

# Dr Singh & Partners

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Singh & Partners on 7 March 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning from incidents was shared with staff and regularly reviewed.
- Risks to patients were assessed and well managed.
- The practice was part of a local GP federation – a group of practices that worked together to provide care and share best practice to improve outcomes for patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Weekly clinical governance meetings were held to review and improve clinical care and patient pathways.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Practice staff clearly understood the needs of patients within the local community and services were tailored when appropriate, for example, the launch of an over 75's project.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. Staff told us management had an 'open door' policy.

**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 an effective system in place for reporting and recording significant events. Learning from incidents was shared with staff and regularly reviewed.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation, and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clear processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits and performance management were used to ensure quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients we spoke with and those who completed comment cards before our inspection were highly complementary about the care provided by the practice. They said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- A care for the carers pack was available to provide additional information and support for carers of patients.
- The practice carried out an annual patient satisfaction survey (the last one was in September 2015) in association with the Patient Participation Group. Findings from this were used in conjunction with the results of the GP national patient survey.
- The practice had an action plan in place to address concerns raised from the GP national patient survey.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice initiated the pilot scheme for a local over 75's project, now called the frail and elderly project and all patients aged over 75 had been assessed. This also focussed on non-medical needs and practical support and was provided in conjunction with Age UK.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had an action plan in place to address concerns raised from the GP national patient survey.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held weekly governance meetings.

Good



# Summary of findings

- 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice initiated the pilot scheme for a local over 75's project, now called the frail and elderly project and all patients aged over 75 had been assessed. This also focussed on non-medical needs and practical support and was provided in conjunction with Age UK.
- Health checks were carried out for all patients over the age of 75 years.
- The most vulnerable patients could contact the practice through a dedicated telephone line.
- The practice was part of a pilot scheme within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review patients discharged from hospital. The intention was to identify and meet patient needs using a multi-disciplinary approach.
- A care for the carers pack was available to provide additional information and support for carers of patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data available about the practice showed that monitoring and treatment of patients with long term conditions was largely similar to other practices within the Clinical Commissioning Group (CCG).
- Patients with asthma had asthma management plans in place.
- A diabetes service was run in conjunction with the community diabetic nurse.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered dietary, weight management and smoking cessation advice.

## **Families, children and young people**

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice notified Child Health Services when babies and children did not attend for their vaccinations.
- 80% of eligible women had received a cervical screening test within the last 5 years. This was similar to the national average.
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered (for example, the introduction of extended hours) to ensure these were accessible, flexible and offered continuity of care.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. Patients were reviewed at least annually, more often if required.
- The most vulnerable patients could contact the practice through a dedicated telephone line.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Joint working was aided by the local community matrons and district nursing team being based within the same building.
- The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- A care for the carers pack was available to provide additional information and support for carers of patients. The practice was working to identify 'hidden' carers.

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).

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The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The Community Mental Health Team (CMHT) and Improved Access to Psychological Therapies (IAPT) teams were based in the same building. This enabled patients to be referred quickly and easily.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- The most vulnerable patients could contact the practice through a dedicated telephone line.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The GP and practice nurse 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice had a mixed performance when compared with local and national averages. There were 300 questionnaires issued and 122 responses which represented a response rate of 41%. Results showed:

- 45% of patients found it easy to get through to this practice by phone compared with the Clinical Commissioning Group (CCG) average of 68% and a national average of 73%.
  - 79% of patients found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 87%.
  - 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
  - 91% of patients said the last appointment they got was convenient compared with a CCG average of 93% and a national average of 92%.
  - 58% of patients described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 79% usually waited 15 minutes or less after their appointment time to be seen compared with of patients a CCG average of 67% and a national average of 65%.
  - 57% of patients felt they did not normally have to wait too long to be seen which was in line with the CCG and national averages.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 10 comment cards. All were completely positive about the standard of care received. Patients were very complimentary about the practice and said that they could easily obtain appointments, the standard of care provided by the practice was good and GPs were respectful and discussed conditions and treatments fully.

We spoke with nine patients during the inspection who were all very positive about the service they received. Two patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care. All patients we spoke with were overwhelmingly positive about all aspects of the practice.

# Dr Singh & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Dr Singh & Partners

Dr Singh & Partners is located in Bedworth, north Warwickshire. The practice was formed in 1955 and moved to its current location within Bedworth Health Centre in the centre of the town in 1996. The building is shared with a number of other NHS services, including two other GP practices. It provides a service to patients in an urban and semi-rural area. Locally there are some areas of deprivation. There is also a higher than average prevalence of long-term medical conditions amongst older people due to Bedworth being a former coal mining community and a large elderly population. At the time of our inspection there were 13,358 patients registered at the practice, a third of the population of Bedworth and the neighbouring villages of Bulkington and Exhall. This includes patients who live in a number of care homes, although the practice does not provide exclusive care for any of these homes. Practice staff told us the practice had cared for several generations of many local families.

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 has five partner GPs and two salaried GPs, a mix of male and female. There are two practice nurses and two healthcare assistants, all of whom are part time. Clinical staff are supported by a practice manager and administrative and reception staff.

Dr Singh and Partners is an approved training practice for doctors who wish to become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees. The practice has four approved GP trainers. The practice also works with the National Institute for Health Research, based at Warwick University.

The practice is open from 8am to 6.30pm during the week, with extended opening until 7.45pm on Mondays, Tuesdays and some Wednesdays and from 7am on Thursdays. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

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

# Detailed findings

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

## How we carried out this inspection

Before our inspection of Dr Singh and Partners we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request 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 7 March 2016. During our inspection we spoke with a range of staff that included the GP, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we

spoke with nine patients, including two 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.

We observed how staff interacted with patients who visited the practice and 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 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 are provided for specific groups of people and what good care looks 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

The practice had an effective system in place for reporting, recording and sharing significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of all significant events and an annual review.
- A 'traffic light' system was used for all significant events. Red denoted significant, amber less serious and green used for something positive, for example a patient compliment.
- Complaints were also recorded as significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. We saw a total of six 'red' significant events and 18 'amber' ones had been recorded within the last 12 months.

We reviewed a selection of significant events, for example, when a patient's diagnosis highlighted a particular medical condition that was very hard to diagnose with an x-ray. Staff were reminded of the need to refer patients for x-rays for this condition when the incident was reviewed.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

Dr Singh and Partners had processes and practices in place to keep patients safe. They included:

- Procedures to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Warwickshire County Council. Staff told us how all policies were accessible to them and we saw how this information was clearly available for staff to refer to in the reception area.
- Safeguarding policies used by the practice listed who should be contacted for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. All staff, including the lead had received training to an appropriate level. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role.

- Processes were in place to ensure required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. One of the practice nurses was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in February 2016. This identified some minor issues in an area of the building that was the responsibility of the building owner, NHS Property Services. We saw this had been appropriately raised with them.
- A notice was displayed in the waiting room and in treatment rooms to inform patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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.
- Arrangements were in place for managing medicines, including emergency medicines and vaccines, to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. We checked a sample of emergency medicines and vaccines that were kept at the practice and found all were in date. Fridges used to check and store medicines had their temperatures

## Are services safe?

monitored and recorded daily and staff we spoke with knew what to do if the temperature exceeded the recommended range. Blank prescriptions were securely stored and there were systems in place to monitor their use.

- We looked at staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) were carried out for all staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a staffing levels assessment in place which defined minimum staffing levels and a policy to plan and monitor the number and range of staff on duty each day to meet

patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences. No more than two staff members were allowed annual leave at any one time.

### Arrangements to deal with emergencies and major incidents

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

- There was a panic button on all telephone handsets in all consulting rooms, treatment rooms and admin, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff we spoke with knew where these were located and what they should do when an emergency happened.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. This had been compiled and was managed in conjunction with NHS Property Services who owned the building and the other NHS services that used it.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for 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 of the latest clinical guidance and advice. Monitoring carried out by the practice ensured these clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and actioned recommendations when appropriate.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 98% of the total number of points available, with 8% exception reporting. This was in line with the CCG average. 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.

Data from 2014-2015 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% which was above the Clinical Commissioning Group (CCG) average of 85% and the national average of 83%.

- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 98% which was higher than the CCG average of 92% and the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 88% which was above the CCG and national averages of 83%.
- Performance for diabetes related indicators such as patients who had received an annual review was 94% which was higher than the CCG average of 91% and the national average of 88%.

A system for completing clinical audits was in place and used by the practice. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services and outcomes for patients. One audit carried out twice in 2015 and repeated again in 2016 concerned patients with dementia. The audit first identified two patients who received relevant medicines, but had not been included on the register of patients with dementia; three additional patients who needed to be added to the register; and five patients who needed to be investigated for dementia. When the audit was repeated in November 2015, an additional five patients were identified who needed to be added to the register. This increased the number of patients on the dementia register from 72 to 82. When the audit was carried out again in February 2016, all patients who received dementia medicines had been included on the dementia register. This has ensured that all dementia patients received the appropriate review.

Unplanned hospital admission rates were below average for the CCG and low prescribing indicators demonstrated that the practice had appropriate prescribing rates. The practice was also part of a local GP Federation to ensure opportunities to improve outcomes for patients and share good practice were optimised.

# Are services effective?

(for example, treatment is effective)

## Effective staffing

During our inspection of Dr Singh and Partners, we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Practice staff received relevant training that included domestic violence awareness, mental capacity act, infection control, safeguarding and basic life support.
- We saw how staff learning needs were identified through appraisals, meetings and reviews of practice development needs.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.
- The practice encouraged staff to develop their training and education and had three staff members carrying out an NVQ3 in business management. Nursing staff were undertaking further training in chronic disease management and a healthcare assistant was training to be a healthcare practitioner.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

## Consent to care and treatment

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

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

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available. Within the last 12 months it had been offered to 99% of patients who smoked and 9% had stopped smoking as a result.
- Patients were also referred to a local 'Fitter Futures' group at Bedworth Leisure Centre when appropriate. This gave dietary and exercise advice and could also be tailored to patients with long term conditions. Patients referred were also offered complementary membership of a national weight loss programme for three months.

The practice's uptake for the cervical screening programme was 80% which was in line with the CCG and the national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 93% to 98%.

Flu vaccination rates for the over 65s were 64%, and at risk groups 74%. These were also comparable CCG and national averages. The practice had recorded that 20% of patients who had been offered the flu vaccination had declined it.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our time at the practice, we saw that staff were polite and helpful to patients at the reception desk and on the telephone. We also saw that patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. Curtains were provided in consultation rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff told us how they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Before our inspection, patients completed 10 comment cards. They were all highly positive about all aspects of care at the practice and the practice staff. Patients reported the standard of care was good, it was easy to obtain appointments, it was easy to get through to the practice on the telephone and the standard of telephone consultations was good.

The results from the January 2016 national GP patient survey differed from what patients told us on the day or in their comment cards and showed the practice scored below average results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 77% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.

We spoke with the GP and practice management about the patient survey results. An action plan had been put in place and as part of this, the practice had been looking at ways to increase GP availability and improve the service it offered to patients. Telephone consultations had been introduced

to increase GP availability and these had been well-received by patients. Comments we received from patients supported this. The GP and practice management said they would continue to monitor patient satisfaction. We saw this was regularly discussed in practice meetings and noted in minutes.

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

Information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients told us they felt involved in decision making about the care and treatment they received. Patients we spoke with and those who completed comment cards said they felt listened to and supported by staff and were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the January 2016 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 83% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG and national average of 87%.
- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 80% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.
- 79% of patients found the receptionists at this practice helpful compared to the CCG and national average of 87%.

Patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.

Staff told us a translation service was available for patients who did not speak English as a first language.

## Are services caring?

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

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were actively identified (0.4% of the patient list) and signposted to local and national services for support. Carers were also offered health checks by the practice. A care for the carers pack was available to provide additional information and support for carers of patients. GPs told us they were

working to identify 'hidden' carers by more actively promoting this within the practice and information was now clearly displayed within the patient waiting area to advise patients on how they could register as carers.

The GP and staff told us that if families had experienced bereavement the GP telephoned them to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Dr Singh and Partners were involved with regular meetings with NHS England and worked with the local Warwickshire North clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. We saw evidence that the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- The practice identified patients who had attended accident and emergency (A&E) four times or more and had invited them into the practice for a discussion to ensure the practice met their needs. A care plan was put in place and the patient given the telephone number for the dedicated line for vulnerable patients if appropriate.
- Six-monthly or annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia.
- Care plans were in place for 100% of patients in care homes, 87% of patients with severe mental health problems, and 100% of patients who received palliative (end of life) care.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The Community Mental Health Team (CMHT) and Improved Access to Psychological Therapies (IAPT) teams were based in the same building. This enabled patients to be referred quickly and easily.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.

- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening.
- Telephone consultations had been introduced and changes to the appointment system made to increase GP availability and increase patient access to the service. The changes had been well-received by patients. Comments we received from patients supported this.
- The practice was part of a frail elderly project (formerly called the over 75's project) within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review the most vulnerable elderly patients. This was run in conjunction with Age UK and sought to ensure patients' wider needs, for example for equipment and practical support were met as well as health needs. All patients aged over 75 had an assessment in person for this.
- Changes to processes for patients who received palliative (end of life) care had seen a reduction in the number of palliative care patients admitted to hospital reduced from 22% in 2014-2015 to 15% in 2015-2016.

### Access to the service

The practice was open from 8am to 6.30pm during the week, with extended opening until 7.45pm on Mondays, Tuesdays and some Wednesdays and from 7am on Thursdays. Appointments were available throughout these times. Telephone consultations were also available. Staff at the practice told us that the practice would never turn a patient away and would see anyone who needed to be seen.

The practice closed at weekends. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet.

Home visits were available for patients who could not attend the practice for appointments. Patients could book appointments and order repeat prescriptions on-line and could also register to receive mobile phone text message reminders for appointments.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used

# Are services responsive to people's needs?

(for example, to feedback?)

hearing aids and translation services available. Practice staff spoke a range of the languages spoken locally, so were able to translate for most patients without having to use the formal translation service. The practice also provided patient information in a large print format for those who were visually impaired.

The results from the January 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly below local and national averages. This differed from comments patients made on the day of the inspection and in the comment cards we received. For example:

- 43% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 58% of patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 79% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

We discussed this with practice management and GPs. They showed us records of discussions they had held with the CCG about this and how they had worked with the CCG to improve this. Changes had been made to the telephone system, more staff placed on the telephones when demand increased, telephone consultations introduced and changes made to the appointment system to improve this. Additional patient appointment slots had been made available. An automated patient check in system had also been introduced to reduce patient demand on reception

staff. Practice management continued to monitor the situation very closely. We also saw evidence the practice had been through a period of exceptional demand and had been told by the CCG that they recognised the hard work the practice had carried out to manage patient demand.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This was displayed in the waiting room and was included in the practice patient leaflet.
- All complaints were treated as significant events; this included verbal complaints which were handled in the same way as written ones.

We looked at three complaints received in the last 12 months and they had been dealt with in a satisfactory and timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, additional training had been provided for staff following one complaint. All complaints were also reviewed annually to ensure lessons learned had been put into practice and any trends identified.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear ethos which was displayed in material produced by the practice and on its website. Staff knew and understood the values. For example, to offer a high provision of quality care and respond to the changing needs of patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- GPs and practice management were fully aware of and openly discussed challenges that faced the practice. This included telephone answering time, patient demand and a lack of own car parking.

### Governance arrangements

The practice had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes. Weekly clinical governance meetings were held to review and improve clinical care and patient pathways.
- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. One of the concerns was that the practice building was 'tired' and needed a refresh. As the practice did not own the building, they did not have full control over this.

- Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. We were told by staff at all levels that practice management had an 'open door' policy and were available to staff at any time.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. We saw evidence this was every two months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.

# Are services well-led?

Good 

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

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, changes to the appointment system and the promotion of flu vaccinations and breast screening.
- The practice carried out an annual patient satisfaction survey (the last one was in September 2015) in association with the PPG. Findings from this were used in conjunction with the results of the GP national patient survey.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Results from the NHS friends and family test showed that 80% of patients were either very likely or likely to recommend the practice. The practice also used a child friendly recording form for this.

## Continuous improvement

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

- The frail elderly project within Warwickshire North Clinical Commissioning Group (CCG) to more closely monitor and review the most vulnerable elderly patients. This was run in conjunction with Age UK and sought to ensure patients' wider needs, for example practical support were met as well as health needs. All patients aged over 75 had an assessment in person for this.
- Practice staff were encouraged to further their training and development and at the time of our inspection a significant number of clinical and non-clinical staff were undertaking advanced training.