

Bulkington Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bulkington Surgery on 18 January 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- There was a consistently high level of patient satisfaction with all aspects of the practice and care received.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.

- 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 needs had been identified and planned.
- GPs had areas of specialist training that took into account the needs of the practice population.
- Risks to patients were assessed and well managed.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Information about services and how to complain was available and easy to understand.

We saw the following areas of outstanding practice:

Summary of findings

- The practice was aware of the effects of loneliness on older people and worked with the University of the Third Age (U3A) which ran a befriending service in the village community centre. This was used by 10-20 patients every month.
- Review the frequency of checks of uncollected prescriptions to minimise the risk of patients not receiving their medicines as prescribed.

However there were areas of practice where the provider should make improvements:

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. Staff understood their responsibilities to raise concerns, and identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse and staff had received appropriate training. There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

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

The practice had the lowest accident and emergency (A & E) attendance rate within the Warwickshire North Clinical Commissioning Group.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality. There was a high level of patient satisfaction.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and

Good



Summary of findings

engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day.

The practice building was purpose built and well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had a large number of patients within this population group (26% of the total) and cared for patients who lived within warden supported accommodation on three sites. Proactive, personalised care was offered to meet the needs of the older people in its population. Clinical staff had an area of interest in older people and this was reflected in their training and experience. A GP attended the annual national conference for the care of the elderly and all GPs had completed training in safe prescribing in older people which had resulted in a reduction in anti-biotic prescribing.

A dementia care protocol was in place which detailed how the care of patients with dementia should be managed. Patients had an annual review (or more frequently if needed) with their carer, where appropriate. The practice was aware of the effects of loneliness on older people and referred patients to the University of the Third Age (U3A) which ran a befriending service in the village community centre.

Home visits were offered for those unable to reach the practice. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice was delivering its 2015-2016 flu vaccination programme. The practice was involved with a frailty audit project which targeted patients who had been identified as being at increased risk. These patients were under enhanced review by a GP and the community nursing team. This work was also carried out in conjunction with social services and had resulted in a lower than average unplanned hospital admission rate for this population group.

A scheme was also in place to refer older patients to local leisure centres for supervised exercise classes for older people.

The practice had a protocol in place which encouraged advanced care planning and anticipatory prescribing. The practice worked to ensure all support was in place for end of life patients to be cared for at home, if this was their choice, rather than in secondary health care.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice used a chronic disease management

Good



Summary of findings

system to monitor patients with chronic diseases. This was a responsibility held by the practice nurses. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice.

Patients newly diagnosed with cancer were given a comprehensive 'starter pack' of information. This included material issued by Macmillan and information about where additional support and advice could be obtained.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances. All GPs had a specialist interest in child health and had received specialist training in paediatrics

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

A comprehensive family planning service was offered and patients were encourage to attend pre-pregnancy counselling, to see a GP when pregnancy was achieved and then book an appointment with the practice midwife.

The practice website included a 'teen zone' to publicise services available for young people in a contemporary and relevant way.

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

Good



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. The practice had carried out annual health checks and offered longer appointments for patients with a learning disability. Carers of patients were included when appropriate.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments. The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).

The practice had a large traveller population and had worked proactively for several years to increase the immunisation rates within this community and reduce the use of unnecessary anti-biotic medicines.

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

Good



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 regularly worked with multi-disciplinary teams to plan care and treatment with patients who experienced poor mental health,

Good



Summary of findings

including those with dementia. It carried out advanced care planning and annual (or more frequently if required) health checks for patients with dementia and poor mental health. This was in line with the practice's mental health and dementia review protocol and included patients with a learning disability who lived in a local community home.

The GPs and practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. There was close working with the community mental health team and patients could be referred or refer themselves to the local Improving Access to Psychological Therapies service for counselling and support. Counsellors met patients at the practice.

The practice had joined Dementia Action Alliance (DAA) and had undertaken a large amount of work and training on dementia to make the practice 'dementia friendly'. This also led to staff members setting up a 'Friday Friends', a weekly café for patients and carers of patients with dementia, held in the village community centre. Staff used their own time to carry out fundraising and assist with the organisation and running of the group in conjunction with the patient participation group (PPG).

There was a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 265 questionnaires issued and 130 responses which represented a response rate of 49%. Results showed:

- 89% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 68% and a national average of 73%.
- 89% found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
- 81% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.

- 86% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 80% felt they did not normally have to wait too long to be seen compared with a CCG average of 60% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received one comment card. This was completely positive about the standard of care received. We spoke with ten patients during the inspection who were all very positive about the service they received. Three of these patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care. All patients we spoke with were overwhelmingly positive about all aspects of the practice and mentioned how caring GPs, nurses and staff were, how good the practice was and the important place it held within the local community. We also watched video comments about the practice from three members of the PPG which was produced for the inspection.

Areas for improvement

Action the service SHOULD take to improve

- Review the frequency of checks of uncollected prescriptions to minimise the risk of patients not receiving their medicines as prescribed.

Outstanding practice

- The practice was aware of the effects of loneliness on older people and worked with the University of the Third Age (U3A) which ran a befriending service in the village community centre. This was used by 10-20 patients every month.

Bulkington 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, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Bulkington Surgery

Bulkington Surgery is located in Bulkington, a village near Bedworth, north Warwickshire. The practice covers a large rural area and comprises the villages of Bulkington, Burton Hastings, Withybrook, Shilton and Ansty. The boundary extends to the outskirts of Coventry, Bedworth and Nuneaton. The practice is a partnership and provides primary medical services to patients in a semi-rural area. Locally there are some areas of deprivation.

The practice is housed in a purpose built facility built in 1999 and located in the village centre. The health visiting team, physiotherapy team and children's centre are located next door. There were 5,440 patients registered with the practice at the time of the inspection; 26% were aged over 65. This includes patients, some with dementia living within warden supported accommodation on three sites.

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

The practice has four partner GPs (male and female), two part time practice nurses and a healthcare assistant. They are supported by a practice manager and administrative and reception staff.

The practice is open from 8.30am to 12.30pm and from 1.30pm to 6.30pm during the week. Appointments were available throughout those times. Extended hours opening was not currently provided, having been stopped several months before our inspection because there was no patient demand. The practice continues to keep this under review and would reinstate this if demand changed. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

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

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

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the

Detailed findings

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

How we carried out this inspection

Before our inspection of Bulkington Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 18 January 2016. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 10 patients, including three members of the patient participation group (PPG). We also watched video comments about the practice from three members of the PPG. A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

Throughout our inspection of Bulkington Surgery, we were satisfied the practice had an effective system for reporting and recording significant events. This included a safety alerts procedure used by all staff. We saw all significant events were identified, recorded and investigated according to the significant events procedure. When patients had been affected by significant events, they received a timely apology and explanation. They were told about relevant actions the practice had taken to improve care.

We examined the records of three significant events that had occurred within the last 12 months. Each one had been fully investigated, action points had been discussed with all relevant staff and the scenarios had been re-visited to ensure a repeat of each incident had not occurred.

One significant event occurred when an error was made with an electronic prescription which had been issued and confusion occurred over two patients with similar names. The GP tried unsuccessfully to cancel the prescription. When the practice examined events, the procedure was reviewed to require GPs to contact a pharmacy immediately to ensure the prescription has been cancelled. In this case the correct medicine was issued and no risk was caused.

Practice staff were fully aware of their responsibilities to raise concerns and they demonstrated during our inspection how they reported incidents and near misses. We were shown how staff would notify the practice manager of any incidents and there was also a recording form available. The practice carried out an analysis of all significant events and as well as dealing with each one when it occurred, they held an end of year review of significant events and complaints. The forms used to record significant events did not detail which staff members were involved with the review.

We were shown how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and

issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. As a result, staff understood risks and an accurate and current picture of safety was provided.

Overview of safety systems and processes

Bulkington Surgery had appropriate processes and practices in place to keep patients safe. They included:

- Appropriate procedures for monitoring and managing risks to patients and staff. This included a health and safety policy. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. This was last carried out in June 2015. There were also a range of other risk assessments in place to monitor safety of the premises such as fire safety, infection prevention and control and legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in January 2015.
- The practice had up to date fire risk assessments and regular fire drills were carried out. The fire risk assessment was last carried out in June 2015. Any actions identified during fire drills were followed up. There was also an emergency evacuation plan in place.
- Procedures were in place to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Warwickshire County Council. Staff told us how all policies were accessible to them and we saw how this information was clearly available for staff to refer to in the reception area.
- Safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. All staff had been trained to the required level and those we spoke with knew how to recognise signs of abuse and different types of abuse.
- There were appropriate measures in place to ensure the required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. The practice nurse was the infection control lead and liaised with the local infection prevention and control teams to keep up to

Are services safe?

date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in January 2015 and was due to be carried out again in January 2016. The latest audit had not identified any areas of concern.

- A chaperone service was available for patients who required it. Notices were displayed in the waiting room and in treatment rooms to inform patients about this service. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. In May 2015 there was an occasion when no member of clinical staff was available to act as a chaperone when one was needed and the patient had to be re-booked for a later appointment. Following this the practice provided reception staff with appropriate training to act as chaperones. All staff trained, had received a disclosure and barring check (DBS). DBS
- Arrangements were in place for managing medicines, including emergency medicines and vaccinations, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use. This included forms used in computer printers. Uncollected prescriptions were only checked and followed up monthly, which increased the risk that some patients may not receive their medicines at the appropriate time..
- Fridges used to store medicines had their temperatures checked manually on a daily basis in line with the practice cold chain policy. There was also a weekly digital check and the fridge was fitted with an alarm which would sound if the temperature went outside of its pre-determined range.
- The practice had carried out a staffing level assessment which identified minimum staffing levels needed for the

practice to operate safely. There was also a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. There were guidelines for long term unpredictable staff absences.

- We examined staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. The practice used a recruitment checklist to ensure these checks had been correctly completed. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). It was practice policy to renew all DBS checks every three years.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers located in all of the consultation and treatment rooms which alerted staff to any emergency. We saw records that demonstrated staff received annual basic life support training. Emergency medicines and equipment were available in the treatment room and we saw a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date.

Bulkington Surgery had a business continuity plan in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice had worked with other nearby practices to support each other in the event of them being unable to offer a service to patients in their respective practice buildings. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were satisfied that Bulkington Surgery carried out patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. There were systems in place to ensure all clinical staff were kept up to date of the latest clinical guidance and advice. Monitoring carried out by the practice ensured these clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and actioned recommendations when appropriate.

Management, monitoring and improving outcomes for people

Bulkington Surgery participated in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 93% of the total number of points available, with 3% exception reporting. This was below the CCG average of 97%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014-2015 showed the practice demonstrated areas where the practice performed above local and national averages:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% with 2% exception reporting which was higher than the CCG average of 84% and the national average of 84%.

- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 94% which was higher than the CCG average of 92% and the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100% with 0.5% exception reporting which was above the national average of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 83% which was higher than the CCG average of 82% and lower than the national average of 88%.

A system for completing clinical audits was in place and used by the practice. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. We examined the results of four clinical audits which had been completed within the last 12 months. One of these was carried out to examine patients who were taking a particular blood thinning medicine. A total of 28 patients had their records examined over the course of 2015. It was initially carried out in February and then repeated in December 2015. As a result, one patient had the medicine safely removed and 11 were able to have their dose safely reduced. The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services.

Effective staffing

As part of our inspection we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- All staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- All practice staff received relevant training. This recently included safeguarding, Mental Capacity Act and where appropriate, chaperone training.

Are services effective?

(for example, treatment is effective)

- We saw how staff learning needs were identified through appraisals, meetings and reviews of practice development needs. Staff we spoke with confirmed this.
- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included a comprehensive induction programme tailored specifically for locum GPs with a supporting policy. This ensured they were familiar with the practice and its procedures before they first started work at the practice.

Coordinating patient care and information sharing

Bulkington Surgery ensured all relevant information necessary for the planning and delivery of care and treatment was available to staff in an easily accessible way through the patient record and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Appropriate information, for example, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Records we examined, demonstrated how the practice staff worked with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw examples of the minutes of multi-disciplinary team meetings to support this. We saw from meeting minutes they included health visitors, district nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support.

Consent to care and treatment

During our inspection, we saw how patients' consent to care and treatment was always obtained in line with current legislation and guidance. This included consent for minor surgery. We were shown the relevant forms. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. Staff had recently completed refresher training on this. When providing care and treatment for children and young people, clinical 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 nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

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

Health promotion and prevention

Bulkington Surgery identified patients who needed additional support and meet their needs when appropriate. As an example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them if needed.

Newly registered patients were offered a health check with the practice nurse. Patients were referred to a GP if concerns were identified during the health check. Since the start of 2015, 74% of patients aged over 75 had also received a health check.

The practice had a comprehensive screening programme in place. Uptake for the cervical screening programme was 82%, which was similar to the national average of 81.88%. The practice also encouraged its patients in the eligible age ranges to attend national screening programmes for bowel (62.8%) and breast cancer screening (66.7%).

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds averaged 97% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 21% since the 2015-2016 programme started. The practice expected the total number of patients vaccinated to exceed the national average of 73.24% by the time the programme ended.

Smoking cessation advice and support was also carried out at the practice. A total of 89% of patients who smoked had been given advice in the last 12 months. The practice did not gather data on the number of patients who stopped smoking as a result of this.

Are services effective? (for example, treatment is effective)

A scheme was also in place to refer older patients to local leisure centres for supervised exercise classes for older people.

The practice was also aware of the effects of loneliness on older people and referred patients to the University of the Third Age (U3A) which ran a befriending service in the village community centre.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection of Bulkington Surgery, we saw that staff were polite and helpful to patients at the reception desk and on the telephone at all times. We also saw that patients were treated with dignity and respect. This was supported by comments we received from patients we spoke with and the patient who completed a comment card. Curtains were provided in consulting rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff told us how they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Patients we spoke with said the practice provided a high level of care, that it was usually easy to obtain an appointment, it was easy to get through to the practice on the telephone and the clinical and administrative staff were excellent.

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

- 98% said they had confidence and trust in the last GP they saw, above the CCG average of 95% and national average of 95%.
- 93% said the last GP they spoke to was good at treating them with care and concern, higher than the CCG average of 86% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern, just above the CCG average of 92% and national average of 91%.

Care planning and involvement in decisions about care and treatment

Information we received from patients we spoke with provided evidence that health issues were fully discussed with them. Patients told us GPs and practice nurses involved them in decisions about their care and treatment.

Patients also said they felt listened to and supported by staff and were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the July 2015 national GP patient survey showed patients surveyed had responded very positively about their involvement in planning and making decisions about their care and treatment. For example:

- 94% said the GP was good at listening to them; this was above with the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 92% said the GP gave them enough time which was above the CCG average of 87% and national average of 87%.
- 91% said the last GP they saw was good at explaining tests and treatments, higher than the CCG average of 88% and national average of 86%.
- 87% said the last nurse they saw was good at involving them in decisions about their care, similar to the CCG average of 87% and above the national average of 85%.
- 89% of patients found the receptionists at this practice helpful compared to the CCG average and national average of 87%.

We asked patients about medicines reviews. All patients we spoke who took long term medicines confirmed they had regular reviews, that GPs took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.

Staff told us that most patients registered at the practice spoke English as a first language, but a translation service was available if needed.

Patient and carer support to cope emotionally with care and treatment

There was information displayed in the waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers (1.5% of the patient list) were actively identified and signposted to local and national services for support. Carers were also offered health checks by the practice.

Are services caring?

The GP and staff told us that if families had experienced bereavement the practice contacted them to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia. These were carried out more frequently if needed and included the carers of patients when appropriate.
- Clinical staff had an area of interest in older people and this was reflected in their training and experience. A GP attended the annual national conference for the care of the elderly and all GPs had completed training in safe prescribing in older people.
- The practice was involved with a frailty audit project (formerly known as the over 75's project) which targeted patients who had been identified as being at increased risk and these patients were under enhanced review by a GP and the community nursing team. This work was also carried out in conjunction with social services. Unplanned hospital admission rates had been reduced by 10%.
- The practice had a protocol in place which encouraged advanced care planning and anticipatory prescribing. The practice worked to ensure all support was in place for end of life patients to be cared for at home, if this was their choice, rather than in secondary health care.
- All GPs had a specialist interest in child health and had received specialist training in this area.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. There was close working with the community mental health team and patients could be referred or refer themselves to the Improving Access to Psychological Therapies service for counselling and support. Counsellors met patients at the practice.
- Patients newly diagnosed with cancer were given a comprehensive 'starter pack' of information. This included material issued by MacMillan and information about where additional support and advice could be obtained.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- The practice had the lowest accident and emergency (A & E) attendance rate within the Warwickshire North Clinical Commissioning Group.
- The practice had a large traveller population and had worked proactively for several years to increase the immunisation rates within this community and reduce the use of unnecessary antibiotic medicines.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening.
- The practice website included a 'teen zone' to publicise services available for young people in a contemporary and relevant way.
- The practice had joined Dementia Action Alliance (DAA) and had undertaken a large amount of work and training on dementia to make the practice 'dementia friendly'. This also led to staff members setting up a 'Friday Friends', a weekly café for patients and carers of patients with dementia, held in the village community centre. Staff used their own time to carry out fundraising and assist with the organisation and running of the group in conjunction with the patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Are services responsive to people's needs?

(for example, to feedback?)

Access to the service

Bulkington Surgery was open from 8.30am to 12.30pm and from 1.30pm to 6.30pm during the week. Appointments were available throughout those times. Extended hours opening was not currently provided, having been stopped several months before our inspection because there was no patient demand. The practice continued to keep this under review and would reinstate this if demand changed. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

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

The practice building had fully accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services were available, although most patients spoke English as a first language. The practice provided patient information in a large print format for those who were visually impaired.

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

- 93% of patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 73%.

- 94% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 87% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 73%.

Listening and learning from concerns and complaints

Bulkington Surgery had an appropriate system in place for handling patient concerns and complaints. The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated team member who handled all complaints in the practice. The process for dealing with complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. Three complaints had been received between April 2014 and March 2015. The practice investigated each complaint within the timescales required and reviewed them again at an annual review of patient complaints held in March 2015. This ensured that lesson learned had been implemented and mistakes had not been repeated. We reviewed these complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. It was clear from our examination that verbal complaints were treated in exactly the same way as a formal written complaint would be.

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

As part of our inspection process, we reviewed Bulkington Surgery's statement of purpose. This clearly outlined the practice's intention to provide a full range of high quality medical services to its patient population and optimise their physical and psychological health. This was evident throughout our inspection and discussions with staff and patients, it was evident the practice aimed to provide a consistently high standard of care for its patients.

Governance arrangements

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

- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice. For example, following concerns about the low numbers of patients registered to use on-line services offered by the practice, GPs raised awareness of this during patient consultations.
- A practice development plan was in place for 2015-2016. This identified areas for training and improving the fabric of the practice.
- The practice had a clear staff structure in place and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and

areas where improvements could be made. Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.

- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.

Leadership, openness and transparency

It was clear during our inspection that the GP and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff understood the needs and demographics of the local population and planned and delivered services with this in mind. For example, the large numbers of elderly patients registered at the practice.

Staff we spoke with told us the GPs and management team were excellent, caring and open. Staff told us they were well supported and knew what was expected of them within their roles. We saw records to evidence that regular team meetings were held.

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

We saw how the practice actively encouraged and valued the feedback it received from patients about the delivery of the service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw how the PPG was involved with analysing the results of the national GP patient survey and with promoting services the practice offered. The PPG helped to organise a village walk in 2015 to raise dementia awareness and ran 'Friday Friends', a café for patients and carers of patients with dementia in the village community centre.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results since the start of the survey in January 2015 showed that 92% of patients were extremely likely or likely to recommend the practice. Only 1% of patients said they were unlikely to

Are services well-led?

Good 

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

recommend the practice. Patients' comments made as part of the Friends and Family test were entirely positive and included the respectful attitude of clinical staff, availability of same day appointments and a very high standard of care.