

# Vale of the Red Horse Health Care Centres

## Quality Report

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Website: [www.kinetonsurgery.warwickshire.nhs.uk/](http://www.kinetonsurgery.warwickshire.nhs.uk/) Date of publication: 28/04/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Vale of the Red Horse Health Care Centres on 22 November 2016. Overall the practice is rated as **good**.

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

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.
- Risks to patients were comprehensively assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were sufficiently trained and had the appropriate knowledge and experience to effectively deliver care and treatment.

- Patient outcomes were in line with or above local and national averages.
- Patients said they were treated with compassion, dignity and respect and that they were suitably involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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 and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

# Summary of findings

- The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. This enabled these young carers to access additional support and guidance from the practice, including signposting to local support services. Practice staff had engaged with and sought feedback from this group in respect of provision for carers, and had used the feedback to make improvements. This included designing specific correspondence for young carers.
- The practice had recognised they had higher than average numbers of teenage patients and provided additional services for this group, including weekly young persons' clinics specifically for those aged 16 to 19 years. The practice had engaged with a local school to visit and discuss aspects of health care, for example sexual health. This included question and answer sessions with groups of students.

**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.

- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, reported, reviewed and shared.
- Practice staff used opportunities to learn from incidents to support improvement. Learning was based on a thorough analysis and investigation and we saw that reviews were undertaken to ensure the learning was embedded. We saw that all staff were involved in discussions and learning.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- The practice carried out monthly audits of where chaperones had been offered and used, and whether this information had been recorded in patients' notes. The practice used this information to identify and implement improvements.
- Arrangements for managing medicines kept patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently above regional and national averages. The most recent published results showed that the practice achieved 99% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national averages of 98% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Good



# Summary of findings

- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



We observed a strong patient-centred culture:

- The practice provided extensive help and support for patients who were carers. For example, Practice staff wrote to carers once a year, to keep in touch and to invite them to a discussion with a GP to see if any further support was needed. The practice hosted a monthly surgery facilitated by Guideposts Warwickshire Carers Support Service for patients to access support and advice, and provided additional education and support events for carers at both practice locations.
- The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. This enabled these young carers to access additional support and guidance from the practice, including signposting to local support services. Practice staff had engaged with and sought feedback from this group in respect of provision for carers, and had used the feedback to make improvements. This included designing specific correspondence for young carers.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example the practice had a policy to telephone older patients and those with memory loss to remind them of their appointment details, on the day of their appointment.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Managers and staff told us they were committed to providing the very best care for patients, and patient feedback aligned with this.
- Feedback from patients about their care and treatment was consistently positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example:

# Summary of findings

- 93% 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 89% and the national average of 85%.
- 90% 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 88% and the national average of 85%.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had carried out ongoing analysis of the needs of the population group and had considered and responded to specific challenges including the rural location, poor transport links and areas of deprivation. For example, home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- The Clinical Commissioning Group (CCG) provided a phlebotomy (blood taking) service in patients' homes. Practice staff chose to provide an additional at home phlebotomy service as some patients told them they felt more comfortable and were more satisfied when seeing the practice's own staff.
- The practice provided an 'emergency bypass' telephone number to all patients deemed to be at risk. When this number was called it rang on separate telephones around the practice and staff knew to answer these calls as soon as possible.
- The practice had recognised they had higher than average numbers of teenage patients and offered weekly young persons' clinics specifically for those aged 16 to 19 years between 3.30pm and 5.30pm every Tuesday. Staff told us they saw approximately eight to 12 young people per week as part of this service.
- The practice recognised that working-age patients (those aged between 40 and 65) were overrepresented compared with regional and national averages. Extended hours appointments were available on alternate Monday and Thursday evenings until 7.45pm to help meet the needs of this group. The practice also offered additional appointments on Tuesday evenings from 6pm until 8.30pm which were over and above extended hours appointments. This included providing reception and medicine dispensing services at these times.
- The practice engaged with the local community, for example by holding weekend health awareness sessions at the local village hall and information sessions at a local school.
- The Patient Participation Group (PPG) arranged a number of awareness sessions to provide advice and guidance to the local community.

Good



# Summary of findings

- The practice offered monthly women's health clinics which took place in the evening which included cervical screening, contraception and breast examinations.
- Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. 86% of patients found it easy to get through to this practice by telephone compared with the CCG average of 78% and the national average of 73%. 98% of patients said the last appointment they got was convenient compared with the CCG average of 94% and the national average of 92%.
- There was continuity of care with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice had an overarching and comprehensive governance framework which was regularly reviewed and supported the delivery of the strategy and good quality care. This included extra measures to enable the partners to have effective oversight of performance, risk and quality, for example monthly audits of where patient chaperones had been offered and used, and whether this information had been recorded in patients' notes.
- Audits were used in a proactive way to ensure systems, policies and protocols were being followed correctly and that the service was being provided in the most safe and effective way for patients.
- There was a high level of constructive engagement with staff and a consistently high level of staff satisfaction. All GPs and the practice manager were subject to an annual 360 degree feedback process as part of their appraisal, where all staff were invited to contribute.
- Effective communication was prioritised and this was key to the success of the practice.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and we saw examples of improvements made.
- There was a strong focus on continuous learning and improvement at all levels.



# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. This included individual care plans for patients aged over 75 including those in care home settings.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Enhanced checks for patients aged 75 and above were available, including a 30-minute appointment with the practice nurse for any new patients.
- The Clinical Commissioning Group (CCG) provided a phlebotomy (blood taking) service in patients' homes.
- The practice provided an 'emergency bypass' telephone number to all patients deemed to be at risk such as older people at risk of hospital admission. When this number was called it rang on separate telephones around the practice and staff knew to answer these calls as soon as possible.
- There was a bell outside the main practice premises for patients who required support to enter the building. Staff would assist these patients when necessary, and had received the appropriate training to do so.
- The practice had a policy to telephone older patients to remind them of their appointment details, on the day of their appointment.
- The practice directed older people to appropriate support services.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators above Clinical Commissioning Group (CCG) and national averages. For example, 99% of patients with diabetes had received an influenza immunisation in the last 12 months compared with

Good



# Summary of findings

CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 15% compared with the CCG average of 14% and the national average of 18%.

- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead and were allocated to a specialist nurse.
- Structured annual reviews were provided to check 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.

- 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 and E) attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- The practice had recognised they had higher than average numbers of teenage patients and offered weekly young persons' clinics specifically for those aged 16 to 19 years between 3.30pm and 5.30pm every Tuesday. Staff told us they saw approximately eight to 12 young people per week as part of this service.
- The practice had engaged with a local school to visit and discuss aspects of health care, for example sexual health. This included question and answer sessions with students, and presentations designed to help students make informed choices about their healthcare. Staff told us they had spoken with up to two hundred students within the last 12 months.
- The practice engaged with children locally to provide health advice, for example sessions with groups of Beavers, Brownies and primary school children to consider basic life support and how to deal with choking.

Good



# Summary of findings

- The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. Practice staff had sought feedback from this group into carers' provision and had used this feedback to make improvements, for example designing specific correspondence for young carers to help identify and engage with this group.
- We saw positive examples of engagement and joint working with midwives, health visitors and education professionals including school nurses.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had carried out ongoing analysis of the needs of the population group and had considered and responded to specific challenges.
- The practice was proactive in offering online services. Patients were able to book appointments, order repeat prescriptions and send and receive secure messages online. The practice provided evidence of high levels of patient use of online resources, including the use of the practice's social networking pages on Facebook and Twitter.
- The practice recognised that working-age patients (those aged between 40 and 65) were overrepresented compared with regional and national averages. Extended hours appointments were available on alternate Monday and Thursday evenings until 7.45pm to help meet the needs of this group. The practice also offered additional appointments on Tuesday evenings from 6pm until 8.30pm which were over and above extended hours appointments. This included providing reception and medicine dispensing services at these times.
- The practice held weekend health awareness sessions at the local village hall and information sessions at a local school.
- The practice offered monthly women's health clinics which took place in the evening which included cervical screening, contraception and breast examinations. Staff told us these sessions were regularly well-attended.

Good



# Summary of findings

- Performance for cervical screening indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 86% compared with CCG and national averages of 83% and 82% respectively.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances, for example homeless people and those with a learning disability. All patients on this register were assessed at least every quarter by a GP partner.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of 24 patients registered as having a learning disability and had offered health checks for all of these patients. 20 of these checks had been completed in the last 12 months. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided extensive help and support for patients who were carers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the 12 months was 100% (all patients) compared

Good



# Summary of findings

with CCG and national averages of 94% and 90% respectively. The practice's exception reporting rate for this indicator was 10% compared with the CCG average of 9% and the national average of 10%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had a policy to telephone those with memory loss to remind them of their appointment details, on the day of their appointment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff 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 National GP Patient Survey results were published during July 2016. There were 230 survey forms distributed and 108 returned. This represented a 47% response rate and 2% of the practice's patient list.

The results showed the practice was performing above or in line with local and national averages in most areas. For example:

- 86% of patients said they found it easy to get through to the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 98% of patients said the last appointment they got was convenient, compared with CCG average of 94% and the national average of 92%.
- 85% of patients were satisfied with the practice's opening hours, compared with the CCG average of 77% and the national average of 76%.
- 99% of patients said they had confidence and trust in the last GP they saw or spoke to, compared with the CCG average of 98% and the national average of 95%.
- 93% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with CCG average of 87% and the national average of 82%.
- 92% of patients described their overall experience of the practice as good, compared with the CCG average of 90% and the national average of 85%.

However, the practice was performing slightly below local and national averages in some areas, namely:

- 53% of patients said they get to see or speak with their preferred GP, compared with the CCG average of 67% and the national average of 59%.
- 58% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the CCG average of 69% and the national average of 65%.
- 50% of patients said they did not normally have to wait too long to be seen, compared with the CCG average of 61% and the national average of 58%.

Practice staff demonstrated they were aware of these results. We saw evidence of analysis of patient views, and we saw that these had been discussed in practice meetings and with the Patient Participation Group (PPG). The practice had responded by developing an action plan and by increasing appointment availability and building catch-up slots into the day.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 20 comment cards and all of these were completely positive about the standard of care received at both the main and branch surgery. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. There were many positive comments relating to how the care and services provided had continued to improve over the last few years.

We spoke with eight patients during the inspection including those who used the branch surgery. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Outstanding practice

We saw areas of outstanding practice including:

- The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. This enabled these young carers to access additional support and guidance from the practice,

including signposting to local support services. Practice staff had engaged with and sought feedback from this group in respect of provision for carers, and had used the feedback to make improvements. This included designing specific correspondence for young carers.

## Summary of findings

- The practice had recognised they had higher than average numbers of teenage patients and provided additional services for this group, including weekly young persons' clinics specifically for those aged 16

to 19 years. The practice had engaged with a local school to visit and discuss aspects of health care, for example sexual health. This included question and answer sessions with groups of students.

# Vale of the Red Horse Health Care Centres

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Vale of the Red Horse Health Care Centres

Vale of the Red Horse Health Care Centres consists of two premises within the South Warwickshire Clinical Commissioning Group (CCG), providing GP services to patients within the South Warwickshire area.

The main surgery is a converted school building located in the village of Kineton, South Warwickshire. This premises is served by the local bus network and there is accessible parking. The building and facilities are fully accessible to wheelchair users.

In addition to the main surgery the practice also provides GP services at a purpose built branch surgery in the nearby village of Tysoe. There is accessible parking and this building and facilities are also fully accessible to wheelchair users.

Both premises provide a dispensary on site to issue prescribed medicines to patients. Both premises are fully computerised and linked through their IT and telephone systems. We visited the main location and branch surgery as part of this inspection.

The practice and branch surgery provide primary medical services to approximately 4,850 patients within a

110-square mile area of rural countryside with villages and some urban developments. The practice population is currently growing at a rate of 2% per year, and is likely to increase further over the next two years due to large scale housing developments locally.

The practice population is approximately 98% White British. Patients aged under 18 years and between 40 and 69 years are overrepresented compared with regional and national averages. The practice area is generally of low deprivation, with small concentrated areas of higher deprivation in some of the villages.

The clinical staff team consists of one male and one female GP partners, one male and three female salaried GPs, a clinical pharmacist, a nursing manager, two practice nurses, a healthcare assistant, a dispensing manager and six dispensing staff.

The practice conducts GP training with qualified doctors who are undergoing a period of further training in order to become GPs. There is currently one trainee GP at the practice.

The clinical team is supported by a practice manager, an assistant practice manager, an accounts administrator and a team of nine administrative and reception staff.

All staff are required to work at both practice premises.

The main location and telephone lines are open from 8am to 1pm and 2pm to 6.30pm on weekdays (8.30pm on Tuesdays). Appointments are available between 8.45am until 1pm and 2pm until 6pm on weekdays. Extended hours appointments are available on alternate Monday and



# Detailed findings

Thursday evenings until 7.45pm. The practice also offers additional appointments on Tuesday evenings from 6pm until 8.30pm, which are over and above extended hours appointments.

The branch surgery is open for GP and nurse appointments and dispensary services from 9am until 1pm on weekdays.

When the practice is closed services are provided by Care UK Warwickshire out of hours service. Patients are directed to this service by a recorded answerphone message, and there is information concerning out of hours arrangements on the practice website.

## 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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS South Warwickshire Clinical Commissioning Group (CCG). We carried out an announced inspection on 24 November 2016. During our inspection we:

- Visited the main location and branch surgery premises;
- Spoke with a range of managerial, clinical and non-clinical staff who worked at the main location and branch surgery;

- Spoke with patients who used the service at the main location and branch surgery;
- Observed how patients were treated in the reception and waiting areas, and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients, and;
- Reviewed a total of 20 comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There were comprehensive safety systems and processes in place and the practice demonstrated a commitment to transparency, learning and improvement. There was a well-established system for reporting, recording, sharing and learning from significant events, incidents and near misses.

- We found that staff were open and transparent, and willing to report, discuss and learn from significant events, incidents and near misses. Staff told us they would inform the practice manager and GPs of any of these and we found that staff fully understood their responsibilities to do so. Staff informed us they were involved in formal meetings and discussions which focussed on learning and improvement with the aim of improving safety and reducing risk.
- There was a dedicated reporting form for significant events and significant incidents on the practice's computer system. The format of the form was designed to capture actions, discussion and learning in addition to documenting the circumstances and impact of the incident. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that events had been consistently reported, recorded, discussed, reviewed and shared for over five years.
- The practice manager was responsible for the analysis and governance of significant events, incidents and near misses.
- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included dedicated significant events meetings held quarterly which were attended by all staff, and we observed one of these meetings taking place. We saw minutes from these meetings where significant events and learning points were discussed and actions allocated. These minutes were shared with the full staff team and were considered in full practice and team meetings.
- Staff told us they would share examples of learning from significant events and incidents externally where this could benefit other practices, for example nurse forums and Clinical Commissioning Group (CCG) meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare Products Regulatory Alerts), patient safety alerts and minutes of meetings where these were discussed. The practice had an alerts protocol and an accompanying internal cascading system to identify, share and respond to any alerts. This system was set up so that the practice manager, assistant practice manager or lead GP could check who had read and responded to alerts, thereby supporting effective governance. The practice utilised a secure, cloud-based intranet system which all staff could access, and this was used to share information including that which related to incidents and alerts. This system could be accessed remotely at any time.

We saw evidence that patient and medicines searches were carried out following alerts with appropriate actions taken. Practice staff showed us audits of the system they had carried out which demonstrated the processes were working effectively.

We saw evidence that lessons learnt were shared and action was taken to improve safety for patients. For example:

- Dispensary staff had carried out regular audits and reviewed medicines alerts and had met with the GP dispensary lead to discuss these. Learning points were documented and shared with the wider staff team in meetings and through a weekly written newsletter.
- The practice had identified problems in the communication of patient discharge information with hospitals, and had shared concerns with hospital staff resulting in improved information sharing.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

## Are services safe?

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Up to date policies and procedures were accessible to all staff on the practice's computer system. We saw these had been regularly updated. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures. There was a dedicated safeguarding incident reporting form in use.
- There was a lead member of staff for safeguarding which was one of the GP partners. The GPs and nurses attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All clinical staff were trained to child protection or child safeguarding level three. Staff had received training on the Identification and Referral to Improve Safety (IRIS) scheme. (IRIS a general practice-based domestic violence and abuse training support and referral programme.)
- Notices throughout the practice 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 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). The practice had set up a system to carry out monthly audits of where chaperones had been offered and used, and whether this information had been recorded in patients' notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

be visibly clean and tidy. There were managerial and clinical leads for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken annually, with the most recent during October 2016 which was carried out with the support of a local specialist nurse. We saw evidence that action was taken to address any improvements identified as a result.

- We reviewed clinical and non-clinical staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Medicines management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice dispensary was signed up to the Dispensary Services Quality Scheme (DSQS) and had completed annual dispensary audits which are a requirement of the scheme. We saw that the most recent audit had been carried out during January 2016, with a subsequent audit already arranged to take place during January 2017.
- The practice had a designated GP lead for the dispensary. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. The Standard Operating Procedures covered all aspects of work undertaken in the dispensary. We saw examples including those relating to dispensing general prescriptions, repeat

## Are services safe?

prescriptions and dispensing controlled drugs. The SOPs that we saw were appropriate and reflected practice and would satisfy the requirements of the DSQS. The SOPs had last been reviewed during 2016.

- The dispensary lead told us they met with the designated GP lead on a fortnightly basis and we saw evidence that these meetings had taken place.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We saw evidence that the dispensers' competence had been checked regularly. Dispensary staff told us they were aware that their competence had been checked since they obtained their qualifications.
- The practice was offering dispensing reviews of use of medicines (DRUMs) which is a requirement of the DSQS. DRUMs are reviews carried out with patients into how they are using their prescribed medicines. There were confidential areas at the practice and branch surgery where these took place. The practice had a detailed medicines review protocol for all clinical staff which was integrated with the DRUMs process.
- We saw that dispensary staff completed a log of dispensing errors which included near misses. Staff told us these were discussed with any themes, trends and learning points shared with the full staff team. Dispensing errors were classified and dealt with as significant events where applicable.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. No prescription paperwork was stored in any treatment rooms and all prescriptions were printed in the dispensary. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions, receiving mentorship and support from the medical staff for this extended role.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. These were being followed by practice staff. For example, controlled drugs were stored in a

controlled drugs cupboard and access to them was restricted and the keys held securely. There were also arrangements for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out weekly tests of the fire alarm and regular fire drills.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested every 12 months, most recently during March 2016. 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 a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs across both sites. The practice had completed an analysis of staffing needs per patient and had used this to identify required staffing levels. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles where necessary.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms, including at the branch surgery. This alerted staff to any emergency.

## Are services safe?

- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. We saw evidence that risks, emergencies and major incidents were discussed in full staff and team meetings.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice and branch surgery had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes to ensure that the equipment remained safe for use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and branch surgery 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. Copies of the plan were kept off-site and were accessible using the internet. The practice utilised an internet-based telephone system which meant telephone lines could be accessed from any location and increased in number when necessary.
- We saw evidence of where the practice continued to deliver care to patients following a recent major incident, which had required a full relocation from the building.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- The practice had implemented processes to keep all clinical staff up to date which included a staff cascading system. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at clinical and full staff meetings, and minutes of these meetings were produced. Staff 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 sample checks of patient records. Outcomes of these checks were discussed in clinical, team and full practice meetings, with improvements implemented and documented where necessary.
- We reviewed the practice's response to examples of recent NICE guidelines and found comprehensive and appropriate actions had been completed and documented.

### 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 were 99% of the total number of points available. This was above the Clinical Commissioning Group (CCG) and national averages of 98% and 95% respectively.

The practice's exception reporting figures were in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the

practice or is newly diagnosed with a condition.) For example the practice exception reporting rate for the clinical domain was 7%, compared with the CCG and national averages of 7% and 9% respectively.

The practice scored above or in line with CCG and national averages for clinical targets overall. For example, data from 2015-16 showed:

- Performance for diabetes related indicators above CCG and national averages. For example, 99% of patients with diabetes received influenza immunisation in the last 12 months compared with CCG and national averages of 97% and 94% respectively. The practice's exception reporting rate for this indicator was 15% compared with the CCG average of 14% and the national average of 18%.
- Performance for mental health related indicators was above CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the 12 months was 100% (all patients) compared with CCG and national averages of 94% and 90% respectively. The practice's exception reporting rate for this indicator was 10% compared with the CCG average of 9% and the national average of 10%.
- Performance for a hypertension related indicator was similar to CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure), whose last measured blood pressure was under the recommended level, was 87% compared with the CCG average of 86% and the national average of 84%. The practice's exception reporting rate for this indicator was 2% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was similar to the CCG and national averages. For example, the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 77% compared with CCG and national averages of 77% and 75% respectively. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. The practice demonstrated a full team approach to managing QOF, for example by holding an annual QOF briefing for all

# Are services effective?

## (for example, treatment is effective)

staff. Where QOF targets were not met all individual cases were reviewed by the clinical team and discussed. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out 21 clinical audits in the last year including completed audits where the improvements made were implemented and monitored. This included for example an audit into gynaecology referrals and ear, nose and throat (ENT) referrals.
- We saw that audit findings had been presented, discussed and documented as part of clinical meetings.
- Findings were used by the practice to improve services. We saw evidence of reduced referral rates for a range of conditions over the last two years. For example, the practice identified a gynaecology referral rate that was higher than the average for the CCG. Following an audit involving 28 patients, the practice used findings to reduce the gynaecology referral rate from 43 per 1,000 of the population to 31 per 1,000 between 2014 and 2016.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed staff files and saw this training had taken place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training in diabetes and asthma.
- 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, discussion at practice meetings and support from their line manager.
- 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. All staff had received an appraisal within the last 12 months which included documented progress, achievements, outcomes and actions.

- All GPs and the practice manager were subject to an annual 360 degree feedback process as part of their appraisal, where all staff were invited to contribute. (360 degree feedback is a process in which employees receive confidential, anonymous feedback from the people who work around them including their manager, peers, and those who report to them.)
- All staff were provided with a 'training tracker' to help them to monitor and progress their personal development needs. Staff were given protected learning time to carry out training and development activities. Staff could access their training records remotely at any time.
- All staff had received training that included safeguarding, fire safety awareness, basic life support, dementia awareness, domestic abuse awareness, and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

### Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record system and the practice intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We saw 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, such as when they were referred or after they were discharged from hospital.

# Are services effective?

## (for example, treatment is effective)

Meetings took place with other health care professionals (for example health visitors and district nurses) on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. We saw evidence of multidisciplinary meetings which included focus on avoiding admissions to hospital and use of the Gold Standards Framework (GSF). (The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.)

Practice staff told us they prioritised working with other health care professionals. This was to provide a service to patients without them having to travel too far due to the practice area's rural location. For example, midwives and physiotherapists would attend the practice to provide sessions.

### Consent to care and treatment

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

- The practice had a detailed and comprehensive consent and mental capacity policy, which included a flowchart of required actions by staff.
- Staff demonstrated to us that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- A member of the clinical team assessed the patient's capacity and recorded the outcome of this assessment where a patient's mental capacity to consent to care or treatment was unclear.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and provided services at both practice premises to meet these needs. This included patients receiving end of life care, carers, those experiencing or at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were also signposted to relevant local services.

- A range of advice including for example smoking cessation, mental health, bereavement, young adult services, counselling and sexual health was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 86%, which was in line with the CCG average of 83% and the national average of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme. The practice followed up cases that were referred as a result of abnormal results.

The practice had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 73% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 76% and 72% respectively. 60% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 64% and 58% respectively.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under five year olds ranged from 90% to 98% and for five year olds from 90% to 98%. The CCG averages ranged from 97% to 99% for under two year olds and from 95% to 99% for five year olds.

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. The practice had a new patient check protocol which differentiated between those aged 16 to 64, and those aged 65 and above who would receive a longer appointment for their health checks.

The practice had completed 540 NHS health checks and new patient checks during the last 12 months.

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

We saw that all members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff told us there were rooms available for this at both practice locations.

We saw that all of the 20 patient Care Quality Commission comment cards we received were completely positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect.

We spoke with four representatives of the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards indicated that staff responded compassionately when they needed help and provided support when this was needed. Many of the comment cards highlighted how caring, thoughtful and considerate all staff at the practice were.

The practice had set up a system to carry out monthly audits of where patient chaperones had been offered and used, and whether this information had been recorded in patients' notes. Staff told us the primary aim for this was to enhance patient care and satisfaction, as well as to improve consistency and record keeping. Staff told us they had adopted this approach as they recognised the importance of providing a consistent, effective chaperone service to support patients, and the positive contribution of this to the patients' experience of care.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with care and concern. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the last GP they saw or spoke to was good at giving them enough time, compared with the Clinical Commissioning Group (CCG) average of 91% and the national average of 87%.
- 94% of patients said the last GP they saw or spoke to was good at listening to them, compared with the CCG average of 93% and the national average of 89%.
- 93% 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 89% and the national average of 85%.
- 96% of patients said the last nurse they saw or spoke to was good at giving them enough time, compared with the CCG average of 94% and the national average of 92%.
- 93% 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 81%.

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

Patients told us they felt consulted about, and 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 decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw that care plans were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above CCG and national averages. For example:

- 95% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 86%.

## Are services caring?

- 90% 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 88% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets and information about local support were available in an easy read format.

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

Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. Information about local support groups was available on the practice website.

The practice held a carer's register, and the practice's computer system alerted GPs if a patient was also a carer. The practice had identified 115 patients as carers (2% of the practice list). Practice staff told us they wrote to carers once a year, to keep in touch and to invite them to a discussion with a GP to see if any further support was needed. Staff told us many of these carers accepted this invitation annually and spoke with their GP, either by visiting the practice or at their own homes.

The practice hosted a monthly surgery facilitated by Guideposts Warwickshire Carers Support Service for patients to access support and advice. Staff told us this was

well attended each month by carers and patients. The practice provided additional education and support events for carers at both practice locations and had more of these planned, for example a joint session for carers with the local Women's Institute.

Written information was available to direct carers to the various avenues of support available to them which included a noticeboard section in the reception area. Patients who were carers told us that they were signposted to local support services. Carers were offered influenza vaccinations each year.

The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. This enabled these young carers to access additional support and guidance from the practice, including signposting to local support services.

Practice staff had engaged with and sought feedback from this group into carers' provision and had used this feedback to make improvements, for example designing specific correspondence for young carers. The practice now used this dedicated correspondence for all young carers on the register to help engage with and support this group.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the reception team would send a sympathy card. This was followed by a visit or telephone call at a flexible time and location to meet the family's needs, and by signposting to an appropriate support service locally if needed.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice had carried out ongoing analysis of the needs of the population group and had considered and responded to specific challenges including the rural location, poor transport links and areas of deprivation. For example, home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- The Clinical Commissioning Group (CCG) provided a phlebotomy (blood taking) service in patients' homes. Practice staff chose to provide an additional at home phlebotomy service as some patients told them they felt more comfortable and were more satisfied when seeing the practice's own staff. Staff had received appropriate training and Disclosure and Barring Service (DBS) checks to carry out this function.
- The practice provided an 'emergency bypass' telephone number to all patients deemed to be at risk such as older people at risk of hospital admission. When this number was called it rang on separate telephones around the practice and staff knew to answer these calls as soon as possible.
- The practice recognised that working-age patients (those aged between 40 and 65) were overrepresented compared with regional and national averages. Extended hours appointments were available on alternate Monday and Thursday evenings until 7.45pm to help meet the needs of this group. The practice also offered additional appointments on Tuesday evenings from 6pm until 8.30pm which were over and above extended hours appointments. This included providing reception and medicine dispensing services at these times.
- The practice was proactive in offering online services. Patients were able to book appointments, order repeat prescriptions and send and receive secure messages online. The practice provided evidence of high levels of patient use of online resources. The practice provided a text messaging service for patients which included appointment reminders. Over half of patients were registered to use this service.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice had recognised they had higher than average numbers of teenage patients and had actively sought feedback from this patient group. As a result of this the practice offered weekly young persons' clinics specifically for those aged 16 to 19 years between 3.30pm and 5.30pm every Tuesday. Staff told us they saw approximately eight to 12 young people per week as part of this service. Full details of this service were available on the practice website and from practice staff. The practice had also engaged with a local school to visit and discuss aspects of health care, for example sexual health. This included question and answer sessions with up to two hundred students within the last 12 months.
- The practice had identified five previously unknown carers aged under 18 years following an event at a local school and had placed these on the carers' register. Practice staff had sought feedback from this group into carers' provision and had used this feedback to make improvements, for example designing specific correspondence for young carers to help identify and engage with this group.
- The practice engaged with the local community, for example by holding weekend health awareness sessions at the local village hall and information sessions at a local school. The practice also offered monthly women's health clinics which took place in the evening which included cervical screening, contraception and breast examinations. Staff told us these sessions were regularly well-attended.
- Practice staff met with the local Parish Council every six months to update them on NHS changes and how these may impact on the local community.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The Patient Participation Group (PPG) arranged a number of awareness sessions to provide advice and guidance to the local community, for example diabetic and respiratory health awareness
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments.
- Both practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was a bell outside the main practice premises for patients who required support to enter the building. Staff would assist these patients when necessary, and had received the appropriate training to do so.
- There was adequate onsite parking available.
- The practice website could be translated into a range of languages.

### Access to the service

The main location and telephone lines were open from 8am to 1pm and 2pm to 6.30pm on weekdays (8.30pm on Tuesdays). Appointments were available between 8.45am until 1pm and 2pm until 6pm on weekdays. Extended hours appointments were available on alternate Monday and Thursday evenings until 7.45pm. The practice also offered additional appointments on Tuesday evenings from 6pm until 8.30pm which were over and above extended hours appointments. This included providing reception and medicine dispensing services at these times. The branch surgery was open for GP and nurse appointments and dispensary services from 9am until 1pm on weekdays.

When the practice was closed services were provided by Care UK Warwickshire out of hours service. Patients were directed to this service by a recorded answerphone message, and there was information concerning out of hours arrangements clearly available on the practice website.

Appointments could be booked up to eight weeks in advance and there were urgent appointments available on the day.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages in most areas:

- 86% of patients found it easy to get through to this practice by telephone compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 82% of patients described their experience of making an appointment as good compared with the CCG average of 81% and the national average of 73%.
- 98% of patients said the last appointment they got was convenient compared with the CCG average of 94% and the national average of 92%.

However, the practice was performing slightly below local and national averages in some areas, namely:

- 53% of patients said they get to see or speak with their preferred GP, compared with the CCG average of 67% and the national average of 59%.
- 58% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the CCG average of 69% and the national average of 65%.
- 50% of patients said they did not normally have to wait too long to be seen, compared with the CCG average of 61% and the national average of 58%.

Practice staff demonstrated they were aware of these results. We saw evidence of analysis of patient views, and we saw that these had been discussed in practice meetings and with the Patient Participation Group (PPG). The practice had responded by developing an action plan and by increasing appointment availability and building catch-up slots into the day.

We spoke with eight patients on the day of the inspection and all of them told us they were able to get appointments when they needed them, and that they had never experienced problems doing so.

The practice had a system to assess whether a home visit was clinically necessary, and the urgency of the need for

# Are services responsive to people's needs?

(for example, to feedback?)

medical attention. Staff also gave consideration to whether the patient was able to access the practice due to their location and the availability of transport. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need and patient circumstances.

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

The practice had implemented and utilised an internet-based telephone system which meant telephone lines could be increased in number when necessary according to demand. For example the practice had used extra telephone lines during the period for booking influenza vaccinations.

## Listening and learning from concerns and complaints

We saw that the practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person (the practice manager) who oversaw and monitored all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in waiting areas, other areas of the practice and on the practice website.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- A dedicated complaints and comments form was available to patients in the reception area.

We looked at nine complaints received since 1 April 2016 and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate. Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt 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. We saw that complaints were discussed as part of dedicated significant events, incidents and complaints meetings with learning points shared throughout 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 vision, which was to deliver continuity of care and a therapeutic relationship in a safe environment in a timely manner. Staff told us that effective communication was prioritised and that this was key to the success of the practice.

The practice had a detailed business plan which included and ongoing practice development plan. All staff teams were involved in developing, implementing and reporting on the plan's progress.

### Governance arrangements

The practice had an overarching and comprehensive governance framework which supported the delivery of the strategy and good quality care. This included extra measures to enable the partners to have effective oversight of performance, risk and quality.

- A comprehensive understanding of the performance of the practice was maintained which involved the whole practice team. Any dip in performance was identified, discussed and mitigating actions were put in place.
- Audits were used in a proactive way to ensure systems, policies and protocols were being followed correctly and that the service was being provided in the most safe and effective way for patients. For example, in respect of the practice's MHRA alerts protocol and the chaperone auditing process.
- A programme of continuous clinical and internal audit was used to monitor quality, drive improvements and this was discussed in dedicated team and full practice meetings.
- There was a clear staffing structure and that staff were aware of their own and others' roles and responsibilities. The systems to enable good communication between staff were effective for example there was discussion at a range of meetings and the sharing of information and learning points with staff and other stakeholders.
- Practice-specific policies and procedures were in place, and these were easily accessible to all staff on the practice's computer system. Staff demonstrated they were aware of their content and where to access them.

- We saw evidence of oversight and governance of all policies, procedures and processes through for example comprehensive version control and effective review.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Oversight and monitoring of the full range of risk assessments and risk management was available in one place.
- The practice had systems for overseeing and monitoring the performance of staff, including the use of 360 degree feedback to improve performance and celebrate good practice. Staff training logs had been fully documented and were up to date.
- The practice had systems for overseeing and monitoring staff training. All staff were provided with a 'training tracker' to help them to monitor and progress their personal development needs which they could access remotely at any time. This was managed using the intranet system, and the practice could use this to review training needs and to organise training sessions.
- The practice manager was supported by the assistant practice manager who focussed on IT provision and integration, systems and processes, and governance. This was with the aim of helping staff to do their jobs more effectively and efficiently in order to enhance patient care.

### Leadership and culture

On the day of inspection the partners and practice manager, supported by other staff, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to and involve all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about

# Are services well-led?

Good 

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

notifiable safety incidents. The partners and practice manager encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, clear 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 told us that they felt supported by managers.

- Staff told us the practice held regular team and full practice meetings plus dedicated meetings for specific areas for example dedicated significant events meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the partners in the practice, the Practice Manager and their colleagues.
- All GPs and the practice manager were subject to an annual 360 degree feedback process as part of their appraisal, where all staff were invited to contribute. (360 degree feedback is a process in which employees receive confidential, anonymous feedback from the people who work around them, including their manager, peers and those who report to them.)
- The practice provided a free confidential employee assistance programme for staff and their families, which included legal and financial advice, and counselling.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The group consisted of six patients who met every two months at the main practice premises.
- The practice manager and other staff attended and contributed to PPG meetings. Minutes and action logs were produced.
- The PPG had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made changes to the telephone system and appointment times following a patient survey implemented by the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.
- The practice had set up a system to carry out monthly audits of where patient chaperones had been offered and used, and whether this information had been recorded in patients' notes. This information was used by the practice to identify and implement improvements to the patient chaperone process, including consistency and record keeping, with the aim of enhancing patient care and satisfaction. Staff told us they had adopted this approach as they recognised the importance of providing a chaperone service to support patients, and the positive contribution to the patients' experience.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking with the aim of improving outcomes for patients in the area. For example, the practice had implemented and utilised an internet-based telephone system which meant telephone lines could be increased in number when necessary according to demand.

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The practice had received a number of awards from the South Warwickshire GP Federation during 2016. This included for example a GP being recognised for 'going the extra mile' to provide patient care, and the practice being recognised for excellence in prescribing quality and safety.