

Trinity Court Surgery

Quality Report

Stratford Healthcare
Arden Street
Stratford upon Avon
Warwickshire
CV37 6HJ
Tel: 01789 292895
Website: www.trinitycourtsurgery.nhs.uk

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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?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection March 2015 – outstanding)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Trinity Court Surgery on 22 February 2018 as part of our inspection programme.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. The practice discussed incidents as soon as they happened, learned from them and improved their processes where necessary.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. Care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- The practice worked collaboratively with other local practices and organisations to develop schemes which would benefit patients in the area. For example, a social prescribing pilot project had been developed with Warwickshire County Council. (Social prescribing is a way of linking patients in primary care with sources of support in the community.)
- Three GPs provided additional care out of core hours for their terminally ill patients.
- The practice participated in the South Warwickshire GP Federation's over 75's project, which had two elements, social prescribing and enhanced clinical reviews.

Summary of findings

- The lead nurse won the South Warwickshire Federation's Best Modernisation Award in 2016 for developing a template for the emergency appointment system, which made it easier for the nurse practitioner to determine whether the patient needed to be seen by a nurse practitioner or a GP.
- The practice worked with the patient participation group to provide a medicines delivery service from the branch site at Claverdon for housebound patients.
- Patients told us that the appointment system was easy to use and said that they were able to access care when they needed it.
- The practice was research accredited and encouraged patients to take part in research projects.
- There was a focus on continuous learning and improvement at all levels.

The area where the provider **must** make improvements as they are in breach of regulations is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Develop a protocol for the management of patients on high risk medicines.
- Monitor the timely collection of clinical waste from Trinity Court.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Trinity Court 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 second CQC inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Trinity Court Surgery

Trinity Court Surgery is registered with the Care Quality Commission (CQC) as a partnership provider. It is located in Stratford upon Avon in a large purpose built building, which also contains NHS community health services, an independent pharmacy and a coffee shop. The practice has a branch site at Claverdon, which is approximately nine miles away. We visited the branch site as part of the inspection. The branch site offers dispensing services to those patients on the practice list who live more than one mile from their nearest pharmacy.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Trinity Court Surgery and Claverdon Surgery were providing medical care to 17,822 patients across 120 square miles. The practice has a low level of deprivation and a higher than average population over the age of 65 years (currently 21% compared to the national average of 17%). The practice has a website, which details services and gives information to patients: www.trinitycourtsurgery.nhs.uk.

The practice provides additional GP services commissioned by South Warwickshire clinical commissioning group (CCG). For example, minor surgery. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Parking is available on site and a public car park is located a few minutes' walk from Trinity Court Surgery. Bus stops are situated in the main street. There is provision for parking for disabled patients at the front of the building and the practice has facilities for disabled patients.

The practice team consists of six GP partners (three male and three female) and four salaried GPs (one male and three female). They are supported by a business manager, a practice manager, a pharmacist, two nurse practitioners, a nurse prescriber, five practice nurses, three health care assistants, a phlebotomist (staff trained to take blood) and reception and administrative staff. There is also a dispensing team at the branch site.

Trinity Court Surgery is open on weekdays from 8am until 5.45pm. Appointments are available from 8.10am until 11.40am and from 2.30pm until 5.30pm. Extended hours appointments are provided at Trinity Court Surgery on alternate Saturday mornings from 8.30am until 12.45pm. Evening surgeries are provided every Thursday from 6.30pm until 8.30pm and on alternate Tuesday or Wednesday evenings. If patients urgently need to speak to a GP outside of opening hours they are directed to the duty doctor's mobile number.

Claverdon Surgery is open from 8am until 5.45pm on Mondays, Wednesdays and Fridays and from 8am until 1pm on Tuesdays and Thursdays. Appointments are available from 8.10am until 1pm and from 2pm until 5.30pm on Mondays, and from 8.10am until 1pm on Tuesdays and Thursdays. On Wednesdays GP appointments are available from 9am until 12 noon and

Detailed findings

from 3pm until 5.45pm; nurse appointments are available from 8.30am until 12.30pm and from 2pm until 5.45pm. On Fridays, GP appointments are available from 8.15am until 12 noon and from 4pm until 5.45pm; nurse appointments are available from 8.15am until 12.30pm.

An out of hours service is provided by Care UK for South Warwickshire Clinical Commissioning Group. Patients can access this by using the NHS 111 service.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- Safety risk assessments were carried out by an external contractor. The suite of safety policies were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken for all new members of staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. It was practice policy that only clinical staff acted as chaperones; they had been trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. The nurse manager was the practice lead for infection control. Annual audits were carried out at both the main and branch sites. We saw that action was taken to address issues that had been highlighted.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- There were systems for safely managing healthcare waste, but the on site facilities management company

was responsible for removing the clinical waste at Trinity Court and the storage area was shared with all the tenants at in the building. We were told this shared area was discussed at a joint tenants' meeting with the landlord in January 2018 and that several tenants had requested a separate area.

- On the day of the inspection, clinical waste at Trinity Court was stored in bins, which could not be locked, because they were too full. An unlocked bin was almost full of bins which contained sharp waste and the area was accessible by the public. It was not possible to determine which clinical waste came from Trinity Court, because the bins were shared. The practice contacted the on site facilities management company immediately the problem was pointed out.
- We were subsequently informed that the clinical waste area had been tidied and that Trinity Court Surgery had been supplied with its own designated clinical waste bins. The on site facilities management company said that the gated area could not be locked because it served as a fire exit to a fire door within the compound.
- The clinical waste at the branch site was stored securely.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. We were told staff worked across both sites, with a few exceptions, and that staff routinely provided cover for each other during periods of annual leave or illness.
- There was an effective induction system for temporary staff tailored to their role. We viewed the comprehensive locum pack for locum GPs.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.

Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.
- We were told that any letters waiting to be typed after five days were sent to a transcription service in order to ease the workload and speed up the typing of the letters.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. We were shown a recent audit (February 2018) of patients who were prescribed a high risk medicine under a specialist/ GP shared agreement. The audit showed that 92% (56 out of 61) of these patients had undergone blood monitoring tests within the previous two months. Three of the remaining patients had had blood tests within three months and been prescribed the high risk medicine for some years. The practice had taken action regarding the two remaining patients which included following up with the specialist rheumatology team and the audit was scheduled to be repeated in six months' time.
- We carried out random checks on patients who were prescribed two different high risk medicines and found that monitoring guidelines had been consistently followed. We noted that the practice did not have a written protocol for the management of patients on high risk medicines.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. The practice was rated as the highest prescribers of broad spectrum antibiotics in the clinical commissioning group. The area prescribing committee guidelines were circulated to all clinicians, who were encouraged to look at their own prescribing and ensure that the reason for prescribing the antibiotic was documented in the patient's medical record.
- We were shown a completed audit cycle that had been carried out on the prescribing of antibiotics for urinary tract infections (UTIs) in adults. The first audit showed 83% compliance with Public Health England (PHE) guidelines and 77% compliance with Coventry and Warwickshire antibiotic guidelines. After the initial audit, current PHE guidelines on investigation and treatment of UTIs in adults were circulated to all clinicians, together with the local guidelines. The second audit showed that compliance had improved to 90% and 97% compliance with PHE and Coventry and Warwickshire antibiotic guidelines respectively.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- Arrangements for dispensing medicines at the branch site kept patients safe. The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using their dispensary. Housebound patients were able to have their medicines delivered and we saw that appropriate consent forms had been obtained from each patient.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and undertook continuing learning and development.
- Dispensary staff undertook medicine reviews with patients and there was a room available for discussing medicines confidentially.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process. We saw evidence of regular review of these procedures in response to incidents or changes to guidance in addition to annual review.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and reviewed promptly. This helped to ensure that appropriate actions were taken to minimise the chance of a recurrence.
- Controlled drugs were only held at the branch site and there were procedures to manage them safely. There were arrangements for the destruction of controlled drugs and staff knew how to raise any concerns with the controlled drugs accountable officer in their area.

Are services safe?

Track record on safety

The practice had a good safety record.

- Risk assessments had been carried out in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and they were supported when they did so.
- There were systems for reviewing and investigating when incidents occurred. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. For example, we noted

that the form to submit to the coroner's office had been updated on the intranet after an incident when the incorrect form had been submitted. We saw that this was discussed and minuted at the next practice meeting.

- The practice had a protocol for receiving and acting on medical device alerts and medicines safety alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA), which were circulated to GPs and all relevant staff as appropriate. A log of alerts with details of actions taken was maintained. We viewed a selection of recent alerts and found that they had been received and actioned in accordance with the practice's protocol. We found that there was no record of three medicine updates having been received or actioned. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- The practice participated in the South Warwickshire GP Federation's over 75's project, which had two elements, social prescribing and enhanced clinical reviews. (Social prescribing is a way of linking patients in primary care with sources of support in the community.) In conjunction with care navigators from Age UK Warwickshire, the practice looked to identify and address unmet social needs for these patients, thereby improving quality of life and reducing the risk of hospital admissions. Since April 2016 the practice had undertaken over 250 enhanced clinical reviews and referred 25 patients to Age UK. The Federation reported a 16% annual reduction in unplanned hospital admissions for patients in this cohort who had received both an enhanced clinical review and a referral to an Age UK care navigator. In addition, 98% of patients who had had the enhanced clinical reviews considered them to have been beneficial to their health.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training. For example, two nurses who were experienced in the management of patients with chronic lung disease had been trained to undertake spirometry. (Spirometry measures lung function, specifically the amount and/or speed of air that can be inhaled and exhaled.)
- The practice provided an in-house anti-coagulation (treatment to help prevent blood clots) service, which included home visits for International Normalised Ratio monitoring (a test for blood clotting time) as well as warfarin (a medicine to help prevent blood clots) initiation for patients with atrial fibrillation (abnormal heart rhythm).
- A nurse led direct oral anticoagulant clinic was set up predominantly for patients who had been newly diagnosed with atrial fibrillation.
- The practice participated in the Quality, Innovation, Prevention and Productivity (QIPP) scheme run by the South Warwickshire GP Federation to increase the rates of anticoagulation of patients with atrial fibrillation. Participation in the Federation scheme had resulted in a reduction of over 10% in the number of patients with atrial fibrillation considered to be at risk who were not taking medicine to help prevent blood clots. Only 14% of these patients were now not taking medicine to help prevent blood clots, which was 4% better than the local average of 18%. This in turn resulted in a reduction in unplanned hospital activity for these patients.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.
- The GP lead for safeguarding met weekly with the health visitor.
- Child protection was discussed at fortnightly meetings with a multi-disciplinary team.

Are services effective?

(for example, treatment is effective)

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 80% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people and local travellers.
- A register was held for patients with a learning disability. All 38 patients had been invited for an annual health check and those who had not responded were invited again. We were told that 25 health checks had been performed in the last year.

People experiencing poor mental health (including people with dementia):

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%. The exception reporting rate was 6%, which was in line with the South Warwickshire Clinical Commissioning Group (CCG) and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is in line with the national average of 90%. The exception reporting rate was 8%, which was 2% below the CCG average and 5% below the national average.

- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 95%; CCG 95%; national 91%); and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation (practice 96%; CCG 96%; national 95%). Exception reporting for both was in line with CCG and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity, which included audits, and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives. For example, the practice was working with Warwickshire County Council regarding a scheme to deliver drop-in sessions at the practice where patients could get information on support agencies in the area. These drop-in sessions had started the week before our inspection.

The most recent published Quality Outcome Framework (QOF) results were 99.1% of the total number of points available which was in line with the clinical commissioning group (CCG) average of 99.4% and 4% above the national average. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the nurse prescriber was working towards a nurse practitioner qualification.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

Are services effective?

(for example, treatment is effective)

and support for revalidation. There was a comprehensive quality control procedure for the staff employed in advanced roles, which included end of session debriefs by the duty doctor, Prescription Pricing Authority feedback on prescribing and inclusion in internal clinical audits.

- There was a process for supporting and managing staff when their performance was poor or variable.
- Clinical staff had areas of special interest. For example, a GP carried out endoscopies (a procedure used to examine a patient's body from the inside with a tiny camera) and sigmoidoscopies (a procedure used to examine the rectum and lower part of the colon). This meant that patients could attend the practice to have the procedure carried out instead of having to go to hospital.
- A GP was vice-chair of the Local Medical Committee and the Business Manager was a member of the Board of the local GP Federation, so they could keep the practice updated with current activities in the local area.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- 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.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Telephone calls were answered by staff in a separate office, which ensured confidentiality.
- A privacy sign was displayed at reception and we observed that patients respected this.
- The majority of the 80 patient Care Quality Commission comment cards we received were positive about the standard of service delivery, which patients thought was very high. Patients wrote that clinical staff listened to them and that receptionists were very helpful and kind. There were two negative comment cards which concerned the difficulty in getting through to the practice and making a GP appointment.
- Results from the NHS Friends and Family Test conducted from January 2017 to January 2018 showed that 227 out of 229 patients would be likely or extremely likely to recommend the practice. Patients wrote that receptionists were very helpful and that the level of clinical care was very high. Patient said that they thought that they were fortunate with their practice.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. 232 surveys were sent out and 113 were returned. This represented a 49% completion rate and about 0.6% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 89%.

- 88% of patients who responded said the GP gave them enough time; CCG - 90%; national average - 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 97%; national average - 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 90%; national average - 86%.
- 92% of patients who responded said the nurse was good at listening to them; (CCG) - 93%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 95%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 98%; national average - 97%.
- 93% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 93%; national average - 91%.
- 91% of patients who responded said they found the receptionists at the practice helpful; CCG - 91%; national average - 87%.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.
- Staff communicated with patients in a way that they could understand, for example, easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them to ask questions about their care and treatment.

The practice identified patients who were carers. There was a question about carers on the new patient questionnaire and there was a link on the practice website to the

Are services caring?

Warwickshire Joint Adult Carers' Strategy and Carer Wellbeing Service. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 286 patients as carers (1.6% of the practice list).

We were told that if families had experienced bereavement, their usual GP would contact them and offer advice on how to find a support service.

Results from the National GP Patient Survey showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 91% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 91% and the national average of 86%.

- 84% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 88%; national average - 82%.
- 91% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 93%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 89%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, patients could register for online services such as repeat prescription requests, text reminders and advance booking of appointments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, a portable hearing loop was available at Trinity Court Surgery.
- The practice leaflet was being revised at the time of our inspection.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice worked with the patient participation group to provide a medicines delivery service from the branch site at Claverdon for housebound patients.
- The practice provided a financial subsidy to the coffee shop in the building, because it was convenient for patients. The ante-natal group used it for their support meetings.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- Three GPs provided an out of hours service for terminally ill patients by ensuring that patients or their carers knew how to contact them.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with multi-disciplinary staff to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours were provided on some weekday evenings and alternate Saturday mornings. This service was convenient for patients who could not attend during core opening hours.
- Telephone consultations were available which provided flexibility for patients who were unable to attend the practice during core opening hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients who had a learning disability were offered an annual review.
- Information about domestic abuse was discreetly displayed.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients in this cohort were offered same day urgent access to appointments.
- Annual health checks were offered to patients on the mental health register.
- Pro-active screening was carried out for patients with memory problems or dementia.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients commented that the appointment system was straightforward to use.
- Routine appointments could be booked two weeks ahead. If patients needed to book further ahead than this, the GP could issue a slip with appropriate instructions for reception staff.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 232 surveys were sent out and 113 were returned. This represented a 49% completion rate and about 0.6% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 80% and the national average of 76%.
- 84% of patients who responded said they could get through easily to the practice by telephone; CCG – 80%; national average - 71%.

- 91% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 91%; national average - 84%.
- 93% of patients who responded said their last appointment was convenient; CCG - 89%; national average - 81%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 83%; national average - 73%.
- 53% of patients who responded said they do not normally have to wait too long to be seen; CCG - 66%; national average - 58%.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was straightforward to do. The practice manager was the lead for complaints. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had logged 16 complaints since February 2017. We reviewed a selection of complaints and found that they were satisfactorily handled in a timely way in accordance with the practice's complaints policy. We saw that lessons were learned and changes were made as a result of complaints. For example, all opticians' letters were now workflowed to a GP as urgent following a complaint about the delay in diagnosis and treatment after a referral to an optician.

Are services well-led?

Good 

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

Our findings

We rated the practice, and all of the population groups, as good for providing a well-led service.

Leadership capacity and capability

The GP partners and management team had the capacity and skills to deliver high-quality, sustainable care.

- The GP partners and management team had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, a full time business manager had been recruited and the practice was keen to extend the number of sessions provided by the pharmacist. Other options under discussion were the recruitment of paramedics for visiting patients (this post had been advertised) and physician assistants, both of which would free up more GP appointments.
- Staff told us that the GP partners and management team were visible and approachable.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had developed a mission statement which set out their aim to provide the highest possible standard of primary care services in order to improve the health and wellbeing of their patients, by working together with their patients and staff within a safe and caring environment.
- There was a strategy and plans to enable the practice to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. We noted that the practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- It was clear that practice staff focused on patient needs.
- GP partners and the management team acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us that they were able to raise concerns and were encouraged to do so. The practice had provided 'bug boxes' for staff to post comments and suggestions, which were then addressed at the protected time learning meeting.
- There were processes for providing all staff with the development they needed. This included appraisal, which included the opportunity to discuss and agree career development plans. Staff received annual appraisals. Clinical staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us that the relationships between teams were positive.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

Are services well-led?

Good 

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

understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Regular meetings were held, including monthly business meetings.
- Protected learning time sessions were held regularly.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Policies, procedures and activities had been established to ensure safety and these were reviewed on a regular basis.

Managing risks, issues and performance

There were clear and effective processes for managing the majority of risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions, although there was no evidence that formal clinical reviews of the nurse practitioners' consultations took place. The GP partners and management team had oversight of patient safety alerts, incidents, and complaints, but there was not an effective process for receiving drug safety updates.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. For example, an audit on smear taking highlighted a training issue, so additional training was provided.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

- The practice used performance information to keep track of progress against local and national targets.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to improve their working processes.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The opinions of patients, staff and external partners were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group (PPG), which met quarterly. 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. Minutes were kept of all meetings.
- We were told that the PPG acted as a 'critical friend' to the practice. Members represented patients at both Trinity Court and the branch site at Claverdon. The chair of the PPG also chaired the South Warwickshire Clinical Commissioning Group Public and Patient Participation Group (SWCCG PPPG), so they were able to keep the practice PPG members informed about wider health issues in the local area as well as conveying the practice PPG perspective to the SWCCG PPPG.
- PPG meetings were attended by a GP and the practice manager, so the PPG members were kept updated on plans for the practice and could provide feedback on behalf of patients. We noted the practice took action as a result of feedback. For example, patients complained they could only book appointments two weeks ahead, even if their GP had specified a longer time frame. GPs now had a slip which they could give to patients to hand in to reception to override the two week rule when booking routine appointments.
- The service was transparent, collaborative and open with stakeholders about performance.

Are services well-led?

Good 

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

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice team was forward thinking and keen to explore initiatives in general practice. The practice actively participated in local pilot schemes to improve outcomes for patients in the area. For example, the over 75's project.
- There was a focus on continuous learning and improvement at all levels within the practice. For example, the nurse prescriber was working towards the nurse practitioner qualification and two members of the

reception team had attended an external course in active signposting. (Active signposting provides patients with a first point of contact which directs them to the most appropriate source of help.)

- The practice was part of the Primary Care Clinical Research Network at Warwick University. Patients were encouraged to take part in research studies such as gout and heart disease.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared amongst the team and used to make improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">The registered person did not have an effective system for receiving, actioning and tracking all alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.</p>