

Satis House

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Satis House	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Satis House on 16 June 2017. Overall the practice is rated as **good**.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- We saw evidence that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
- 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.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider should make improvements is:

Summary of findings

- The practice should ensure they have systems in place to consistently manage and document medicine review dates, and to consistently record outcomes of blood tests in patient records.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used a comprehensive healthcare quality compliance system to record and manage significant events and incidents.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had sufficient arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or higher than local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.

Summary of findings

- The practice had taken measures to improve patient satisfaction where data showed patients rated the practice below others, and had conducted their own surveys to support this.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers register and provided additional support for patients who were carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from 13 examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a comprehensive approach to identify and respond to both individual complaints and feedback, and any themes or trends recognised. This had resulted in reductions in complaints and evidence of improved patient satisfaction.

Are services well-led?

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

Good



- The practice had a clear mission statement, and supporting aims and objectives, to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice aims and their responsibilities in relation to them.
- There was a clear leadership structure and staff felt supported by management. The practice had comprehensive policies, procedures and plans to govern activity, and held regular governance meetings.

Summary of findings

- The practice had a comprehensive governance framework which supported the delivery of the strategy and good quality care. This included arrangements to identify risk.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff, stakeholders, and at corporate level. The practice used a business information tool, a key performance indicator (KPI) dashboard, and a healthcare quality compliance system to monitor performance and adherence to regulatory requirements. Information was shared with patients through a patient newsletter.
- The practice had an active and engaged patient participation group (PPG). We saw examples of where the PPG had supported the practice to make improvements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the 12 examples we reviewed we saw evidence the practice complied with these requirements.
- The GPs and practice managers encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice had a comprehensive approach to identify and respond to individual complaints and feedback, and to recognise and respond to any themes or trends. This included carrying out detailed analysis of existing patient feedback and complaints to identify themes and key concerns, and setting up a range of methods to capture patient feedback. The practice was able to evidence recent significant improvements in patient satisfaction as a result of work carried out.
- Staff were able to provide their views in a number of ways, for example in meetings, as part of their appraisals, and as part of an annual staff survey. All staff were invited to contribute to 360 degree appraisals of GPs and practice managers.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients aged 75 years and above had been allocated a GP accountable for their care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible.
- The practice was monitoring any patient aged 65 years and above who had not seen a nurse or GP during a 12-month period, and was contacting these patients to invite them for a health review.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients with diabetes whose last measured total cholesterol was under the recommended level was 84%, compared with the CCG average of 84% and the national average of 80%.

Summary of findings

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. This including providing ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- The practice operated online booking and prescription services, and text messages were used to remind patients of their appointment details.

People whose circumstances may make them vulnerable

Good



- 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 homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators was in line with or higher than local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (all patients). The local average was 95% and the national average was 89%.
- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable with the local average of 85% and the national average of 84%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment. The practice carried out advance care planning for patients living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in June 2016. There were 304 survey forms distributed and 132 were returned. This represented a 43% completion rate, and 3% of the practice's patient list.

The results showed the practice's performance was in line with or slightly higher than local and national averages for some areas, for example:

- 70% of patients said they usually wait 15 minutes or less after their appointment time to be seen, compared with the local average of 67% and national average of 65%.
- 95% of patients said the last nurse they saw or spoke to was good at listening to them, compared with the local average of 92% and national average of 91%.
- 98% of patients said they had confidence and trust in the last nurse they saw or spoke to, compared with the local average of 98% and national average of 97%.

The practice was performing below local and national averages in some areas, for example:

- 52% of patients said they find it easy to get through to the practice by telephone, compared with the local average of 64% and national average of 73%.
- 33% of patients said they usually get to see or speak with their preferred GP, compared with the local average of 61% and national average of 59%.
- 52% of patients said they were satisfied with the practice's opening hours, compared with the local average of 74% and national average of 76%.

There had been a number of negative reviews left on the NHS Choices website during 2016, mostly concerned with access to the service. The practice had responded to this feedback and the GP patient survey results in a number of ways, including:

- Carrying out detailed analysis of existing patient feedback and complaints to identify themes and key concerns.

- Carrying out an in-house patient survey during 2017 which involved handing out questionnaires to patients, with the results analysed and discussed by staff.
- Developing and working with the Patient Participation group (PPG) to identify ways of gathering patient feedback and identifying trends.
- Setting up suggestion boxes at key locations in the local community.
- Using social media (for example the local village Facebook page) to identify, respond to and act upon complaints.
- Setting up systems to capture positive feedback and exploring further ways of identifying, documenting and analysing this.
- Putting measures in place as a direct response to feedback and complaints, for example making changes to the appointments system, recruiting an additional GP, carrying out additional training with reception staff, implementing consistent guidelines for staff when dealing with patients, and increasing appointment availability.

As a result of these measures the practice was able to provide evidence, through survey results and feedback collected, of improved patient satisfaction and a reduction in the number of complaints during 2017.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which highlighted the difficulty in getting appointments.

We spoke with four patients during the inspection. All four patients said they were generally satisfied with the care they received and thought staff were approachable, committed and caring.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- The practice should ensure they have systems in place to consistently manage and document medicine review dates, and to consistently record outcomes of blood tests in patient records.

Satis House

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers.

Background to Satis House

Satis House is a purpose-built GP practice located within the village of Water Orton, which is in North Warwickshire and close to the boundary of Birmingham. The practice is part of the NHS Warwickshire North Clinical Commissioning Group (CCG).

Satis House is an Alternative Provider Medical Services (APMS) practice and forms part of the Malling Health organisation, which is incorporated within the Integral Medical Holdings Group network.

The practice serves patients in Water Orton, and the nearby villages of Coleshill, Curdworth, Blythe End and some parts of Shustoke and Lea Marston. Patient list size is currently 3,717. The practice's population is almost all White British (96%) or White Irish (2%), with other ethnic groups representing less than 1% of the population. The practice has a higher proportion of patients aged 45 to 74 years than the local (CCG) or national average.

The clinical staff team consists of two female GPs (one lead and one salaried), two practice nurses, and one healthcare assistant. The practice uses locum GPs, including male GPs who work at the practice regularly, thereby offering patients the opportunity to be treated by a clinician of the same gender.

The clinical team was supported by two joint practice managers, a medical secretary, and a team of five reception and administrative staff.

The practice building and telephone lines are open from 8am to 6.30pm on weekdays. The practice is not open at weekends. Appointments are available on weekday mornings and afternoons except for Thursdays which is mornings only.

When the practice is closed patients can call the practice telephone number which is then diverted to the local Warwickshire Out of Hours service which is provided by Care UK. Further advice and guidance is provided by the NHS 111 service.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 16 June 2017. During our inspection we:

- Spoke with a range of clinical and non-clinical staff, and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living 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

There was a clear system for reporting and recording significant events.

- There was a practice policy and procedure for significant event and incident reporting which directed staff to the appropriate actions and activities. The documents were available to all staff on the practice's computer system. Staff were aware of the documents' contents and how to access them.
- Staff told us they would inform the practice managers of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff demonstrated they knew how to respond to and report significant events, incidents and near misses, and their responsibilities when doing so.
- We reviewed a sample of three documented significant events. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably possible, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. A face to face meeting was offered to all affected patients.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events, including annual reviews to identify, report and respond to any trends or patterns. Significant events, incidents and complaints were discussed at monthly clinical meetings and were a standing agenda item. We saw minutes of these meetings which included learning points, outcomes and actions.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice introduced a new process for sharing patient test results between staff and informing GPs in a timely manner.
- The practice used a comprehensive healthcare quality compliance system to record and manage significant events and incidents, and the associated actions. This system included the facility to identify trends over time. Practice staff monitored and evaluated any action taken as a result of significant events and incidents. Patient safety alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were also managed by this compliance system, including logging when staff had received, read and acted on these. We reviewed a sample of recent MHRA alerts and saw these had been handled appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to, and promote patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Separate child and adult safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, including local contact details and details of the local safeguarding board. The lead GP was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. The practice used its quality compliance system in conjunction with a comprehensive human resources information system to monitor compliance with safeguarding training requirements.
- The practice held registers of vulnerable children and adults and these patients were identified on the practice's patient information system.

Are services safe?

- A notice in the waiting room and all treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- One of the practice nurses was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. IPC was a standing agenda item at monthly clinical meetings.

Overall, the arrangements for managing medicines (including emergency medicines and vaccines) in the practice minimised risks to patient safety. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.

- The practice had arrangements in place for reviewing patients on repeat medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. We found some patients were past their medicine review dates. Practice staff told us they would immediately review their arrangements for managing repeat medicines to ensure compliance.
- The practice had processes for managing high risk medicines. We saw that there were sufficient processes for warfarin prescribing. However we found that staff had not consistently recorded outcomes of blood tests for patients on warfarin in patient records. (Warfarin is a blood thinner used to prevent heart attacks, strokes and blood clots in veins and arteries.) Practice staff told us these tests had been carried out appropriately, and that they would immediately start recording the outcomes appropriately in patient records. We saw evidence to confirm that these tests had been carried out with the results recorded elsewhere.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a fire procedure and an up to date fire risk assessment (from May 2017), and carried out weekly fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for bacteria which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Where necessary staff from neighbouring Malling Health practices could be used.

Are services safe?

Arrangements to deal with emergencies and major incidents

The practice had sufficient arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the reception area and all the treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on site.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was accessible remotely if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.

Practice data demonstrated there were no current exception reporting rates that were significantly higher than the CCG or national averages (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Historical exception reporting data showed the practice had some rates of exception reporting which were higher than CCG and national averages (for example during 2015-16). Staff told us there had been some errors in exception reporting data in the past which had now been rectified. We saw that the practice now had reduced exception reporting rates which were lower than or in line with CCG and national averages, for example:

- The practice had a current exception reporting rate of 6% for chronic obstructive pulmonary disease, compared with CCG and national averages of 13%.

- The current exception reporting rate for coronary heart disease was 8%, compared with the CCG average of 9% and the national average of 8%.
- The current exception reporting rate for mental health was 7%, compared with the CCG average of 13% and the national average of 11%.

The practice had an overall exception reporting rate of 6% for 2016-17, and we saw evidence to confirm this.

This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from 2015-16 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients with diabetes whose last measured total cholesterol was under the recommended level was 84%, compared with the CCG average of 84% and the national average of 80%.
- Performance for mental health related indicators was in line with or higher than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (all patients). The CCG average was 95% and the national average was 89%. The practice had not exception reported any patients for this indicator.

There was evidence of quality improvement including clinical audit:

- The practice had conducted eight clinical audits in the last year, and four of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit into undiagnosed diabetes the practice had recalled a number of patients for a clinical review, and had provided a range of treatments and lifestyle advice for this patient group.
- We saw that audit findings had been presented, discussed and documented as part of clinical, and practice meetings. Audits were a standing item in monthly clinical meetings.

Effective staffing

Are services effective?

(for example, treatment is effective)

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. There was a detailed induction process which included checklists for the first day, first week and first month of employment. Topics covered included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured training and updates took place for staff. The practice used a healthcare quality compliance system in conjunction with a human resources information system to record and manage training and update dates, to ensure all training was completed when required. Training was linked to the appraisals process for all staff.
- We saw evidence of role-specific training and updates, for example the nursing staff had completed recent training in cervical screening, immunisation and infection control. All staff had received training that included safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months. Training was a standing agenda item at monthly clinical meetings.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. GPs and nursing staff had completed annual consent training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nursing staff assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was regularly monitored through patient records audits.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking or alcohol use.

The practice was able to signpost patient to a range of local support groups for example counselling, bereavement, healthy lifestyles, and smoking cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high. For example, the practice had vaccinated 99% of children age up to two years compared with the national average of 91%. 96% of children aged five years had received vaccinations compared with the national average of 88%.

Data from 2015-16 showed the practice's uptake for the cervical screening programme was 86%, which was slightly higher than the CCG average of 83% and the national

average of 81%. The uptake for breast cancer screening was 76%, which was slightly higher than the CCG average of 74% and the national average of 72%. The uptake for bowel cancer screening was 62%, which was higher than the CCG average of 57% and the national average of 56%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Treatment room doors were closed during consultations; we noted that conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs
- Patients could be treated by their choice of male or female clinical staff.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which highlighted the difficulty in getting appointments.

We spoke with four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published during July 2016 showed the practice was below average for its satisfaction scores for consultations with GPs, but in line with or slightly higher than averages for consultations with nurses. For example:

- 73% of patients said the last GP they saw or spoke to was good at listening to them compared with the clinical commissioning group (CCG) and national averages of 89%.
- 69% of patients said the last GP they saw or spoke to gave them enough time compared with CCG and national averages of 87%.

- 71% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 87% and the national average of 86%.
- 95% of patients said the last nurse they saw or spoke to was good at listening to them compared with CCG average of 92% and the national average of 91%.
- 96% of patients said the last nurse they saw or spoke to gave them enough time compared with CCG average of 95% and the national average of 92%.
- 91% of patients said the last nurse they saw or spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 72% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The practice had responded to the GP patient survey results in a number of ways. This included recruiting an additional GP, increasing appointment availability, and carrying out increased training with clinical and reception staff.

The practice carried out an in-house patient survey, which included questions similar to GP patient survey questions, during 2017. Survey responses were received and analysed from approximately 100 patients. Results demonstrated improved patient satisfaction for some areas when compared with 2016 GP patient survey results. For example:

- 85% of patients said they were satisfied with how the GP listened to them.
- 90% of patients said they were satisfied with how the GP gave them enough time.
- 94% of patients said they were satisfied with the care and compassion the GP showed them.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed

Are services caring?

decision about the choice of treatment available to them. We saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey published during July 2016 showed patients views were mixed concerning their involvement in planning and making decisions about their care and treatment. The practice was below average for its satisfaction scores for consultations with GPs, but in line with or slightly higher than averages for consultations with nurses. For example:

- 71% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 66% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 94% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 86% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

The practice had responded to the GP patient survey results by recruiting an additional GP, increasing appointment availability, carrying out increased training with clinical staff and reception staff, and implementing consistent guidelines for staff when dealing with patients.

The practice carried out an in-house patient survey, which included questions similar to GP patient survey questions, during 2017. Results demonstrated improved patient satisfaction across a range of areas. For example:

- 100% of patients said they were satisfied with how the GP explained tests and treatments.
- 92% of patients said they were satisfied with how the GP involved them in their care.

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- There was a hearing loop in the reception area, and staff demonstrated they could operate this.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was available on the practice website, and further information was circulated to patients as part of the patient newsletter. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice population as carers. A patient information leaflet was available which provided information about the carers register and additional support and services provided. There was a carers registration and consent form which allowed patients to choose if their details would be shared with local carers support organisations.

The practice held a collection of leaflets and books to provide to carers, and patients were directed by notices throughout the practice to seek advice and guidance from any of the practice staff. The practice had recognised the specific needs of young carers and was considering ways of providing additional support for this group, for example providing targeted health promotion advice. Practice staff told us one of the practice's key current aims was to increase staff awareness of carers and their needs from within the patient population group, and planned to achieve this by liaising with the local Guideposts carer support service.

Are services caring?

Staff told us that if families had experienced bereavement, practice staff contacted them to arrange an appointment. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Practice staff chose to contact patients with a learning disability by telephone rather than letter as they found this to be more appropriate.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.

Access to the service

The practice building and telephone lines were open from 8am to 6.30pm on weekdays. The practice was not open at weekends. Appointments were available on weekday mornings and afternoons except for Thursdays which was morning appointments only. When the practice was closed patients could call the practice telephone number which was then diverted to the local Warwickshire Out of Hours service which was provided by Care UK.

Pre-bookable appointments could be booked up to four weeks in advance, and we saw that urgent appointments were available on the same day for patients that needed them.

Results from the national GP patient survey published during July 2016 showed that patient satisfaction with how they could access care and treatment was mostly below local and national averages. For example:

- 52% of patients said they were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.

- 52% of patients said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 73% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG and national averages of 85%.
- 85% of patients said their last appointment was convenient compared with the CCG average of 93% and the national average of 92%.
- 60% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 58% and the national average of 58%.

Practice staff were aware of these results, and had responded in a number of ways. This included recruiting an additional GP, increasing appointment availability, carrying out increased training with reception staff, and implementing consistent guidelines for staff when dealing with patients.

The practice carried out an in-house patient survey, which included questions similar to GP patient survey questions, during 2017. Results demonstrated improved patient satisfaction with access to the practice. For example:

- 94% of patients said they were satisfied with the practice's opening hours.
- 72% of patients said they were satisfied with how they could get through to the practice by telephone.

Practice staff told us they were continuing to monitor patient satisfaction with access closely, including carrying out further surveys and working closely with the patient participation group (PPG) to make improvements, for example identifying where further appointments could be offered. Practice staff told us the practice was considering offering extended hours appointments to improve patient access.

Patients told us on the day of the inspection that they were able to get appointments when they needed them, and that they had seen improvements in this area over the last year.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of

Are services responsive to people's needs?

(for example, to feedback?)

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

Listening and learning from concerns and complaints

The practice had an effective system for handling concerns and complaints.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (one of the practice managers) who responded to and managed all complaints made about the practice.
- There was a complaints escalation procedure whereby complaints and responses were overseen by senior managers within the Malling Health organisation.
- Information was available to help patients understand the complaints and feedback processes, for example posters and leaflets.
- Complaints ((including actions and identified trends) were a standing agenda item at monthly clinical meetings.

The practice had a comprehensive approach in place to identify and respond to both individual complaints and feedback, and any themes or trends recognised. This included:

- Carrying out detailed analysis of existing patient feedback and complaints to identify themes and key concerns.
- Carrying out an in-house patient survey during 2017 which involved handing out questionnaires to patients, with the results analysed and discussed by staff.
- Developing and working with the Patient Participation group (PPG) to identify ways of gathering patient feedback and identifying trends, for example distributing a patient newsletter to all local households alongside the local church newspaper.

- Setting up suggestion boxes at key accessible locations in the local community, for example at the local library and school premises.
- Using social media (for example the local village Facebook page) to identify, respond to and act upon complaints directly.
- Setting up systems to capture positive feedback and exploring further ways of identifying, documenting and analysing this, for example tasking reception staff to ask patients for feedback to document in a book kept in the reception area.
- Putting measures in place as a direct response to feedback and complaints, for example making changes to the appointments system, recruiting an additional GP, carrying out additional training with reception staff, and increasing appointment availability.

As a result of these measures the practice was able to provide evidence of improved patient satisfaction and a reduction in the number of complaints during 2017. This included a reduction in individual complaints made by over 50% when comparing 2016-17 with 2015-16, and improved patient satisfaction as evidenced by comparing the results of an internal patient survey carried out in 2017 with previous published GP patient survey results.

We looked at 13 complaints received in the last 12 months and found that each of these were handled appropriately and in a timely and satisfactory way. Each of these complaints demonstrated openness and transparency, and there were associated actions and learning points.

Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, changes were made to the appointment booking system to improve documentation, communication and information sharing within the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear mission statement, which was to improve the health, well-being and lives of those they cared for. There were a number of associated aims and objectives which supported the mission statement which included, for example, providing high quality and safe care, health promotion and disease prevention, partnership working, continuous improvement, and supporting and caring for staff.

Staff we spoke with were aware of the mission statement and the associated aims and objectives, and could describe how their work contributed to these.

At the time of the inspection there were a number of specific current objectives, which included increasing the attendance of patients with long-term conditions, to increase patient satisfaction, and to continue to identify carers to increase the carers register where possible.

There were a range of policies, procedures and business plans in place which supported the practice objectives.

Governance arrangements

The practice had a comprehensive governance framework which supported the delivery of the strategy and good quality care. This outlined the practice structures and procedures and helped ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas, for example safeguarding and infection control.
- Practice specific policies and procedures were implemented and were available to all staff. These were updated and reviewed regularly. There was effective governance, oversight and version control of policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders, and at corporate level. The practice used a business information tool, a key performance indicator (KPI) dashboard, and a healthcare quality compliance system to monitor performance and adherence to regulatory requirements. Meetings were held monthly which provided an opportunity for clinical staff to

discuss and learn about the performance of the practice. Performance information was shared with non-clinical staff through supervision sessions, appraisals, in meetings, and by email. As a result the practice was able to demonstrate sustained improvements in performance.

- Practice staff attended and contributed to quarterly corporate contract monitoring meetings which were used to discuss performance, regulatory compliance, quality of care, and patient satisfaction. Information was used to implement actions and to drive improvement. We saw evidence that practice performance had improved over time, for example an increase in the number of appointments offered, an increase in vaccination rates, and improved patient satisfaction.
- Examples of performance information was included in the practice's patient newsletter which was shared with all local households. Information was reported in a transparent way, and patients told us they were reassured that the practice communicated so openly with them. The practice shared information to help drive improvement, for example publicising the patient participation group (PPG) and seeking views, and sharing information relating to missed appointments to help reduce these.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, for example using the healthcare quality compliance system to evaluate compliance with regulatory requirements and identify necessary actions.
- We saw evidence from monthly clinical meeting minutes of a meetings structure that allowed for lessons to be learned and shared following significant events, incidents, complaints, and patient feedback.

Leadership and culture

On the day of inspection the practice managers and GPs demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and

Are services well-led?

Good 

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

compassionate care with a focus on continuous improvement. Staff we spoke with told us the GPs and practice managers were approachable and always took the time to listen to them.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. From the sample of 12 documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

- The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. Minutes of these meetings were kept and we reviewed examples of these.
- Staff told us the practice held monthly formal clinical meetings. Clinical and non-clinical staff met regularly with the practice managers, including on a daily basis where necessary, to share information and concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. Meeting minutes and performance information was available for all staff to view.
- Staff said they felt respected, valued and supported by the GPs and practice managers. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff, and had used this information to help put in place sustained improvements.

- The practice had a comprehensive approach to identify and respond to individual complaints and feedback, and to recognise and respond to any themes or trends. This included carrying out detailed analysis of existing patient feedback and complaints to identify themes and key concerns, and setting up a range of methods to capture patient feedback. The practice subsequently made changes as a response to patient feedback and was able to evidence significant improvements in patient satisfaction.
- The practice had an active and engaged patient participation group (PPG). The PPG had formal meetings on a quarterly basis, and had an ongoing dialogue with the practice managers between these times. PPG meetings were subject to a formal agenda and minutes were kept and shared with PPG members and practice staff. The PPG was publicised within the practice and as part of the patient newsletter. We saw examples of where the PPG had supported the practice to make improvements, including defining a protocol to deal with patients who repeatedly did not attend their appointments. As a result there had been a reduction in missed appointments during 2017. The PPG was working with practice staff to develop its own key performance indicators (KPIs) and discussions were ongoing.
- Staff were able to provide their views in a number of ways, for example in meetings, as part of appraisals, and as part of an annual staff survey. We saw evidence that staff feedback was used to make changes, for example training reception staff to improve the vaccinations handling process. Staff told us they felt involved and engaged to improve how the practice was run.
- All staff were invited to contribute to 360 degree appraisals of GPs and practice managers. (360 degree appraisals are a process in which employees receive confidential, anonymous feedback from the people who work around them, including the employee's manager, peers, staff managed by them.)

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Practice staff

Are services well-led?

Good 

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

discussed and used performance and compliance information effectively to help drive improvement. We saw examples of where practice staff shared findings with other practices locally with the aim of helping them to improve, for example results of incidents and audits.