

Wolston Surgery

Quality Report

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Date of inspection visit: 28/11/2016

Date of publication: 27/04/2017

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 at Wolston Surgery on 28 November 2016. Overall the practice is rated as good.

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

- There was a clear process for reporting and recording significant events. This was in line with requirements and staff were involved with the investigation of and learning from these events.
- The premises and equipment used were safe and standards of cleanliness and hygiene were maintained.
- Stringent procedures ensured that medicines were handled and dispensed safely.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or higher than Clinical Commissioning Group (CCG) and national averages.
- Staff had online access to up to date guidelines from NICE and attended local training days which reinforced this. We checked a sample of recent NICE updates and saw that action had been taken, for example by conducting clinical audits.
- There was evidence that the practice had improved the quality of care and treatment it provided through clinical audit, although the number of audits completed was low.
- Staff learning and development was managed through a system of induction and appraisal. Staff had completed role specific training and competency assessments.
- There was a commitment to collaborating with healthcare professionals from external services to understand and meet patients' needs.
- Data from the National GP Patient Survey (July 2016) showed the practice results for patient satisfaction were significantly higher than local and national averages.
- Staff members were kind and helpful to patients and treated them with dignity and respect.
- There was an effective system for handling patient complaints and concerns. Information was available to

Summary of findings

help patients understand the complaints system. Appropriate action was taken to resolve matters and learning was discussed at two monthly practice meetings.

- The practice offered a twice weekly transport service for patients who lived in Ryton-on-Dunsmore where there was limited access to public transport.
- Staff told us they felt confident raising issues and making suggestions, and that the practice manager and GP partners were approachable and friendly. Staff said they felt appreciated in their roles. There were frequent minuted staff meetings where information was exchanged.
- There was a candid and accountable culture that supported dealing with problems openly.

- The practice was aware of the requirements of the duty of candour.
- The practice encouraged feedback from patients, the public and staff and used this to improve services.

The area where the provider should make improvements is:

- Review the use of clinical auditing to monitor the quality of patient care.
- Continue to monitor the revised system for receiving and disseminating MHRA alerts.

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.

- There was a clear process for reporting and recording significant events. This was in line with requirements and staff were involved with the investigation of and learning from these events.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if appropriate.
- Recruitment policies helped to ensure that all staff were cleared to work with members of the public.
- Staff were trained in safeguarding and knew what action to take if they were concerned about a patient.
- Stringent procedures ensured that medicines were handled and dispensed safely.
- The premises and equipment used were safe and standards of cleanliness and hygiene were maintained.
- There were arrangements to respond to major incidents and emergencies and staff knew what action they should take in urgent situations.
- We checked a sample of recent alerts and found that the practice had taken appropriate action in response. We found one alert that had not been received by the practice, but we saw that immediate and appropriate action had been taken when this was identified.

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 in line with or higher than Clinical Commissioning Group (CCG) and national averages.
- Staff had online access to up to date guidelines from NICE and attended local training days which reinforced this. We checked a sample of recent NICE updates and saw that action had been taken, for example by conducting clinical audits.
- There was evidence that the practice had improved the quality of care and treatment it provided through clinical audit, although the number of audits completed was low.
- Staff learning and development was managed through a system of induction and appraisal. Staff had completed role specific training and competency assessments.

Good



Summary of findings

- There was a commitment to collaborating with healthcare professionals from external services to understand and meet patients' needs.
- The service had measures in place to encourage patients to adopt healthy lifestyles.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey (July 2016) showed the practice results for patient satisfaction were significantly higher than local and national averages.
- Staff members were kind and helpful to patients and treated them with dignity and respect.
- We received 32 patient comment cards, all of which were entirely positive about the practice staff. We spoke with two members of the patient participation group (PPG), who both said the practice staff went out of their way to help patients and felt they were kind and caring.
- The practice facilitated patients' involvement in decisions about their care by ensuring the information they needed was available to them.
- The practice offered additional services to carers such as an annual flu vaccination and health check. There were carers' information folders in the patient waiting area which provided information about local support services for carers and clinical staff directed carers to this information during consultations.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 offered a twice weekly transport service for patients who lived in Ryton-on-Dunsmore where there was limited access to public transport. The driver had received a DBS check and had the necessary insurance arrangements.
- The practice had patients resident in one local care home. We spoke with the manager who told us that patients received consistent care from a named GP and regular visits. They said the practice was good at responding to requests and engaging with care home staff to understand patients' needs.

Good



Summary of findings

- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages.
- There was an effective system for handling patient complaints and concerns. Information was available to help patients understand the complaints system. Appropriate action was taken to resolve matters and learning was discussed at two monthly practice meetings.

Are services well-led?

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

- The practice aimed to improve the health and wellbeing of patients in a comfortable, safe environment. Staff demonstrated the vision of the practice in their thoughtful, friendly attitude towards patients.
- We spoke with staff who demonstrated their understanding of their roles and responsibilities and who to report to for assistance in a range of circumstances.
- Staff told us they felt confident raising issues and making suggestions, and that the practice manager and GP partners were approachable and friendly. Staff said they felt appreciated in their roles. There were frequent minuted staff meetings where information was exchanged.
- There was a candid and accountable culture that supported dealing with problems openly.

The practice was aware of the requirements of the duty of candour.

- The practice encouraged feedback from patients, the public and staff and used this to improve services.
- There was an organised approach to staff training and development, which demonstrated the practice's commitment to continuous improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Home visits were available for older patients who had difficulty attending the practice.
- The practice dispensary provided a convenient service to patients living over a mile from their nearest chemist. There was a twice weekly medicine delivery service provided by the practice and a daily delivery service provided by a local pharmacy which collected prescriptions from the dispensary.
- The practice had older patients who were resident in one local care home. We spoke with the manager who told us that patients received consistent care from a named GP and regular visits. They said the practice was good at responding to requests and engaging with care home staff to understand patients' needs.
- The practice maintained a register of those older people at risk of hospital admission and carried out care planning and reviews to help reduce this risk.

Good



People with long term conditions

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

- The practice maintained registers of patients with long-term conditions. These were used to identify patients for review and to recommend appropriate support services.
- Clinical staff had lead roles in chronic disease management.
- The practice's clinical performance for the management of long term conditions was in line with or higher than local and national averages. For example, 94% of patients with atrial fibrillation (an irregular heart rhythm) who had a high risk score were treated with anti-coagulation therapy (blood thinning medicines), higher than the CCG average of 83% and the national average of 87%. 85% of the practice's patients with diabetes had a blood glucose level within the target range in the preceding 12 months compared with the CCG average of 79% and the national average of 78%.
- The clinical team worked with healthcare professionals to provide a multidisciplinary package of care to patients whose care spanned several services.

Good



Summary of findings

Families, children and young people

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

- Children and patients whose medical problems needed immediate attention could access appointments on the same day. The premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were higher than the national targets. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 100%, which was higher than the target of 90%. The practice's overall score was 9.9 out of 10, compared to the national average score of 9.1.
- The practice's uptake for the cervical screening programme was 89%, which was higher than the CCG average of 81% and the national average which was 82%.
- The practice worked with other local health professionals to coordinate care. One of the GPs was the practice's lead for safeguarding and held weekly meetings with the local health visitor, who was also invited to attend monthly clinical meetings at the practice.
- We discussed Gillick competence and Fraser guidelines with clinical staff and were satisfied with their understanding and usage of these 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. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

Good



Working age people (including those recently retired and students)

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

- Telephone consultations were available for patients who did not feel they required a face-to-face consultation and clinical staff were able to liaise with patients by email if this was their preference.
- The practice offered people who worked during the practice opening hours appointments first thing in the morning or at the end of the day.
- Text messaging appointment reminders and online appointment booking and repeat prescription requests were available to patients.

Good



Summary of findings

- Patients were able to access to health assessments and checks including NHS health checks for patients aged 40–74 and new patient health checks.

People whose circumstances may make them vulnerable

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

- There was a nearby community of travellers for whom the practice provided care, and these patients' records were coded to alert staff to their circumstances. The practice made special arrangements to cater to these patients such as allowing flexibility with appointments and taking extra time to explain conditions and treatments to those who struggled with reading. Clinical staff worked with the local health visitor where appropriate to tailor care. There were no homeless patients registered at the time of the inspection, but the practice told us they would register and treat people from this group in the same way.
- Clinical staff had completed Identification and Referral to Improve Safety (IRIS) training in domestic violence and the practice had made specific arrangements to support patients. All staff had up to date training in safeguarding children and vulnerable adults to the required level.
- Longer appointments were offered for patients who required them, including patients with a learning disability.
- The practice worked with multidisciplinary health care professionals in the case management of vulnerable patients.
- The practice maintained a carers' register and the computer system alerted clinical staff if a patient was a carer. There were carers' information folders in the patient waiting area which provided information about local support services for carers and clinical staff directed carers to this information during consultations. Registration forms and information for carers were also displayed on the walls. The practice offered carers an annual health check and flu vaccination to support their wellbeing.

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).

Good



Summary of findings

- Performance for mental health related indicators was also similar to or higher than the CCG and national averages. For instance, 93% of patients with dementia had attended a face to face care plan review in the preceding 12 months, compared to the CCG average of 81% and the national average of 84%.
- 100% of patients with mental health issues had their alcohol consumption recorded within the previous 12 months, again higher than the CCG and national averages which were both 89%.
- Patients were able to access counselling sessions on the practice premises through Improving Access to Psychological Therapies (IAPT).
- The practice maintained a mental health register which it used to monitor patients and offer relevant information and services. Patients with dementia had care plans.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health.
- Information about how to access various support groups and voluntary organisations was available to patients experiencing poor mental health.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice's performance was significantly above local and national averages. 215 survey forms were distributed and 114 were returned. This represented a 53% completion rate and 3% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by telephone compared to the CCG average of 73% and the national average which was also 73%.
- 99% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 98% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32

comment cards, 30 of which were entirely positive about the standard of care received. Patients particularly commented on the helpful and positive attitudes of all staff members and the fantastic level of service provided. Patients believed staff went the extra mile to improve their experience. Two of the comment cards made both positive feedback as well as negative comments in relation to getting through on the telephone and the availability of car parking.

We spoke with two members of the patient participation group (PPG), who both said the practice staff went out of their way to help patients and felt they were kind and caring. The PPG felt the practice engaged positively with them and had a positive attitude to patient opinion.

The practice had patients resident in one local care home. We spoke with the manager who told us that patients received consistent care from a named GP and regular visits. They said the practice was good at responding to requests and engaging with care home staff to understand patients' needs.

Areas for improvement

Action the service SHOULD take to improve

- Review the use of clinical auditing to monitor the quality of patient care.
- Continue to monitor the revised system for receiving and disseminating MHRA alerts.

Wolston Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector and included a GP specialist adviser.

Background to Wolston Surgery

Wolston Surgery is located in Wolston village in the borough of Rugby. The rural practice catchment area also spans the villages of Brinklow, Bretford, Church Lawford, Stretton-on-Dunsmore, Princethorpe, Ryth-on-Dunsmore, Brandon and Binley Woods. It operates under a General Medical Services (GMS) contract with NHS England. This is the contract between general practices and NHS England which agrees the delivery of primary care services to local communities. The Wolston Surgery premises have accessible facilities including a hearing loop, wheelchair access and disabled parking. The practice has a patient list size of 4,375 including 22 patients who live in a local care home. The practice has a dispensary on site which provides convenient services to patients living over a mile from their nearest chemist. Wolston Surgery is a training practice which has qualified junior doctors working under the supervision of the GPs.

Wolston Surgery's patient list has significantly lower than average levels of social deprivation, and a slightly higher than average population aged between 65 and 80. There are lower than average numbers of patients aged under 40. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services

available to patients. For instance Wolston Surgery offers minor surgery, work to analyse and reduce unplanned admissions, a number of immunisation programs and facilitating timely diagnosis and support for people with dementia.

Wolston Surgery has a clinical team of one male and two female GP partners, one regular female GP locum, one female trainee GP, one female practice nurse and one female healthcare assistant. The team is supported by a practice manager and four reception and dispensary staff.

The practice opens at 8.30am and closes for lunch at 12.30pm from Monday to Friday. The practice re-opens from 3pm until 4pm on Mondays, and from 4.45pm until 6pm on Tuesday and Thursdays. Appointments are available at a variety of times, and while the practice is closed outside of these times the telephone lines remain open between 8am and 6.30pm and a duty GP is available for urgent patient requests during this time. Before 8am and after 6.30pm there are arrangements in place to direct patients to out-of-hours services provided by NHS 111.

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.

Detailed findings

How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection on 28 November 2016.

During the inspection we:

- Spoke with staff including GPs, the nurse team, the practice manager and reception and dispensary staff.
- Observed how patients were cared for and spoken with by staff.
- Reviewed 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 was an effective system in place for reporting and recording significant events.

- During the inspection we spoke with staff who told us they would escalate any incidents to the practice manager. There was a significant event policy and a form available to staff on the practice computer system which was used to record details of incidents.
- The practice had recorded six significant events during the previous year. We reviewed the practice significant event summary which included details of each event including what action was taken, what was learned, and the date for review of any changes implemented. We discussed a sample of significant events with staff and were satisfied that these had been properly managed and resolved.
- Where a patient was affected by an incident the practice contacted them to provide the information and support they needed to understand the situation. It was the practice policy to contact patients by phone and invite them to speak in person if they wished to. Formal written apologies were always sent where the matter could not be satisfactorily resolved.
- Incidents and significant events were a standing agenda item at monthly clinical meetings and two monthly whole practice meetings where these were discussed and reviewed to consolidate learning. Meetings were minuted and available to staff who required them.
- The practice received safety alerts issued by external agencies, for example from MHRA (Medicines and Healthcare products Regulatory Agency). These were received by the practice manager who confirmed whether the medicine or product was used by the practice before forwarding the alert to the lead GP for safety alerts. Records of alerts that did not require any action were kept by the practice manager. During the inspection we checked a sample of five alerts. We saw evidence that the practice had carried out audits and contacted patients in response to four of these. The remaining alert had not been received by the practice. The practice took immediate action to address this, providing evidence that they had checked their records to identify and review any patients who may have been

affected and raised the issue as a significant event with the MHRA. They had also strengthened their own system for receiving alerts to ensure no further alerts were missed.

Overview of safety systems and processes

Clearly defined systems, processes and practices were in place to keep patients safe and safeguarded from abuse.

- The practice had the arrangements required relevant legislation and local agencies to safeguard children and vulnerable adults from abuse. One of the GPs was the practice's lead for safeguarding and held weekly meetings with the local health visitor, who was also invited to attend monthly clinical meetings at the practice. All staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and the nurse team were trained to child protection or child safeguarding level three, and non-clinical staff to level one. There were policies in place which explained what action staff needed to take in the event of a concern arising. We spoke with a number of staff and confirmed that all understood their safeguarding responsibilities and who to report concerns to. Staff demonstrated how they accessed the practice's safeguarding policies using the computer system.
- A notice was displayed in the waiting area to advise patients that chaperones were available. The role of a chaperone is to observe examinations (with patient consent) for the protection of both the clinician and the patient. Only the practice nurse and healthcare assistant acted as patient chaperones at the practice and both had received training for this. All staff 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.
- During the inspection we confirmed that the premises were suitably clean, tidy and hygienic. The nurse was the infection control lead and worked with the local infection prevention team to stay up to date with best practice. All staff had attended infection control training which covered hand washing, dealing with spillages of body fluid and handling samples. An infection control

Are services safe?

audit had been carried out in February 2016 which identified some areas for action. A re-audit had been completed in September 2016 which confirmed that all actions were in progress or had been completed.

- Repeat prescriptions were managed by GPs when patients had reached the maximum number of requests, and all patients with long term conditions had their medicines reviewed at regular intervals. GPs monitored the use of prescription pads and printer forms and these were stored securely. The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff locked clinical rooms when they were not in use and removed computer access cards when they left the room. Paper patient records were securely stored in an area not accessible to patients.
- The practice had a number of patients who were prescribed high risk medicines (medicines that may cause serious patient harm or death if used in error). These patients also received treatment from specialists in their particular illness and the practice used shared care agreements to establish the responsibilities of the organisations involved in their care. The practice checked the results of secondary care monitoring before issuing repeat prescriptions to ensure that it remained safe for patients to receive the medicine. We checked a sample of patients who were prescribed a high risk medicine and confirmed that their monitoring was up to date.
- Cold storage medicines such as vaccines were securely stored. We saw that the practice used a log book to monitor fridge temperatures, and staff knew what action to take if these deviated from the recommended range. Fridge stock was suitably rotated and ordered at regular intervals. All the medicine we looked at was in date.
- The practice used Patient Group Directions to allow the practice nurse to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- One of the GP partners was responsible for providing leadership to the dispensary. The practice was a member of DSQS (the Dispensary Services Quality Scheme) and members of staff involved in dispensing medicines had received relevant up to date training to a standard relevant for their role. Dispensary staff referred to a number of standard operating procedures (SOPs) which covered all aspects of the dispensing process.

SOPs are written instructions about how to safely dispense medicines. Any medicines incidents or 'near misses' were recorded as significant events, but there was no log book in the dispensary to monitor incidents.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to store and manage them safely. There were arrangements in place for the destruction of these medicines when necessary.
- During our inspection we reviewed documentation contained in five personnel files. We were satisfied that the necessary recruitment checks had been carried out before staff were employed, such as DBS checks, proof of identity, references, qualifications and registration with the appropriate professional body.

Monitoring risks to patients

The practice assessed and managed risks to patients effectively.

- The practice used procedures to monitor and manage risks to staff and patients. The last health and safety risk assessment of the premises was dated September 2016. The practice's fire risk assessment was also updated in September 2016 and the practice conducted regular fire drills and two weekly fire alarm tests. All the practice's electrical equipment had been tested by an electrician to ensure it was safe to use in April 2015 and this was due to be repeated in 2017. Clinical equipment was calibrated by a specialist company annually to ensure it was working properly and we checked a sample which showed this was last carried out in January 2016. The safety of the premises was monitored using a number of risk assessments including infection control, substances hazardous to health and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Annual leave for clinical and non-clinical staff was coordinated and there was a protocol for covering periods of sickness absence. This helped the practice to make sure the number and skill mix of staff on duty was sufficient to meet patients' needs at all times.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- Staff told us they would immediately alert their colleagues in the event of a medical emergency or other critical incident. Staff in clinical rooms had access to a panic button, and all the clinical rooms were in close proximity to the reception area.
- All staff had completed basic life support training and non-clinical staff attended refresher training three yearly while clinical staff did this every 18 months.
- The practice kept a supply of emergency medicines which were stored securely and all staff were aware of their location. All the medicines we checked were in date. A first aid kit and accident book were available.
- The practice had a defibrillator with adults' and children's pads. We also saw that there was an oxygen supply with adults' and children's masks, and other emergency equipment. The practice nurse conducted regular checks of the emergency equipment to ensure this was working and in date.
- A business continuity plan was in place for use in the event of a major incident such as a power failure or building damage. This included emergency contact numbers for all staff and copies were also stored off-site by the practice manager and GP partners.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Staff had online access to up to date guidelines from NICE and attended local training days which reinforced this. We checked a sample of recent NICE updates and saw that action had been taken, for example by conducting clinical audits. Clinical staff discussed updates informally or during clinical meetings but this was not a standing agenda item.

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 recently published results at the time of the inspection for 2015/16 were 98% of the total number of points available, higher than the Clinical Commissioning Group (CCG) and national averages which were 95%. Exception reporting was 3% overall, lower than the Clinical Commissioning Group (CCG) average of 5% and the national average of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice's exception reporting for some mental health and osteoporosis related indicators was higher than average overall, but we saw evidence that this was based on low numbers of patients which made the statistics appear inflated.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher than CCG and national averages. For example, 85% of the practice's patients with diabetes had a blood glucose level within the target range in the preceding 12 months compared with the CCG average of 79% and the national average of 78%. The practice's exception reporting for this indicator was 2%, significantly lower than the CCG average of 12% and the national average of 13%. 86% of patients with diabetes had a cholesterol

measurement within the target range in the preceding 12 months compared with the CCG and national averages of 80%. The practice exception reported 8% of patients, again lower than the CCG average of 10% and the national average of 13%.

- Performance for mental health related indicators was also similar to or higher than the CCG and national averages. For instance, 93% of patients with dementia had attended a face to face care plan review in the preceding 12 months, compared to the CCG average of 81% and the national average of 84%. The practice had not exception reported any patients for this indicator, whereas the CCG average was 6% and the national average 7%. 100% of patients with mental health issues had their alcohol consumption recorded within the previous 12 months, again higher than the CCG and national averaged which were both 89%. The practice's exception reporting was slightly higher than average at 15%, compared with 8% in the CCG and 10% nationally, but this figure appeared inflated due to low numbers of patients being involved.
- The practice's clinical performance for the management of other long term conditions was in line with or higher than local and national averages. For example, 94% of patients with atrial fibrillation (an irregular heart rhythm) who had a high risk score were treated with anti-coagulation therapy (blood thinning medicines), higher than the CCG average of 83% and the national average of 87%. 6% of these patients had been exception reported by the practice, compared with the CCG average of 12% and the national average of 10%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits, peer review and national benchmarking.
- The GP partners had completed two clinical audits in the last year. This was a low number of audits but both were completed audits where the improvements made had been implemented and monitored. Audits were also carried out as part of the practice's membership of DSQS (the Dispensary Services Quality Scheme).
- The results of the audits carried out had been used to improve patient care. For example, the practice had an audit to identify patients at risk of developing diabetes and contacted them to commence blood monitoring. The audit was repeated six months later to confirm that all patients at risk had attended a review.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

- An induction programme was used to orientate all newly appointed staff and ensure they had the training required to work in the practice. This included topics such as safeguarding, hygiene and infection control, confidentiality, information governance, basic life support and fire safety. This was reviewed at three and six months to confirm the new staff member's competence.
- Staff had access to role specific training and competency as required for their roles. The practice kept a staff training record which was used to monitor when staff were due for updates. For example, clinical staff reviewing patients with long-term conditions attended annual chronic disease update courses. Members of staff taking samples for the cervical screening programme had received specific training including a competence assessment and this was updated every three years. Staff who administered vaccines had also completed the appropriate training, and could demonstrate how they stayed up to date with changes to the immunisation programmes by accessing online resources.
- The practice supported revalidation for GPs and nurses and all staff had received an appraisal within the last 12 months.
- The learning needs of staff were monitored using annual appraisal 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 for revalidating GPs. All members of staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

Staff were able to access the information they required to plan and deliver care in a timely and accessible way using the practice's patient record system. For example test results, care plans, medical records and risk assessments.

Staff liaised with external health and social care professionals to enable them to better tailor patient care. This included when patients were referred between

services and following discharge from hospital. The practice safeguarding lead met weekly with health visitors and invited multidisciplinary staff including district nurses to attend monthly clinical meetings at the practice.

Consent to care and treatment

Clinical staff had procedures for obtaining consent to care and treatment in line with legislation and guidance, including the Mental Capacity Act 2005. Where a patient's capacity to consent to care or treatment was uncertain the clinician made an assessment of this and recorded the outcome.

We discussed Gillick competence and Fraser guidelines with clinical staff and were satisfied with their understanding and usage of these 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. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice encouraged health promotion by providing information and referrals to support services.
- Patients with long term conditions and those over the age of 40 were invited to attend health checks.
- The clinical team provided a smoking cessation service and advice on weight reduction and alcohol consumption, and information about this was displayed in the waiting area.

The practice's uptake for the cervical screening programme was 89%, which was higher than the CCG average of 81% and the national average which was 82%. The practice had a female sample taker available for all patients and telephoned those who did not attend for their cervical screening test to encourage them to come to another appointment. There were established systems to confirm that results had been received for all samples and follow up any that required this.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England for 2015/2016 showed that the practice's uptake was higher

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

than average. For example, 68% of patients aged 60 to 69 had been screened for bowel cancer within the target period, compared with the CCG average of 57% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than the national targets. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 94% to 100%, which was higher than the target of 90%. The practice's overall score was 9.9 out of 10, compared to the national average score of 9.1.

Patients were able to access to health assessments and checks including NHS health checks for patients aged 40–74 and new patient health checks. Where abnormalities or risk factors were identified the practice took action to follow up with the patient as necessary.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

On the day of the inspection staff members were kind and helpful to patients and treated them with dignity and respect.

- Consulting rooms had curtains to maintain privacy and dignity during patient examinations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients, and we could not overhear conversations taking place inside.
- Reception staff told us that if a patient was upset or needed to discuss something sensitive they offered to take them to a private room and notified the clinician if they had an appointment.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were entirely positive about the practice staff. Patients particularly commented on their helpful and positive attitudes and the excellent level of service provided by both clinical and non-clinical staff. Patients said that staff went the extra mile to improve their experience.

We spoke with two members of the patient participation group (PPG), who both said the practice staff went out of their way to help patients and felt they were kind and caring.

The practice had patients resident in one local care home. We spoke with the manager who told us that they were satisfied with the treatment of patients by GPs.

Results from the National GP Patient Survey published in July 2016 showed that patients felt they were treated with compassion, dignity and respect. The practice was consistently ranked significantly higher than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and national averages which were both 89%.
- 95% of patients said the GP gave them enough time compared to the CCG and national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

The PPG members we spoke with during the inspection and patient comment cards confirmed that patients felt involved in making decisions about their care and treatment. Staff provided patients with the information they needed to make an informed decision and allowed them enough time.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were again higher than local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average which was also 85%.

The practice facilitated patients' involvement in decisions about their care by ensuring the information they needed was available to them in a variety of formats.

- Staff told us that translation services were available for patients who did not have English as a first language.
- A large number of information leaflets were available providing patients with information about health and support services.
- The premises were equipped with a hearing loop to assist patients with a hearing difficulty.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area provided information about support groups. Staff also directed patients to organisations and local groups for support where appropriate.

The practice maintained a carer's register and the computer system alerted clinical staff if a patient was a carer. Non-clinical staff were trained to offer carer's registration forms to patients who identified themselves as a carer. The practice had identified 44 patients as carers (1.1% of the patient list). There were carer's information

folders in the patient waiting area which provided information about local support services for carers and clinical staff directed carers to this information during consultations. Registration forms and information for carers were also displayed on the walls. The practice offered carers an annual health check and flu vaccination to support their wellbeing.

GPs contacted family members that had suffered bereavement and invited them to an appointment to discuss their needs. Bereaved patients were coded in records to ensure staff were sensitive to this when speaking with them. The practice also referred patients to bereavement support services.

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.

- Telephone consultations were available for patients who did not feel they required a face-to-face consultation and clinical staff were able to liaise with patients by email if this was their preference.
- Text messaging appointment reminders and online appointment booking and repeat prescription requests were available to patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Children and patients whose medical problems needed immediate attention could access appointments on the same day.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a twice weekly transport service for patients who lived in Ryton-on-Dunsmore where there was limited access to public transport. The driver had received a DBS check and had the necessary insurance arrangements.
- There was a twice weekly medicine delivery service provided by the practice and a daily delivery service provided by a local pharmacy which collected prescriptions from the dispensary.
- The premises were equipped with disabled facilities and a hearing loop. Translation services were available to patients who required them.
- The practice offered travel vaccinations available on the NHS as well as those only available privately.
- The practice had patients resident in one local care home. We spoke with the manager who told us that patients received consistent care from a named GP and regular visits. They said the practice was good at responding to requests and engaging with care home staff to understand patients' needs.

The practice was open from 8.30am and closed for lunch at 12.30pm from Monday to Friday. The practice re-opened from 3pm until 4pm on Mondays, and from 4.45pm until 6pm on Tuesdays and Thursdays. Appointments were available at a variety of times within these hours. At times when the practice was closed the telephone lines remained open between 8am and 6.30pm and a duty GP was available for urgent patient requests. Before 8am and after 6.30pm there were arrangements to direct patients to out-of-hours services provided by NHS 111. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average which was also 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried, compared with the CCG average of 72% and the national average of 76%.
- 88% of patients were usually able to see or speak to their preferred GP, significantly higher than the CCG average of 57% and the national average of 60%.
- 96% of patients described their experience of making an appointment as good, again significantly higher than the CCG average of 73% and the national average of 73%.
- 87% of patients usually waited 15 minutes or less after their appointment time to be seen, which was higher than the CCG average of 61% and the national average of 66%.

The practice had a system in place to assess:

- Whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

Home visit requests were recorded in by reception staff and referred to the GPs who returned calls to the patients and prioritised visits as appropriate. In cases where the urgency of need was so great that it would be inappropriate for the

Access to the service

Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was an effective system for handling patient complaints and concerns.

- A complaints policy and procedures were in place in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the lead for handling all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. There was a complaints poster displayed in the patient waiting area which provided the practice manager's direct dial telephone number, and information about complaints was also provided on the practice website and in the practice leaflet.

We reviewed details of six complaints received in the last 12 months and found these had been dealt with properly and within a reasonable amount of time. The practice recorded verbal complaints and feedback as well as those received in writing. Appropriate action was taken to resolve matters and learning was discussed at two monthly practice meetings.

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 aimed to improve the health and wellbeing of patients in a comfortable, safe environment. Staff demonstrated the vision of the practice in thoughtful, friendly attitude towards patients.

The practice recognised its future challenges of constrained premises and a growing patient population due to housing development in the local area. The practice was working on plans to combat the growing demand for primary medical services and had applied for funding to build an extension.

Governance arrangements

The practice had a governance framework which supported the delivery of its strategy and high standards of care.

- We spoke with staff who demonstrated their understanding of their roles and responsibilities and who to report to for assistance in a range of circumstances.
- A number of policies were in place to support the delivery of quality care. These were specific to the practice and staff had convenient access to them.
- The practice participated in benchmarking and scrutinised its performance to identify areas for improvement.
- The practice did use clinical audit to effectively monitor quality in some areas, but its programme was limited.
- Processes were in place to assess and manage risks to staff and patients, but the system for managing safety alerts needed to be improved to ensure that patients were kept safe.

Leadership and culture

The GP partners and practice manager demonstrated their skill and experience in offering positive leadership to staff. They were supported by staff whom they ensured were qualified to meet the demands of their roles. Staff told us they felt able to approach the leadership team directly and also had the opportunity to raise concerns during regular meetings.

Systems were in place to ensure the practice complied 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. Where a patient was affected by an incident the practice contacted them to provide the information and support they needed to understand the situation, and learning was shared with the practice team to help avoid repeat situations. There was a candid and accountable culture that supported dealing with problems openly.

The practice leadership structure was supportive to staff and there was an open door policy:

- We saw meeting minutes which evidenced two monthly whole practice team meetings. The practice also held monthly clinical team meetings and frequent informal discussions about practice matters.
- Staff told us they felt confident raising issues and making suggestions, and that the practice manager and GP partners were approachable and friendly. Staff said they felt appreciated in their roles.
- The practice organised staff social events to bond as a team and to thank staff for their hard work. These included weekends away, a summer barbeque and a Christmas night out.

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 patient participation group (PPG) worked as a conduit between the practice and patient opinion. 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 PPG engaged with patients in person and via social media and fed back comments and suggestions to the practice.
- The practice had a suggestion box and NHS Friends and Family Test cards on display in the patient waiting area. This encouraged patient feedback on a continuous basis and the practice discussed results with the PPG. The practice also monitored online forums such as NHS Choices which it used to engage with patients.
- Feedback was gathered from staff members through annual appraisals, monthly staff meetings, and daily discussions. Staff told us they felt confident in giving feedback.