Surgery 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 for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place to keep all clinical staff up to date. Staff had access to guidelines from 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 random sample checks of patient records.

### 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 (2014-2015) showed that the practice achieved 97% of the total number of points available with 9% exception reporting. This total was the same as the Warwickshire North Clinical Commissioning Group (CCG) average, but the practice's exception reporting was slightly higher than the 8% average within the CCG.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- Coronary heart disease. The practice achieved 100% with an exception rate of 8%. The overall score was above the CCG average of 97% with the same exception rate.

- Hypertension (high blood pressure). The practice achieved 100% with an exception rate of 3%. This was similar to the CCG average of 99% with an exception rate of 3%.
- Dementia. The practice achieved 100% with an exception rate of 3%. This was above the CCG average of 97% with an exception rate of 6%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was 97%, above the CCG average of 91%.
- Performance for asthma was 100%, above the CCG average of 97%. The practice exception reporting was 8%, compared with the CCG average of 7%.

There was evidence of quality improvement including clinical audit.

- A programme of clinical audit was in place. We examined two of these where the improvements made were implemented and monitored. For example, the practice did not receive information about changes to warfarin (a blood thinning medication) prescribed to patients directly by the local anti-coagulation unit. The practice carried out regular audits of these patients to ensure patient records were updated when patients requested repeat prescriptions.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken has resulted in risk assessments being carried out for patients type of hormone used to delay menstruation.

### Effective staffing

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

- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff had received an appraisal within the last 12 months. Staff we spoke with confirmed this.

# Are services effective?

## (for example, treatment is effective)

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- For planned and long term GP absence, Pear Tree Surgery used locum GPs known to the practice.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2.5% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, when patients moved between services or when they were discharged from hospital. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, 30 patients had received help and advice to stop smoking. 51% had ceased smoking as a result.
- Patients with asthma were encouraged to attend regular reviews with a practice nurse. This also included inhaler advice and technique.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.

The practice's data for the cervical screening programme was above that for the CCG - 87%, compared to the CCG average of 83% and the national average of 82%. There was a policy to write to patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Systems were in place to ensure results were received and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were broadly similar to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds were also 100%. This compared to a CCG average of 96% to 98%.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. 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

During our inspection of Pear Tree Surgery we saw staff treated patients with kindness and respect at all times.

- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Out of 19 patient Care Quality Commission comment cards we received, all contained positive comments 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. One patient made positive comments, but also said that there might be a wait for a routine appointment.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring and respected patients.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for some satisfaction scores for consultations with GPs. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in January 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 local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this.
- Information leaflets could be made available in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

## Are services caring?

- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this.
- The practice actively signposted young carers to the Children's Society Young Carers Project and stocked information about their services.

### **Patient and carer support to cope emotionally with care and treatment**

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. The practice was working to identify carers who were 'hidden' through discussion, information displayed in the waiting room and at community events. Written information was available to direct carers to the various avenues of support available to them. This included a local support group and networking.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered walk-in appointments on weekdays from 8am to 10am.
- Same day appointments were available for all patients when required.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- There were facilities available for patients with disabilities, this included gripped paving slabs on the slope to the practice entrance and two wheelchairs for use on the premises.
- A translation service was available for patients who did not speak English as a first language.
- Appropriate staff training was carried out. For example, staff had recently received dementia awareness training.

### Access to the service

The practice was open from 8.00am to 6.30pm during the week. A walk in service for patient appointments was available from 8am to 10am and then appointments were provided from 10am to 11.30am and from 2pm to 5pm. A daily duty GP was available on the telephone between these appointment sessions and until 6.30pm. Extended hours appointments were available on Saturdays from 8am to 12.30pm. When the practice was closed, patients could access out of hours care provided by Care UK through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

Patients we spoke with said they did not usually have to wait long to be seen when they used the walk-in service. Patients were usually seen in the order they arrived, however, those who were seriously unwell, potentially infectious and younger children were prioritised.

There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice. Medicines could be collected from the dispensary at the branch surgery and a home delivery service was also available.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 54% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 76%.

We discussed these results with the GP partners and practice management. Patient access had been a concern due to increased patient numbers. To tackle this, the practice had made a number of changes to its appointment system and introduced the walk-in service on weekday mornings. Additional staff cover had been introduced on busier days, including the day after a bank holiday. An additional salaried GP had been recruited from September 2016 and problems with the telephone system had been resolved. The practice continued to monitor this and expected the survey results to improve. Patients told us on the day of the inspection that they were able to get appointments when they needed them, could usually get through on the telephone and could always get an appointment on the same day if it was needed.

### Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Then practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

We looked at two complaints received in the last 12 months and found they were handled in accordance with their complaints procedure and dealt with in a timely way. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints, for example, by reviewing the process for ordering repeat prescriptions.

# 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

Pear Tree Surgery had a clear direction and vision. The practice had values which were understood by staff and used in patient literature. This included the aim to provide a high standard of medical care and be patient centred.

### Governance arrangements

There was a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- The staff structure was clearly defined and staff were aware of their own roles and responsibilities and who they reported to. The practice provided additional support and training to ensure staff were developed within those roles.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with concerns raised in the National GP Patient Survey.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

### Leadership and culture

We saw how the partners of Pear Tree Surgery and its management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns.

There were 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. The partners encouraged a culture of openness,

approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- Staff we spoke with told us felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.

### 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.

- The practice had a Patient Participation Group (PPG) which was being re-launched in June 2016. A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, finding ways to resolve problems with the telephone system.
- A member of the PPG was also a PPG member at George Eliot Hospital in Nuneaton. This enabled information and ideas to be shared.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- The latest available results from the NHS Friends and Family Test (April 2016) showed that 100% of patients who responded were either likely or highly likely to recommend the practice to friends and family.
- The practice actively recorded all compliments received and shared these with staff.

# Are services well-led?

Good 

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

## Continuous improvement

As a training practice, Pear Tree Surgery aimed to share best practice and also learn from the students based there.

Staff development and training was also linked to the staff appraisal scheme and staff we spoke with told us they were fully supported within the practice and if problems occurred in their personal lives.