

# Shipston Medical Centre

## Quality Report

Badgers Crescent  
Shipston on Stour  
Warwickshire  
CV36 4BQ

Tel: 01608 661845

Website: [www.shipstonmc.warwickshire.nhs.uk](http://www.shipstonmc.warwickshire.nhs.uk)

Date of inspection visit: 01 March 2016

Date of publication: 11/05/2016

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shipston Medical Centre on 01 March 2016. The overall rating for this service is outstanding.

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

- Patients' needs were assessed and care was provided to meet those needs in line with current guidance. Staff had the skills and expertise to deliver effective care and treatment to patients, and this was maintained through a programme of continuous development to ensure their skills remained current and up-to-date.
- Information was provided to help patients understand the care available to them. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

There was an open and transparent approach to reporting and recording these and learning was shared with staff at meetings relevant to their roles and responsibilities.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice engaged with a local Health and Wellbeing Board to improve the care of patients with mental health concerns and those who cared for them.
- The practice had a clear vision which had quality and safety as its top priority. Planning was in place to demonstrate the intended development of the services provided by the practice.

We saw several areas of outstanding practice including:

- The practice had initiated with people of Shipston on Stour for the town to become a dementia friendly community and a community steering group had been formed. Learning was shared within the community and safe places were established in areas such as cafes and shops that patients with dementia could feel

# Summary of findings

safe. Families and carers of patients had commented on how patients had benefitted from this as people in the community showed greater awareness and understanding of patients' needs.

- The practice engaged with a local charity to educate the community and specifically younger people on the dangers of alcohol and drug misuse. One of the GPs provided regular educational sessions at the local youth club. Information was available to show these were well attended.
- There were innovative approaches to providing integrated person-centred care. The GPs attended the local Children's Centre every six weeks to provide educational sessions on minor illness and the care of young children with new parents. Practice nurses provided educational sessions on the use of inhalers at a local children's nursery. Health visitors confirmed

that the sessions were consistently attended by on average six mums, and that these helped young mums develop their knowledge and skills to become more confident in caring for their babies and young children.

- The practice promoted health awareness through community groups such as the Lions and Rotary in which blood pressure and diabetes screening was carried out. They held on-site educational evenings for those patients with poorly controlled diabetes which were supported by local groups such as slimming clubs and local activity groups. In excess of 60 people attended to receive these checks and healthy living advice.
- The practice provided a free loan of equipment for patients such as wheelchairs and nebulisers. They also facilitated the calibration of patients own equipment to ensure it worked correctly and accurately.

**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.

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed, well-managed with enough staff employed to keep patients safe.
- The practice participated in the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help with detecting potential signs of abuse and sign-posted patients to appropriate support agencies. Staff reported that there was evidence to show that the programme was beneficial to patients.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence that annual appraisals were carried out routinely and personal development plans were in place for all staff.
- A specialist nurse provided a preventative service focussed on patients aged 75 and over, to reach those patients who had not visited the practice, those patients discharged from hospital or those patients who were housebound. We saw that positive results had been achieved in the reduced number of patients who had been admitted to hospital in an emergency.
- Clinical audits had been carried out in order to demonstrate quality improvement to services provided.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Meetings were held regularly and were attended by district and palliative care nurses.

Good



# Summary of findings

- The practice demonstrated their flexibility to provide services for patients throughout the community it served. They provided medical cover and support for the minor injuries unit at the local hospital and also provided local out of hours cover for weekends and bank holidays.

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Patients said they were involved in decisions about their care and treatment, and treated with compassion, dignity and respect. We also saw that staff treated patients with kindness and respect and maintained confidentiality.
- Data published January 2016 showed that patients rated the practice higher than others for almost all aspects of care. The practice achieved particularly strong results around patient's involvement in care and treatment decisions. For example, 93% of patients said the last GP they saw was good at involving them in decisions about their care which was above the Clinical Commissioning Group (CCG) average of 86% and the national average of 82%. 95% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average and above the national average of 86%.
- Patients told us that they received excellent care from the GPs and the nurses and that practice staff were very caring. Data showed that reception staff scored highly compared with local and national averages. 94% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).
- We observed a strong patient-centred culture which encouraged long term relationships with patients that promoted continuity of care. The practice supported carers through a variety of initiatives. The practice offered health checks and referrals for social services support. They also encouraged patients to attend the monthly carers group meetings held at the local community hospital which the practice has supported.
- They had worked with other agencies to identify carers in the location. They held carers events and planned to facilitate weekly clinics for carers at the practice. The practice ensured that carers were seen routinely so their health and welfare was monitored.
- The practice linked with local services and charities such as two food banks, citizens' advice and local hardship charities and signposted those patients who experienced difficult times.

Outstanding



# Summary of findings

- Views of external stakeholders, such as the community healthcare professionals told us that the practice staff responded quickly to any concerns they raised about patients they saw in the community.

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.
- We saw numerous examples of the practice referring to and engaging with relevant community organisations to benefit both the physical and emotional health of the patients.
- The practice held educational evenings to support patients in managing their diabetes. The practice won an award at The General Practice Awards in 2015 in recognition of the improvement achieved in patient control of their diabetes. The awards recognised and highlighted hard work and innovation in practices throughout the UK.
- The practice promoted community screening events to promote health awareness which included blood pressure and diabetes screening.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other practices within the local Clinical Commissioning Group (CCG) group and the GP Federation.
- There were innovative approaches to providing integrated person-centred care. The GPs attended the local Children's Centre every six weeks to provide educational sessions on minor illness and the care of young children with new parents. Practice nurses had provided educational sessions on the use of inhalers at a local children's nursery.
- The practice implemented suggestions for improvements and made changes to the way it delivered services through annual patient meetings, the Patient Participation Group, patient involvement in practice working groups, patient survey and other surveys for monitoring specific services (phlebotomy, dispensary and minor surgery). The practice also contributed regular articles for the Shipston Forum community newsletter.

Outstanding



# Summary of findings

- Patients could access appointments and services in a way and at a time that suited them. Online appointments could be booked up to eight weeks in advance. There were urgent appointments available the same day. Extended hours were available to benefit patients unable to attend during the main part of the working day.

## Are services well-led?

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

- There was a clear leadership structure and staff felt supported by management. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew about the vision and their responsibilities in relation to this as they had been involved in developing the practice's five year strategic plan.
- Staff morale was high with a high level of staff satisfaction with evidence of teamwork. The practice encouraged a culture of openness and honesty. High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active Patient Participation Group (PPG) which was positive about their role in working with the practice to respond to patient feedback and make improvements where needed.
- The practice worked with external agencies and groups to improve outcomes for patients, through education to encourage healthier lifestyles and opportunities for early detection of health concerns such as high blood pressure and dementia.

**Outstanding**



# 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 outstanding for the care of older patients.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.
- There was a dedicated nurse who worked in conjunction with Age UK to provide holistic reviews of patients over the age of 75 years, and worked proactively to help patients maintain good health.
- The practice worked closely with other services and community groups to maintain older patients in their own home, which included regular reviews for patients who attended the Day Unit at the local hospital.
- Support and weekly ward rounds were provided routinely for a local care home for the elderly.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of patients with long term conditions.

- There were systems in place to monitor patients with chronic diseases. The practice nurse had lead roles and closely monitored patients at risk of hospital admission. Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check that their health and medicine needs were being met. Where patients had more than one health condition patients were encouraged to attend for holistic reviews to reduce the number of visits they needed to make to monitor their conditions.
- For those patients with the most complex needs, the GPs and practice nurses worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The Quality and Outcome Framework (QOF) data for 2014/2015 showed variable data for some long term conditions, for

Outstanding





# Summary of findings

example diabetes and osteoporosis. This was due to data improvement work which improved the recording of patients with these conditions, enabling the practice to ensure better care for individuals in these groups.

- Educational evenings were organised by the practice to support those patients whose diabetes was poorly controlled. Patients, staff, a dietician, local sports and activity groups, and slimming clubs also attended to provide support. Audits showed a significant improvement in the control of diabetes had been achieved, and the practice nurses gained an award in recognition of this at the National General Practice Awards in 2015.
- Community screening events were held to promote health awareness. The practice engaged with groups such as the Lions and Rotary to encourage and promote screening for blood pressure and diabetes.

## Families, children and young people

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

- The practice actively engaged with the community to support families, children and young people. One of the GPs attended a local children's centre every six weeks to lead on managing minor illnesses and the care of young children for new parents. Practice nurses had provided educational sessions on the use of inhalers at a local children's nursery. Health visitors confirmed that the sessions were consistently attended by on average six mums, and that these helped young mums develop their knowledge and skills to become more confident in caring for their babies and young children.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Information leaflets were routinely sent to patients as they reached 13 years of age about the services provided and to assure them that they would receive a confidential service from the practice.
- The practice website provided details for help and advice on various topics such as eating disorders, healthy living and health advice specifically aimed at teenagers.
- The practice engaged with a local charity to educate the community and specifically younger people on the dangers of alcohol and drug misuse. One of the GPs provided educational sessions at the local youth club which were well attended.

Outstanding



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, those who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were overall higher than the local Clinical Commissioning Group (CCG) averages.
- Monthly meetings were held with health visitors and the GP safeguarding lead where any concerns they might have were shared.
- The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate.
- Appointments were available outside of school hours and the premises were suitable for children, with changing facilities available for babies. The practice also offered online services which included booking appointments and requesting repeat medicines.

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

The practice is rated as outstanding 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.
- Extended hours appointments were available from 4.30pm to 5.50pm weekdays, between 6.30pm and 8pm on Thursday evenings and Saturday mornings for pre-bookable appointments up to eight weeks in advance. The online service allowed patients to order repeat prescriptions and book appointments.
- The practice offered a full range of health promotion and screening services that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.

**Outstanding**



## **People whose circumstances may make them vulnerable**

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

**Outstanding**



# Summary of findings

- The practice held a register of patients who experienced poor mental health including patients with a learning disability. Annual health checks were carried out and longer appointments were offered to patients in this population group.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. The practice supported approximately 40 -50 travellers who were registered with the practice, and offered flexible appointment times to meet their needs.
- The practice engaged in local initiatives to provide additional services such as the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training, support and referral programme). The project provided staff with training to help them with detecting any signs of abuse so patients could be sign-posted to support agencies.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Patients were provided with information about how to access various support groups and voluntary organisations. For example, through leaflets available in the waiting area and on the practice's website.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.
- The practice worked to the Gold Standards Framework for the provision of palliative care, in conjunction with the wider primary health care team. Continual monitoring by all agencies ensured that areas for improvement were identified and changes made. Improvements demonstrated that patients chosen path for their end of life had been achieved.

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

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia. Advanced care planning and annual health checks were carried out which took into account patients' circumstances and support networks in addition to their physical health. Longer appointments were arranged for this and patients were seen by the GP they preferred. Patients were given information about how to access various support groups and voluntary organisations.

Outstanding



# Summary of findings

- The practice had initiated a dementia friendly community in Shipston on Stour as which led to the development of a community steering group. The practice considered this as a positive initiative. The increased awareness locally particularly in local shops had helped in supporting patients with dementia. A leaflet about local support and activities that were available for patients with dementia was developed and the practice promoted this to patients.
- Clinical staff understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005. Staff had received training on how to care for patients with mental health needs and dementia.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Counselling services were offered at the practice to support patients such as those who had experienced bereavement or poor mental health.
- The practice had a shared care agreement with a local substance misuse support agency. Patients were seen on site by the drug support worker and GPs were closely involved in coordinating their care.

# Summary of findings

## What people who use the service say

We reviewed the most recent data available for the practice on patient satisfaction. The National GP Patient Survey results published in January 2016 showed that 238 surveys were sent to patients with 128 responses which represented a response rate of 54%. The following results showed that the practice scored mainly above local and national averages in relation to the following:

- 96% of patients found it easy to get through to this practice by phone which was above the Clinical Commissioning Group (CCG) average of 78% and the national average of 73%.
- 94% of patients found the receptionists at this practice helpful which was above the CCG average of 89% and the national average of 87%.
- 97% of patients were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 90% and the national average of 85%.
- 90% of patients described their experience of making an appointment as good which was above the CCG average of 79% and the national average of 73%.
- 75% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 69% and the national average of 65%.
- 60% of patients felt they did not normally have to wait too long to be seen which was in line with the local and national averages.

The practice had taken action in response to where 89% of patients said the last appointment they got was convenient which was below the CCG average of 94% and the national average of 92%. This included the provision of further appointments with the nursing team. This

created an increase in their appointment availability and freed up more appointment times with GPs. The feedback from patients through the NHS Friends and Family Test had been positive about this.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all very positive about the standard of care received. Patients commented that Shipston Surgery was an excellent practice; all staff were very caring at all times and looked after all patients; they found staff very helpful and that nothing was too much trouble; that every single member of the team were fantastic; staff always treated them with respect; that staff were always professional and reassuring; and that they could not ask for more.

During the inspection we spoke with six patients, four of whom were also members of the Patient Participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and could always get an appointment when they needed one. The PPG members could not praise the practice more highly and particularly emphasized the open, collaborative way in which the practice worked with the PPG members. They told us they felt their involvement was valued and their efforts to support the practice were appreciated.

We spoke with management staff of the two care homes the practice served. They told us they were happy with all aspects of the service they received from the practice.

## Outstanding practice

- The practice had initiated with people of Shipston on Stour for the town to become a dementia friendly community and a community steering group had been formed. Learning was shared within the community and safe places were established in areas such as cafes and shops that patients with dementia could feel safe.
- Families and carers of patients had commented on how patients had benefitted from this as people in the community showed greater awareness and understanding of patients' needs. The practice engaged with a local charity to educate the community and specifically younger people on the

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dangers of alcohol and drug misuse. One of the GPs had provided educational sessions at the local youth club. Information was available to show these were well attended.

- There were innovative approaches to providing integrated person-centred care. The GPs attended the local Children's Centre every six weeks to provide educational sessions on minor illness and the care of young children with new parents. Health visitors confirmed that the sessions were consistently attended by on average six mums, and that these helped young mums develop their knowledge and skills to become more confident in caring for their babies and young children. Practice nurses had provided educational sessions on the use of inhalers at a local children's nursery.
- The practice promoted health awareness through community groups such as the Lions and Rotary in which blood pressure and diabetes screening was carried out. In excess of 60 people attended to receive these checks and healthy living advice. They held educational evenings at the local High School for those patients with poorly controlled diabetes which were supported by local groups such as slimming clubs and local activity groups.
- The practice provided a free loan of equipment for patients such as wheelchairs and nebulisers. They also facilitated the calibration of patients own equipment to ensure it worked correctly and accurately.

# Shipston Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector accompanied by a CQC deputy chief inspector and a GP specialist advisor.

## Background to Shipston Medical Centre

Shipston Medical Centre is a rural practice which provides primary medical services for patients within an eight mile radius of Shipston on Stour. The practice is a dispensing practice which dispenses and delivers to approximately 52% of the practice population.

The practice has 11,229 registered patients, which includes patients living in two local care homes. The majority of patients registered with the practice are white British with 27% of patients registered with the practice aged 65 years and over. The practice has a larger population of older patients compared with the local averages. The practice area is one of lower than average deprivation.

There are six GP partners, three salaried GPs and a trainee GP at the practice (five male and five female GPs). The GPs are supported by a practice manager, a nurse prescriber, five practice nurses, a dedicated community nurse for the care of patients over the age of 75, two health care assistants (HCAs), a phlebotomist (person who takes blood samples), dispensary manager, dispensing staff, administrative, reception and cleaning staff.

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

The practice opens from 8am to 6.30pm Monday to Friday with appointments available from 8.10am to 4.30pm on these days. Extended hours appointments are available from 4.30pm to 5.50pm weekdays, between 6.30pm and 8pm on Thursday evenings and Saturday mornings for pre-bookable appointments up to eight weeks in advance.

The practice does not provide an out-of-hours (OOHs) service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances or dial NHS 111. Information on the OOHs service is provided to patients on the practice's website and in the patient practice leaflet.

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

## Why we carried out this inspection

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

# Detailed findings

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

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

## How we carried out this inspection

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

We carried out an announced inspection on 01 March 2016. During our inspection we spoke with a range of staff that included four GPs including a trainee GP, the practice manager, the dispensary manager, dispensary staff, two practice nurses, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with six patients,

four of whom were also members of the patient representative group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice, how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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



# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. We reviewed safety records, incident reports national safety alerts and minutes of meetings where these were discussed.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Regular training and review of all events was carried out to ensure that continual learning was promoted and practice improvement was maintained. Staff were able to provide examples where they had reported incidents, the process they had followed and the learning outcomes shared and discussed with them.
- The practice carried out a thorough analysis of the significant events each year and shared learning from these with appropriate staff. Action had been taken to ensure safety of the practice was maintained and improved. For example, nine incidents had been recorded for the period May 2015 to January 2016. Details of the action taken had been recorded such as, obtaining guidance from manufacturers where equipment had been involved, and liaising with patients to keep them informed where needed. The analysis had shown that the incidents were varied and identified no common themes. All learning from these had been discussed with individual teams as appropriate or during significant event meetings. Minutes from a protected time meeting on 21 October 2015 confirmed this.
- Staff told us they would inform the practice manager of any incidents and showed us the recording form available to them on the practice's computer system. Staff confirmed that information was shared during their meetings and that minutes of these meetings were distributed among all staff teams.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts. A data base was maintained by the practice to monitor all incidents and events with a risk rating to determine what action, when and by whom should be taken.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local requirements. Staff told us that all policies were accessible to them and clearly outlined who staff should contact for further guidance if they had any concerns about a patient's welfare. The computer system highlighted those patients who were considered to be at risk of harm or who were on the vulnerable patient register.
- All clinical staff had received higher level safeguarding training for adults and children. All administrative staff had received regular training so they would know how to respond should they have any concerns. Minutes confirmed that the monthly practice meetings were also attended by district nurses, Macmillan nurses, the practice nurses, GPs and staff at the practice. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The practice was one of the practices within the South Warwickshire Clinical Commissioning Group (SWCCG) area to participate in the Identification and Referral to Improve Safety (IRIS) scheme (a domestic violence and abuse training support and referral programme). The project provided staff with training to help with detecting potential signs of abuse. Emergency contact numbers were made available to patients should they need help and support. Posters were positioned discreetly throughout the building giving contact details to patients.
- A notice was displayed in the waiting room and in treatment rooms, advising patients that chaperones were available if required. All clinical staff who acted as chaperones were trained for the role and they had received a disclosure and barring check (DBS). DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When chaperones had been offered a record had been made in patients' notes and this included when the service

## Are services safe?

had been offered and declined. Patients we spoke with confirmed they were aware of the chaperone facility. The chaperone policy was available to staff on the practice's computer.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was in place together with an up-to-date risk assessment for the practice, both of which were reviewed annually. All electrical equipment and clinical equipment had been checked in 2015 to ensure it was safe to use with the next check due in June 2016. Staff confirmed these checks were carried out routinely. The practice also had various other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The practice had an up-to-date fire risk assessment in place and a fire evacuation drill took place annually. Staff described the action they would take in the event of a fire alarm and confirmed they had completed fire training. Records confirmed that all staff had completed this training.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control protocol in place and staff had received up-to-date training. Regular infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A practice nurse was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the lead GPs for this extended role. Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- We looked at personnel files for three recent recruits to the practice. All employment checks had been carried out and all recruitment processes had been followed in line with the practice's policy and legal requirements. For example, proof of identity, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We saw that appropriate checks were also carried out for the employment of locum GPs.

- The majority of staff worked part time at the practice and this provided flexible working and internal cover for periods of absence. We saw arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a rota system in place for the different staff groups to ensure that enough staff were available each day. GPs confirmed that only two were to take planned leave at the same time so that appropriate cover could be arranged. Staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.

### Medicines management

The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure dispensing processes were suitable and the quality of the service was maintained.

- There were suitable arrangements in place for managing and dispensing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storage and security of medicines. The fridge temperatures were recorded where vaccines were stored and expiry dates had been checked. Emergency medicines were easily accessible to staff and all staff knew of their location.
- There was a well-organised system for the storage of medicines in the dispensary. Expiry dates of medicines were clearly identified to ensure available medicines were always in date. Medicines we checked were securely stored and were within expiry dates. Regular medicines audits were carried out with the support of the local medicines management teams, to ensure practice guidelines for safe prescribing were followed. We were told that the dispensary staff could also ask for support or advice from the CCG pharmacist. This was a beneficial link between the dispensary staff and the CCG medicine management team.
- We observed two members of the dispensary staff working together to ensure patients' medicines were dispensed safely. Systems were in place to alert dispensary staff if there was a medicine interaction with another medicine. We were told that dispensary staff would inform the GP before dispensing the medicine to ensure safe prescribing.

## Are services safe?

- Prescriptions were securely stored and there were systems in place to monitor their use.
- Repeat prescribing was undertaken in line with national guidance. We found that repeat prescriptions were signed by a GP before medicines were given to the patient.
- The practice held stocks of controlled medicines. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We noted that standard procedures were available which set out how they were to be managed. These medicines were stored in accordance with the secure storage arrangements required for controlled medicines. We saw that registers were checked monthly.
- We saw records showing all members of staff involved in the dispensing process had received appropriate training and checks of their competence had been carried out. There was evidence of ongoing training in safe medicine management.
- The practice offered a free daily delivery service for all patients who requested this for their dispensed prescriptions. There were clear systems in place to monitor the delivery and the collection of medicines.

### **Arrangements to deal with emergencies and major incidents**

A business continuity plan (updated in 2014) was in place to deal with a range of emergencies that may impact on the

daily operation of the practice. This plan was initially developed through workshops with all staff and during staff meeting discussions. The plan contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident.

The practice had a comprehensive emergency procedure policy in place. Staff had access to an instant messaging system on the computers in all of the consultation and treatment rooms which alerted other staff to any emergency. There were also alarm buttons in reception should assistance be needed in the waiting area.

All staff received basic life support training. There were emergency medicines and equipment available as required, including a first aid kit and accident book. These were easily accessible in a secure area of the practice and all staff knew of their location. Medicines included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and these had been regularly checked and maintained.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Patients' needs were assessed and care delivered in line with relevant and current evidence based guidance and standards, including the 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.

There were systems in place to ensure all clinical staff were kept up to date:

- Working groups were established to ensure that all clinical staff kept up to date. For example, in minor surgery procedures. The lead GP met with the working group to ensure that all staff involved in minor surgical procedures reviewed information and ensured that everyone was kept up to date with skills and latest guidance.
- Hot tips meetings were held every Friday lunch time where all staff including professional support teams, gathered to share information. External speakers also attended these meetings to share updates and improvements to treatment such as Tissue Viability Nursing.
- Clinical staff had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs. For example, templates were used by the practice which had been developed in conjunction with NICE guidance, to manage the care and treatment of patients with long term conditions. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.

The information collected for the QOF and performance against national screening programmes was used to monitor outcomes for patients. Current results achieved for the practice were 99% of the total number of points

available, with 13% exception reporting. 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. The practice exception rate was 6% above the Clinical Commissioning Group (CCG) average and 4% above the national average.

The practice had recognised their rate of exception reporting was high. A number of audits had been carried out to identify disease prevalence and the findings had been compared with local and national averages. For example, the audit carried out September 2015 found that reporting been used inappropriately and changes were needed to some areas of coding diagnoses. We saw data gathered following this audit which showed significant changes in recording. The number of patients with kidney diseases had improved with 629 patients correctly coded compared with previous coding of 459 patients.

Data for the 2014/2015 period showed that the practice achieved rates that were in line with local and national averages with higher than average exception rates in some instances:

- 85% of patients with hypertension (high blood pressure) had a blood pressure test during the past year which was in line with the CCG and the national averages. The exception rate for the practice was 7% which was above the CCG average of 3% and above than the national average of 4%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% which was in line with the CCG and the national averages. The exception rate for the practice was 6% which was in line with the CCG average and lower than the national average of 8%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 94% which was in line with the CCG average and 6% above the national average. The exception rate for the practice was 20% which was above the CCG and national averages of 11% and 13% respectively.
- Performance for diabetes related indicators such as patients who had received an annual review including

# Are services effective?

## (for example, treatment is effective)

foot examinations was 91% which was in line with the CCG and the national averages. The exception rate for the practice was 5% which was in line with the CCG average and lower than the national average of 8%.

Patients were encouraged to attend for reviews of their care through reminder letters, through repeat prescriptions and opportunistic reviews to maintain their wellbeing.

### Clinical audits

There was a system in place for completing clinical audits to demonstrate quality improvement. We saw that a range of audits had been completed. These showed that action had been taken and the audits had been repeated to monitor improvements. The palliative care audit was completed to determine whether the practice had provided care and support that met with patients' end of life wishes, and whether patients requiring end of life care had been appropriately identified and added to the palliative care register. The re-audit showed that a number of improvements had been made. For example, a greater number of non-cancer suffering patients had been added to the register (80%), and that all of the patients on the register had died in their preferred place of death.

There was a recent audit carried out following NICE guidance, to identify patients with pre-diabetes to ensure their care was managed appropriately. The practice had identified areas required for improvements and a re-audit was planned in 2017. There was an on-going audit for those patients who had minor surgical procedures to check if they had developed complications and infections. The data we saw told us there had been none.

The practice participated in applicable local audits, national benchmarking, accreditation, and peer review. There was a cross CCG buddy system in place where 36 practices were divided into six buddy groups. These groups regularly reviewed issues among the six practices such as prescribing, medicines management and referrals.

GPs provided services in areas such as family planning, diabetes, heart disease, chronic obstructive pulmonary disease (COPD) (lung diseases) and mental health. The practice nurses supported this work, which allowed the practice to focus on specific conditions. The GPs and practice nurses attended educational meetings facilitated by the CCG, attended regular clinical skill update courses and engaged in annual appraisal and other educational support.

GPs provided inpatient care and support to patients at the nearby Ellen Badger hospital. The practice had also agreed the protected availability of a bed at the hospital for palliative care patients who needed increased care and support.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice used a system of appraisals, meetings and reviews of practice development to identify the learning needs of staff. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months and had a personal professional development plan in place.

Staff received training that included basic life support, safeguarding, fire procedures, infection control and mental health awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that additional training opportunities were possible which the practice were willing to fund. For example, two of the practice nurses had completed further training in diabetes management which enabled them to provide training for patients within the CCG area.

There was an induction programme in place for newly appointed non-clinical members of staff. The schedule covered topics such as complaints, safeguarding, fire safety, health and safety and confidentiality. Staff were also introduced to the staff review and appraisal system as routine when they started to work at the practice.

### Coordinating patient care and information sharing

Staff had access to the information they needed to plan and deliver care and treatment through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Meetings were attended by health visitors, district nurses and palliative care nurses. Staff also worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included sharing information when patients moved between services, when they were referred, or after they were discharged from hospital. We saw that care plans



# Are services effective?

(for example, treatment is effective)

were routinely reviewed and updated. For example, minutes of meetings held throughout 2015 showed that concerns about safeguarding adults and children, the frail elderly, admission reduction and patients who needed end of life care and support had been discussed.

There were innovative approaches to providing integrated person-centred care. The GPs attended the local Children's Centre every six weeks to provide educational sessions on minor illness and the care of young children with parents. Health visitors confirmed that the sessions were consistently attended by six mums on average, and that these helped young mums develop their knowledge and skills to become more confident in caring for their babies and young children. Practice nurses had provided educational sessions on the use of inhalers at a local children's nursery.

## Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance.

- We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this.
- Clinical staff 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 patients assessments of capacity to consent were also carried out in line with relevant guidance.
- The GPs and practice nurses understood the need to consider Gillick competence when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. At the time of the inspection there were 32 patients registered with the practice. Accessible care plans were in place for

patients which encouraged them towards a healthy lifestyle to help with their general health and well-being. Regular reviews of their care were carried out and all patients had received a review for the previous year.

The GPs, practice nurses or the health care assistant carried out health checks for all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. The practice followed up patients within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. Clinical staff told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

Community screening events were held to promote health awareness. The practice engaged with groups such as the Lions and Rotary to encourage and promote screening for blood pressure and diabetes. In excess of 60 people attended to receive these checks and healthy living advice.

Educational evenings were organised by the practice to support those patients whose diabetes was poorly controlled. Patients, staff, a dietician, local sports and activity groups, and slimming clubs also attended to provide additional information, advice and support.

The practice had a comprehensive screening and vaccination programme:

- The practice's uptake for the cervical screening programme at 80% was in line with the CCG and the national averages. We saw records that showed that there had been a low level of inadequate smear samples taken during the last year.
- Childhood immunisation rates for vaccinations given were overall comparable with the local CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% which were comparable with the CCG rates of 84% to 99%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 94% to 98% which were comparable with the CCG rates of 93% to 98%.

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

- The practice's uptake for the bowel screening programme in the last 30 months was 65% which was in

line with the local average and above the national average of 58%. Uptake for breast screening for the same period was in line with local and national averages at 77% compared with 75% and 72% respectively.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time talking with patients throughout the inspection and observed how staff engaged with them. All staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone. We observed that patients were treated with dignity and respect.

Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff told us that when patients wanted to discuss sensitive issues they would offer a private room to discuss their needs. There was a poster in the waiting room which informed patients of this facility.

All of the 39 comment cards we received were positive about the service experienced, with many praising staff by name and offering examples of the support they had received. Patients commented that staff were always very helpful and that they went out of their way to be supportive; that they had always received an excellent service with high standards of care; the practice staff were very caring and always treated them with respect; that everyone always made the time to listen to patients; and that the GPs were always available even on Saturdays and Sundays. We spoke with six patients and they confirmed the positive comments given in the comment cards. The patients we spoke with and the views expressed on the comment cards told us that patients received excellent care from the GPs and the nurses and could always get an appointment when they needed one.

Results from the National GP Patient Survey published in January 2016 showed that overall the practice scored highly in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them which was in line with the Clinical Commissioning Group (CCG) average of 92% and above national average of 89%.

- 95% of patients said the GP gave them enough time which was in line with the CCG average of 91% and above the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average and above the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful which was above the CCG average of 89% and national average of 87%.

Other healthcare professionals we spoke with were highly positive about the practice's response to meeting patients' needs. They told us how the caring nature of the GPs made the practice an easy one to work with.

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

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patients gave us examples of how the practice communicated with them. For example, patients told us the practice would send for them if there were any concerns from blood tests results. Patients commented that they felt that GPs and nurses were very attentive, caring and professional and made sure they were well cared for.

Results from the National GP Patient Survey published in January 2016 showed above national and local averages from patients to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average and above the national average of 86%.





## Are services caring?

- 93% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 86% and the national average of 82%.

Care plans were in place for patients with a learning disability (easy read), and for patients who were diagnosed with asthma, dementia and mental health concerns. GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and professionals. We saw minutes of various meetings held to discuss patients' care needs. For example, weekly Gold Standard Framework (GSF) meetings to review and plan end of life care were held with key partners to support patients with their palliative care needs. Minutes of meetings showed these were attended by practice staff, district nurses, Macmillan nurses and Shipston Home Nursing team. The practice worked closely with Shipston Home Nursing team (a charity) who provided hospice at home care. Members of the practice had been instrumental in forming this charity and a GP remained as a trustee of the service.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations. Staff told us that if families had experienced bereavement the GP telephoned them and often sent bereavement cards to them. Feedback from patients showed that they were

positive about the emotional support provided by the practice. Patients told us that staff had been caring and considerate when they needed help and provided them with support.

From minutes of the practice's multi-disciplinary meetings we saw that all professionals were proactive in supporting population groups such as older patients, patients experiencing poor mental health and families at risk of isolation to receive both practical and emotional support when needed.

The practice maintained a register of those patients who were also carers, with the practice's computer system alerted GPs if a patient was also a carer. The register showed that as of 1 March 2016 there were 328 carers registered and 142 patients who were supported by a carer (3% of the practice population). The practice had worked with the local County Council and guidepost charity to identify carers in the location. They held carers events and planned to facilitate weekly clinics for carers at the practice.

An information sharing event for carers was held at the practice last year and the practice planned to repeat this in the autumn of this year. This event brought many support agencies and charities together to provide patients with information to access the support they needed. Staff told us that information about carers groups was routinely sent out to patients who were newly diagnosed with various conditions such as patients diagnosed with dementia.

The practice supported patients who were carers by offering health checks and referrals for social services support. They also encouraged patients to attend the monthly carers group meetings held at the local community hospital which the practice had supported. Information about support for carers was provided by the practice through their supporting carers leaflet which gave additional advice about various agencies locally such as the Dementia Café and the Shipston Wellbeing Hub.

The practice linked with local services and charities such as two food banks, citizens' advice and local hardship charities and signposted those patients who experienced difficult times.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to address patients identified needs. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups to ensure flexibility, choice and continuity of care. For example:

- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen. Staff told us how they would respond to patients in need of urgent care.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. The GPs and the nurses told us they shared information with patients to help them understand and manage their conditions. Patients we spoke with confirmed this. Patients told us that when they had their medicines reviewed time was taken to explain the reasons for the medicines and any possible side-effects and implications for their condition.
- A dedicated nurse supported patients over the age of 75 years. All patients over the age of 75 years were given the opportunity to have a comprehensive review of their health wellbeing and social care needs.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was responsive to the needs of patients with a long term condition. For example, they had recognised the importance of patients being able to

take ownership of managing their condition. Two practice nurses had undergone specialist training to enable them to deliver a structured training programme to diabetic patients to help them to improve their self-management of their condition. The nurses were also able to initiate a diabetic patient's insulin, which meant the patient did not have to attend hospital to do this.

- The practice had initiated development of a dementia friendly community in Shipston on Stour which led to the development of a community steering group. Learning was shared within the community and safe places were established in areas such as cafes and shops that patients with dementia could feel safe. The practice considered this to have been a positive initiative as the increased awareness locally, particularly in local shops had helped in supporting patients with dementia. Families and carers of patients with dementia had commented on how patients had benefitted from this as people in the community showed greater awareness and understanding of patients' needs. A leaflet about local support and activities that were available for patients with dementia was developed and the practice promoted this to relevant patients.
- The practice provided a free loan of equipment for patients such as wheelchairs and nebulisers. They also facilitated the calibration of patients own equipment to ensure it worked correctly and accurately.
- Shipston Medical Centre was commissioned to provide a service for patients who were affected by substance misuse. Two GPs had completed specific training for this service. The practice coordinated dedicated GP appointments to coincide with the support worker clinics. This enabled GPs to support with health checks and prescriptions so that additional visits to the medical centre were avoided for the patients.
- The practice engaged with a local charity to educate the community and specifically younger people on the dangers of alcohol and drug misuse. One of the GPs provided educational sessions at the local youth club. Information was available to show these were well attended.

We saw many examples where staff went beyond their duties to ensure patients received the care and attention they needed. For example, dispensary staff kept a list of all patients who were on the palliative care register so that when repeat prescriptions were requested they could be



# Are services responsive to people's needs?

(for example, to feedback?)

processed swiftly to ensure that supplies of medicines was maintained for these patients. Although staff told us patients were asked to let staff know they received palliative care many patients were reluctant to do so and did not want to be too much trouble. Dispensary staff told us they found this system had worked much more effectively.

Counselling services were offered at the practice to support patients such as those who had experienced bereavement or poor mental health. The service was also available for self-referral by patients. The practice told us that patients had found this service to be beneficial. Patients commented that the practice cared about their patients and supported them at all times.

## Access to the service

- The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, and heart disease. The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations, and cervical smears. A minor surgery service was provided by the practice.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. The practice supported approximately 40 -50 travellers who were registered with the practice, and offered flexible appointment times to meet their needs.
- Information was available to patients in the practice leaflet and on the website for when the practice was closed. Patients were advised to telephone NHS 111 in the first instance or access the NHS Choices website. GPs provided out of hours cover for weekends and bank holidays.
- Comprehensive information was available to patients about appointments on the practice website. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Booking of appointments could be made up to eight weeks in advance. Home visits were available for patients who were too ill to attend the practice for appointments. The practice had 321 patients who required home visits and 58 patients who were housebound on their register.
- Patients had access to facilities for the disabled in the purpose built practice building. This included a hearing

loop for those with hearing impairments. Translation services were available to patients should they need this. Information about this facility was available on the information board in the reception area.

- The practice also arranged some appointments around the local bus timetable to enable patients to reach the practice. We saw evidence of meetings that had taken place between the practice and the transport agency to discuss timetables and any changes were shared to ensure patients had access to services at the practice. All patients were allocated 10 minute appointments but GPs and staff told us times could be extended as they were always flexible to the needs of their patients. This flexibility was confirmed by the patients we spoke with. Some commented this practice always put the patient first and were always willing to be flexible.
- The practice opened from 8am to 6.30pm Monday to Friday with appointments available from 8.10am to 4.30pm on these days. Extended hours appointments were available from 4.30pm to 5.50pm weekdays, between 6.30pm and 8pm on Thursday evenings and Saturday mornings for pre-bookable appointments up to eight weeks in advance. The extended hours appointments were to help patients who found it difficult to attend during regular hours, for example due to work commitments. Travel clinics were provided on a Thursday evening.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment scored highly compared with local and national averages. For example:

- 96% of patients said they could get through easily to the surgery by phone which was above the CCG average of 78% and national average of 73%.
- 90% of patients described their experience of making an appointment as good which was above the CCG average of 79% and the national average of 73%.
- 75% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 69% and the national average of 65%.

Patients gave positive views about the appointments system. We received 39 comment cards and spoke with six patients all of whom were very positive about the access to and the availability of appointments at the practice. Patients told us that getting appointments and waiting



# Are services responsive to people's needs? (for example, to feedback?)

times was never a problem and they could always see a GP if the appointment was urgent. On the day of the inspection all calls had been triaged to an appointment with no queries or waiting by patients.

## **Listening and learning from concerns and complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice. They confirmed they made contact with the patient as soon as possible following receipt of any complaint.

We found that there was an open and transparent approach towards complaints. Information about how to make a complaint was accessible to patients on the practice's website and in a complaints leaflet that was made available at the practice. The information helped

them understand the complaints system and what the process would be once they had lodged their complaint. Patients told us that they were aware of the process to follow should they wish to make a complaint, although none of the patients we spoke with or who completed comment cards had needed to make a complaint. Staff told us they would encourage patients to speak with the practice manager if they were unhappy with anything at the practice in the first instance.

We saw annual reviews of complaints for the period May 2015 to December 2015. We saw that nine complaints had been received during this period and the analysis showed that no themes or patterns had been identified. We found complaints had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. Overall learning from the annual review of complaints was shared with all staff at the relevant team meetings. We saw minutes of meetings that confirmed this.

# Are services well-led?

Outstanding



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

## Our findings

### Vision and strategy

We saw from their statement of purpose that the practice had a clear organisational aims:

- To provide patients with personal and continuing care which was prompt and of a high standard of quality.
- To ensure care was evidence-based and in line with national guidelines.
- To ensure a service that was accessible and responsive to the whole population of Shipston-on Stour and the surrounding areas.
- To ensure no discrimination of the grounds of race, gender, sexuality, disability or age occurred.

The practice had a five year forward plan in place which all staff had been involved in discussions at annual away days to develop this. The practice told us these away days provided opportunities for strategic review and planning. Minutes of these meetings were available and we could see how all members of the staff were encouraged to offer suggestions for future development and improvement to the practice.

The last practice away day had been organised in May 2015 and minutes were available to show contributions from each team had been recorded. Action plans with timescales showed areas for improvements identified, such as ways of working between GPs and reception staff to ensure appropriate appointments were booked for patients; named secretarial support for named GPs; additional recruitment and employment of admin staff to manage the increasing workload; and the development of clinical roles. At the time of the inspection we saw that some of these changes had been implemented, such as development plans in place for some clinical staff; a system to improve working between GPs and reception staff had been trialled and additional admin staff had been recruited.

### Governance arrangements

The practice had a governance framework in place that supported the delivery of the strategy and good quality care for its patients. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and the roles and

responsibilities of other staff within the practice. Practice specific policies were implemented and were available to all staff. Staff confirmed they had easy access to all of these at any time.

- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements to the services they provided. Learning and changes to practice was shared with other local practices and within the wider CCG so that good practice and learning was disseminated widely.

### Leadership, openness and transparency

The GPs and the management team had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was a priority for all staff and staff confirmed that the GPs and the practice manager were visible in the practice.

There was a clear leadership structure in place and staff felt supported by the management team. Staff told us that they were always approachable and they could speak with any one of the team should they have any concerns or queries. Staff told us that management were approachable and always took the time to listen to them and valued their contribution to the running of the practice.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings that they were confident in doing so and felt they would be supported if they did. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues.

Staff attended regular team meetings to discuss issues, patient care and further develop the practice. All staff were encouraged to identify opportunities to improve the service delivered by the practice. We saw evidence that staff had annual appraisals and were encouraged to develop their skills. We saw that there was good morale at the practice.

Staff told us that everybody worked together well as a team and supported each other at difficult times, recognising when additional support was needed. For example, a patient had collapsed in the waiting room and emergency responses had been made. Staff told us that after the event they were supported, given time and access to counselling where needed which they had appreciated.



# Are services well-led?

Outstanding



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

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

The practice encouraged and obtained feedback from patients in the delivery of the services they provided. It had gathered feedback from patients through their virtual Patient Participation Group (PPG) and through surveys and complaints received. PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

We looked at the PPG annual report for the year ending 23 March 2015. At the time of the report there were 10 members in the group and 54 members of the virtual on-line group. An action plan had identified key areas for improvement. For example, increasing the availability of appointments outside core hours. As a result of the PPG feedback the practice had increased the number of appointments in the extended hours session on a Thursday evening; they had recruited an additional nurse who was contracted to provide weekly appointments until 8pm, which increased the availability of nurse appointments by 130% outside core hours. The positive impact on patients and carers had been demonstrated through the NHS Friends and Family Test feedback and the reduced waiting times for patients for appointments with the nursing team.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. A 360 feedback system and informal feedback was encouraged with all staff. 360 feedback is a process that provides each employee with the opportunity to receive performance feedback from all their co-workers. Staff told us they were confident to feedback and discuss any concerns or issues with colleagues and the practice manager.

We saw many examples where staff had been involved and encouraged to provide feedback to contribute to the development of the practice. Staff and PPG members told us they had been invited to a meeting to discuss the services they provided, what they did well and where improvements could be made in preparation for their

presentation to the CQC team at inspection. It was evident during the practice presentation and the inspection that all staff had contributed and had been fully involved in the process.

## Continuous learning and development

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and engaged in local pilot schemes to improve outcomes for patients in the area.

- The practice was an active member of the South Warwickshire GP Federation, which had formed to improve the services they offered to patients.
- The practice had engaged with Age UK to assess and support all high risk patients aged 75 and over to identify and address clinical and social need. This involved proactive health reviews for patients with a view to identifying measures to help maintain good health.
- There was energy and commitment by the practice to drive improvement and develop services in a proactive way to enhance the services they provided. We saw examples of close working relationships with other agencies, with the community, and with charities to develop and improve services for patients. A structured Palliative care training programme called 'Good to Great' had been provided for all members of staff and members of the wider community team. The training looked at end of life care for patients to identify areas where improvements could be made. Regular audits were carried out following the training which demonstrated where improvements had been made, such as patients who had died in their preferred place of death.
- Regular working groups were held where a range of topics were discussed, including reviews of patient care, patient experiences, and reflected on changes to NICE guidance to ensure that practice protocols were updated in line with changes made. These meetings included patient representation as well as team members and external colleagues.