

Whitestone 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?	Outstanding	
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 Whitestone Surgery on 3 November 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Patients 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. The practice ensured patients were seen the same day if needed.
- Risks to patients were assessed and well managed. The practice had thoroughly reviewed all policies and procedures since it took over the practice two years ago.
- 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. Staff were encouraged to identify training and development that would benefit patients and the practice as a whole.

- Data showed patient outcomes were high compared to the locality and nationally. Audits had been carried out which provided evidence the practice was driving improvement in performance to improve patient outcomes. The practice performance had considerably improved over the last two years.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group had a strong leadership and was very active within the local community. The practice and key staff had a high positive profile within the local community.

We saw several areas of outstanding practice including:

- A free 'silver surfers' group to encourage older patients to access practice services available on-line.

Summary of findings

This included on-line services used by the local pharmacy. Alongside this, patients were also taught basic computer skills relevant to their needs. This has helped to enable 45% of older patients registered with the practice to access practice services on-line.

- A monthly 'carer's café' for carers of patients. Light refreshments were available free of charge. This gave carers the opportunity to meet other carers and practice staff were available to give appropriate help and advice as well as emotional support.

- A job club run in conjunction with the patient participation group (PPG). The practice recognised patient's well-being was also partially dependant on personal circumstances and sought to identify and meet patient's wider needs when possible.

There were areas where the provider should make improvements. The provider should:

- Ensure the complaints procedure is correctly followed. Patients did not receive a written acknowledgement when their complaint was received by the practice.

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 fully understood their responsibilities to raise concerns, and identified and reported incidents and near misses. Incidents were analysed and learning points identified and discussed comprehensively amongst staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Good



Are services effective?

The practice is rated as outstanding for providing effective services. Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients, for example, a 72% increase in flu vaccination delivered amongst patients aged over 65 over the last two years. Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG) and was one of the best performing practices within the CCG.

The practice also used proactive methods to improve patient outcomes and working with other local providers to share best practice. For example, community midwife and antenatal appointments were re-introduced to the practice after a local decision was made to move them to local Children's Centres. The introduction of an 'annual health MOT' available to all patients had ensured health promotion was delivered amongst all patient age groups. This was highly promoted throughout the practice and with all new patients who registered at the practice.

Outstanding



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

Good



Summary of findings

kindness and respect, and maintained confidentiality. The practice had a high profile within the local area and worked with a range of professional and voluntary groups to identify and meet patients' wider needs.

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 engaged with the NHS England Area Team and the Warwickshire North 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. Extended hours appointments were available with a practice nurse from 7am on Thursdays. Telephone consultations could be booked with a GP or practice nurse for patients unable to attend the practice during the day.

The practice building was fully accessible 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.

A comprehensive annual patient survey was conducted every year in September. The PPG leaders reviewed the results with the practice staff and ensured the findings formed the basis for the practice development plan the following year. This was supplemented by patient feedback survey text messages sent to patients after appointments at regular intervals throughout the year.

Good



Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy based on the needs of the local community. 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 range of appropriate policies and procedures to govern activity. Robust systems were in place to monitor and improve quality and identify risk. The practice actively sought feedback from staff and patients, which it acted on. The practice had a large and 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 offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. Health checks, called an 'annual health MOT' by the practice, were carried out for all patients of retirement age. At the time of our inspection, the practice was delivering its 2015-2016 flu vaccination programme and had a range of open flu vaccination clinics for this. The practice also ran a 'silver surfers' group to encourage older patients to access practice services available on-line. This included on-line services used by the local pharmacy.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Patients with long-term conditions were monitored by the practice nurse using a chronic disease management system to monitor patients with chronic diseases, including those most at risk of unplanned hospital admission. Longer appointments and home visits were available when needed. Patients were given an 'annual health MOT' by the practice. This included a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice, pain management clinics and physiotherapy.

Good



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.

The practice ran baby clinics and offered appointments with the midwife who visited 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

Good



Summary of findings

maintained regular visits from the community midwife despite the service now being delivered locally from children's centres. The practice informed Child Health Services when babies and children did not attend for their vaccinations.

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

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. Extended hours opening was offered with appointments with a practice nurse from 7am every Thursday.

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. This included family planning, smoking cessation and travel immunisations. The practice nurse had oversight for the management of a number of clinical areas, including immunisations.

Information about the practice was available on social media and the practice also hosted the local job club.

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. Vulnerable patients were given an 'annual health MOT'. The practice also ran a monthly 'carer's café' for carers of patients to provide additional help and advice.

There was regular working with multi-disciplinary teams in the case management of vulnerable people. The practice also 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).

Staff had received training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and

Good



Summary of findings

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.

The practice ran a monthly 'carer's café' for carers of patients. Light refreshments were available free of charge. This gave carers the opportunity to meet other carers and practice staff were available to give appropriate help and advice as well as emotional support.

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, including Community Matrons, to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and 'annual health MOTs'. Dementia screening was also carried out.

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

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia. The practice also ran a monthly 'carer's café' for carers of patients to provide additional support and advice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 300 questionnaires issued and 99 responses which represented a response rate of 33%. Results showed:

- 79% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 66% and a national average of 73%.
- 89% found the receptionists at this practice helpful compared with a CCG average of 85% and a national average of 87%.
- 89% 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 92% and a national average of 92%.
- 81% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

- 77% 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%.
- 58% feel they did not normally have to wait too long to be seen compared with a CCG average of 61% 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 30 comment cards. All were entirely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments, the clinical and administrative staff were excellent and how the practice played an important role in the local community.

We spoke with seven patients during the inspection who were all very positive about the service they received. Three 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 completely positive about all aspects of the practice.

Areas for improvement

Action the service SHOULD take to improve

There were areas where the provider should make improvements. The provider should:

- Ensure the complaints procedure is correctly followed. Patients did not receive a written acknowledgement when their complaint was received by the practice.

Outstanding practice

We saw several areas of outstanding practice including:

- The practice ran a free 'silver surfers' group to encourage older patients to access practice services available on-line. This included on-line services used by the local pharmacy. Alongside this, patients were

also taught basic computer skills relevant to their needs. This has helped to enable 45% of older patients registered with the practice to access practice services on-line.

- The practice ran a monthly 'carer's café' for carers of patients. Light refreshments were available free of

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charge. This gave carers the opportunity to meet other carers and practice staff were available to give appropriate help and advice as well as emotional support.

Whitestone 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 Whitestone Surgery

Whitestone Surgery is located in the Whitestone district of Nuneaton and provides primary medical services to patients in an urban and semi-rural area. 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. Locally there is a higher social-economic population group and a low level of unemployment. The practice has high levels of working age families with children and elderly patients registered.

The practice is housed in a purpose built facility. It was established in its present form in September 2013 when the lead GP and practice manager took over the running of the practice which was in special measures at the time. Since that time, the practice was removed from special measures and the patient list had increased by 47%. At the time of our inspection there were 2,200 patients registered at the practice.

The practice has a lead GP and a practice nurse. At the time of our inspection, the practice had just started to plan for the recruitment of a health care assistant. When clinical

staff are absent, regular locums are employed. The clinical staff were supported by a practice manager and administrative and reception staff. The GP and practice manager are practice partners.

The practice is open from 8.30am to 6.30pm during the week, with appointments available from 9am to 11.30am and from 3pm to 6.30pm. The practice closes at 12.30pm on Thursdays, but extended hours opening is available from 7am on the same day. 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 and calls are transferred. 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 an 'annual health MOT' available for all patients, ante-natal and post-natal care, family planning, cervical screening, blood tests, minor surgery, pain management clinics, physiotherapy and smoking cessation.

A range of other services was also offered by the practice, for example, a job club for patients who are looking to improve their employment prospects. and provide hope and practical advice to improve patient's situations.

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

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection of Whitestone 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 3 November 2015. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 8 patients, including two members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

We were satisfied that Whitestone Surgery had a robust system in place for reporting and recording significant events and incidents. This included a safety alerts protocol which was followed by all staff and fully understood by all staff we spoke with. 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 they would notify the practice manager of any incidents and there was also a recording form available. Any patient affected by an incident received an apology and explanation from the practice.

All significant events and incidents were fully investigated, analysed and fully reviewed. This included discussion with all staff directly involved and then sharing details of the incident and the learning points involved with all relevant staff. We reviewed the six significant events that had occurred within the last 12 months and saw 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 similar incident had not been repeated.

One such incident involved a patient's test results being recorded as 'normal' in error. The patient was quickly contacted and relevant action taken by the practice. The review of this incident included refresher training for all staff and an extra level of reviewing test results was introduced.

A second incident involved a failure to successfully divert telephone calls to the local out of hours service at a time the practice was closed. As a future precaution, a member of practice staff now telephones the practice number as soon as calls have been diverted to ensure the divert is correctly working.

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

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

- Procedures for monitoring and managing risks to patients and staff. All policies had been reviewed by the lead GP and practice management since they took over the running of the practice two years ago. The lead GP told us this was because some policies had not been implemented or followed correctly. All policies were reviewed as part of a training exercise with all staff in practice meetings.
- This included a health and safety policy. All electrical equipment was checked to ensure it was safe to use. (This was last carried in March 2015). Clinical equipment was checked to ensure it was calibrated and working properly (July 2015). There were also a range of other risk assessments in place to monitor safety of the premises such as fire safety (December 2014), infection prevention and control (October 2015) 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 December 2014 and was due to be carried out again in December 2015. The practice building risk assessment included an asbestos check.
- There were systems 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 date with best practice. There was an infection control protocol in place and we saw staff had received relevant 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 October 2015. This identified unevenness with some areas of the floor in a treatment room. At the time we inspected the practice; management had obtained quotes for a new floor and had started the process to replace it.
- Procedures to safeguard adults and children who were at risk of abuse were in place. This reflected relevant legislation and local requirements issued by

Are services safe?

Warwickshire County Council through their safeguarding board. Staff explained 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. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their roles.
- There was a notice displayed in the waiting room and in treatment rooms to inform patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- 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. Patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.
- To assist with prescribing, the practice received regular visits from a pharmacist from Warwickshire North Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. Blank prescription forms were securely stored and there were systems in place to monitor their use, however we found some in a computer printer. The practice manager assured this was not usual practice and we found no other occurrences.

- There was a staffing levels assessment in place which identified minimum staffing levels with a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences.
- When either the GP or practice nurse were absent, regular locum cover with clinical staff who were familiar with the practice and its patients were used. Locums received appropriate checks.
- We looked at 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. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Arrangements to deal with emergencies and major incidents

Staff were alerted to any emergency that occurred within the practice through the instant messaging system installed on the computer system. We saw training records that demonstrated staff received annual basic life support training. The practice had emergency medicines and equipment available and we saw a first aid kit and accident book in place. 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 (where the heart stops beating), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use. The practice regularly checked these to ensure the same.

A business continuity plan was in place to deal with a range of emergencies that might affect the daily operation of the practice. This included fire, flood, loss of power and loss of computer system. If such a failure occurred, the practice would use the facilities of another local practice until the problem had been rectified. 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 the practice 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) Systems were in place at Whitestone Surgery to ensure clinical staff were kept informed of the latest clinical guidance. The practice carried out monitoring to ensure this was carried out. During our inspection we saw evidence of this which 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

Whitestone 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 99.8% of the total number of points available, with 3.2% exception reporting. This was above the CCG average of 96.1%. This demonstrated it was one of the highest performing practices within the Warwickshire North Clinical Commissioning Group (CCG). 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:

- Performance for diabetes related indicators such as patients who had received an annual review was 100% with 1% exception reporting, which was higher than the CCG average of 92.8% and the national average of 88.35%.

- 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 0% exception reporting, which compared with the CCG average of 97% and the national average of 83.82%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 100% with 23.1% exception reporting, which was higher than the CCG average of 94.7% and the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 100%, with 2.3% exception reporting, which was above the CCG average of 89.8% and the national average of 83%.

Whitestone Surgery had an appropriate system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. The practice also took part in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services.

During our inspection we examined the results of a whooping cough vaccinations audit carried out in 2014 and repeated in 2015. The practice was concerned because within the local area, whooping cough vaccinations were carried out on vulnerable pregnant patients at local children's centres and in 2013-2014 only 13 patients registered at the practice received this vaccination. As a result of this, the practice management took the decision to form an arrangement with the community midwife team to reinstate whooping cough vaccinations at the practice and ante-natal clinics with the practice nurse. Pregnant patients were immediately offered a vaccination and 42 were given in 2014-2015, an increase of 323% from the previous year. This returned the practice to meeting its target.

A further clinical audit was carried out when the practice had also identified concerns with the delivery of its flu vaccination programme. During 2012-2013, 291 vaccinations were delivered to patients aged over 65. Following the initial audit, the practice changed its procedures. Patients were routinely asked by reception



Are services effective?

(for example, treatment is effective)

staff to update their contact details to ensure patients could be contacted when needed and a promotional campaign for the flu vaccination was introduced. This included the practice website, text messages sent to patients' mobile phones, emails sent to patients and telephone calls to patients who could not be contacted in any other way. As a result, the practice delivered 500 flu vaccinations, an increase of 72%.

The practice also offered all patients an 'annual health MOT' during their birthday month. This was introduced to incorporate health promotion throughout all population groups registered at the practice. Patients receive reminders by text message and email. Each patient who attended received a personalised health management plan. Over 50% of patients have received an 'annual health MOT'.

Effective staffing

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

- The practice identified and met staff learning needs through appraisals, meetings and reviews of practice development needs. The practice management team introduced staff appraisals when they took over the practice two years ago. Previously, these had not been carried out.
- 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.
- There was a comprehensive induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.
- The practice provided work experience opportunities for sixth form students who were considering a career within general practice administration and management.

Coordinating patient care and information sharing

We saw the practice made available all relevant information necessary for the planning and delivery of care and treatment to staff in through the patient record and

practice intranet systems. This included care and risk assessments, medical records, care plans and test results. All relevant information was shared in a timely way such as when patients were referred to other services.

Records maintained by the practice, demonstrated how 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 ongoing 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. This included quarterly palliative care meetings attended by district nurses and Macmillan nurses.

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. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of 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

Whitestone 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.

The practice offered all newly registered patients a health check with the practice nurse. Patients were referred to a GP if concerns were identified during the health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening



Are services effective?

(for example, treatment is effective)

programme was 83%, which was similar to the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 95.2% to 100% which compared with CCG rates of 98.2% to 99.2% and 92.3% to 99% respectively. Flu vaccination rates for the over 65s were 75% which was slightly above the national average of 73.24%.

Smoking cessation advice and support was also carried out at the practice. In 2014-2015, 72% of patients who completed the smoking cessation procedures had stopped smoking.

The practice has also established an annual Keeping Health in Mind open day in conjunction with Warwickshire County Council public health, the Alzheimer's Society, Guidepost Trust and a range of other local organisations. This has helped to promote health awareness and the range of services available at Whitestone Surgery and within the local area. This has received a high level of local publicity and has also raised funds for local health related charities.

There was also a job club run 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. The practice recognised patient's well-being was also partially dependant on personal circumstances and sought to identify and meet patient's wider needs when possible.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection of Whitestone Surgery, we saw that staff were polite and helpful to patients at the reception desk and on the telephone. Patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. 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. The practice had previously received patient feedback that conversations could be overheard in the reception area. To counteract this, music at an appropriate volume had been played through the television system into the waiting room. This had been well received by patients. A more private area was also created to patients to talk to staff if they wished and a private room was also available.

Before our inspection, patients completed 30 comment cards. Every patient said the practice and staff were excellent, very good or good. Patients said it was easy to obtain appointments at Whitestone Surgery and it was easy to get through to the practice on the telephone. Some patients told us clinical staff and administrative staff, including receptionists were excellent and caring.

The results from the July 2015 national GP patient survey showed the practice scored largely 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:

- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

The GP and practice management continued to monitor patient satisfaction and an action plan had been devised in

conjunction 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.

Care planning and involvement in decisions about care and treatment

The information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients told us they were involved in decision making about the care and treatment they received. Patients told us they were 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. Many patients described the services offered by the practice as excellent.

Results from the July 2015 national GP patient survey showed that patients were largely positive about their involvement in planning and making decisions about their care and treatment. For example:

- 84% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and national average of 89%.
- 84% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 96% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 94% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 89% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

Staff told us most patients registered at the practice spoke English as a first language, but they could use a translation service if they needed to.

Patient and carer support to cope emotionally with care and treatment

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were actively identified and signposted to local and national

Are services caring?

services for support. Carers were also offered 'annual health MOTs' by the practice. The practice ran a monthly 'carer's café' for carers of patients. Light refreshments were available free of charge. This gave carers the opportunity to meet other carers and practice staff were available to give appropriate help and advice as well as emotional support.

The GP and staff told us that if families had experienced bereavement the GP telephoned 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

Whitestone 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.

Whitestone 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:

- Appointments with the community midwife and ante-natal appointments with the practice nurse had been re-introduced at the practice after they had been moved to Children's Centres within the local area. The practice found this better served the larger number of pregnant patients registered at the practice.
- 'Annual Health MOTs' were offered to all patients irrespective of age. These incorporated annual reviews with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, those experiencing mental health problems including dementia and NHS Health Checks. Patients received these during their birthday month to make it easier for patients to remember when they due and enabled the practice to manage them more effectively.
- Care plans were in place for 100% of patients in care homes, with severe mental health problems and patients on the avoiding unplanned hospital admissions register.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Patients had a choice of seeing the midwife at either the practice or in a local children's centre.
- 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.
- Patients were sent an automated mobile phone text message after their appointments to obtain feedback on their experience.

Access to the service

Whitestone Surgery was open from 8.30am to 6.30pm during the week, with appointments available from 9am to 11.30am and from 3pm to 6.30pm. The practice closes at 12.30pm on Thursdays, but extended hours opening is available from 7am on the same day. Telephone consultations could also be pre-booked with the GP or practice nurse.

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 and calls were diverted. This information was also available on the practice's website and in the patient practice leaflet. Home visits were available for patients who could not attend the practice for appointments. Patients could book appointments and order repeat prescriptions on-line and could also register to receive mobile phone text message reminders for appointments. A total of 45% of patients had registered for on-line access to patient services and this had reduced demand on the practice telephone system. At the time of our inspection, practice management were investigating the introduction of patient consultations by video calling, for example by Skype.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. The practice could also provide patient information in a large print format on request 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 mainly above local and national averages. For example:

- 79% 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%.
- 81% of patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

Are services responsive to people's needs?

(for example, to feedback?)

- 77% 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%.
- The practice also had a high social media presence with full and up to date information on all mainstream social media platforms.

At the time of our inspection, the practice was working with a software developer to design and introduce a mobile phone app for the practice. This would outline details of the practice, including opening times, information about out of hours care and services available at the practice. It would also provide a range of health related information and be used to obtain patient feedback about services.

Listening and learning from concerns and complaints

Whitestone Surgery had an appropriate system in place for handling concerns and complaints. Their 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 in conjunction with the GP. The system 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.

We examined records of complaints during our inspection. Three had been received during the last 12 months. It was clear from our examination that verbal complaints were treated in exactly the same way as a formal written complaint would be. 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. The complaints procedure informed patients they would receive a written acknowledgement of their complaint when it was received by the practice, but we noted this did not happen. However, the GP offered to personally meet with any patient who complained to discuss concerns in person.

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, we reviewed Whitestone Surgery's statement of purpose. This clearly stated the practice's intention to provide a high quality service at all times. This was to be delivered in a way that makes a difference to the patient each time, to be innovative as a practice and make a difference in the wider local community. We saw evidence of all this during our inspection and it was also outlined in the practice's patient leaflet and on its website. Throughout our discussions with clinical, managerial and administrative staff during our inspection, it was evident the practice aimed to provide a consistently high standard of care for its patients. This was also reflected in the positive comments we received from patients who completed the patient comment cards before our inspection and from patients who spoke with us on the day.

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:

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 staff meetings and action taken to maintain or improve outcomes. The practice was one of the highest performing with the Warwickshire North Clinical Commissioning Group (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

- There was a clear staff structure which had been introduced by the current practice management since they took over the practice two years ago. All staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting. Staff we spoke with told us the GP and practice management had transformed the practice and the service it provided patients and the wider local community.
- Procedures and policies had been fully implemented by the current practice management during the last two

years, were regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies and demonstrated a working knowledge of them during discussions.

- 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.
- 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. As a result, the practice had been able to make significant improvements to the service it offered patients.
- A practice development plan had been introduced 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. This included a plan to extend the practice building to cope with an increased demand for the practice. The number of patients registered at the practice had increased by 47% during the last two years.

Leadership, openness and transparency

It was evident 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 we spoke with told us the GP and management team were very open and approachable and anything could be discussed with them. 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. At the time of our inspection, the PPG had been in existence for just over 12 months and already had a very high profile within the practice and the wider community. The PPG had been instrumental in the formation and running of key initiatives.

Are services well-led?

Good 

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

For example, on-line access with its high level of patient registration, the Carer's Café and open days. The PPG also worked to ensure the high level of patient satisfaction with the practice was maintained by its involvement with patient satisfaction surveys and interpreting their responses. During our inspection we saw evidence the work of the PPG had attracted a large volume of positive media attention for the practice.

A comprehensive annual patient survey was conducted every year in September. The PPG leaders reviewed the results with practice staff and ensured the findings formed

the basis for the practice development plan the following year. This was supplemented by patient feedback survey text messages sent to patients after appointments at regular intervals throughout the year.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. Since the Friends and Family test was introduced in December 2014, 100% of patients were extremely likely or likely to recommend the practice. Patients' comments made as part of the Friends and Family test were entirely positive.