

Dr Surjit Dhillon

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?

Outstanding



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 Surjit Dhillon (also known locally as Limbrick Wood Surgery) on 26/07/2016. Overall the practice is rated as **Good**.

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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with the GP 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice:

The practice provided a high level of support to vulnerable people. For example:

Summary of findings

- The practice had helped to set up a 'tea and talk' support group within the health centre, and continued to refer elderly, socially isolated and recently bereaved patients of the practice to this group. This group had been running for over 15 years and continued to meet weekly.
- The practice held a carers' clinic twice a month. This clinic was attended regularly by patients of the

practice and provided support and advice for them. The practice was the first in Coventry to offer this service in 2009, and following the success of this initiative other practices decided to set up similar sessions locally which has led to increased provision of services for carers in the area.

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.

Good



- There was an effective system in place for reporting and recording significant events.
- There was an effective system in place for sharing and responding to safety alerts.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, clear information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- We saw that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed that the practice was performing highly when compared to practices nationally. The most recent published results showed that the practice received 99% of the total number of points available. The CCG and national averages were 94% and 95% respectively.
- QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed. The practice had a documented approach to exception reporting which was followed consistently.
- Performance for a range of indicators for long-term conditions (for example diabetes, mental health, hypertension and asthma) was higher than CCG and national averages.
- There was evidence of quality improvement including clinical audit.
- Information relating to patient outcomes was used to make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were higher than CCG and England averages. 74% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and England averages of 71% and 72% respectively 66% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and England averages of 59% and 58% respectively.
- Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and for five year olds from 97% to 100%. The CCG averages ranged from 82% to 98% for under two year olds and from 93% to 98% for five year olds.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example 94% of patients said the GP was good at listening to them compared with the CCG and national averages of 89%.
- Patients 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.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held support groups including carers' clinics and a group for elderly, socially isolated and recently bereaved patients.
- There was evidence of the practice team engaging with and providing targeted individualised support for specific patients.

Outstanding



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and CCG to secure improvements to services where these were identified. For example the practice offered evening appointments on each weekday and morning appointments on Saturdays and Sundays through an alliance with a number of practices locally.
- Patients said they found it easy to make an appointment with the GP 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.

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 values and their responsibilities in relation to these.
- 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 regular governance meetings.
- 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 GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and engaged with the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had been part of a number of local pilot schemes and initiatives.

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.

Good



- 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 carried out 70 health checks for people aged over 75 in the last 12 months.
- The practice directed older patients to appropriate support services including those that the practice had helped to set up locally.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes-related indicators was in line with or above CCG and national averages. For example 99% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 94% and 94% respectively. Performance for a hypertension related indicator was above CCG and national averages. The percentage of patients with hypertension in whom the last blood pressure reading measured under a certain level was 91% compared with CCG and national averages of 84% and 84% respectively.
- Performance for an asthma related indicator was above CCG and national averages. The percentage of patients with asthma on the register who have had an asthma review in the preceding 12 months was 92% compared with CCG and national averages of 77% and 75% respectively.
- Longer appointments and home visits were available when needed.
- All patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- 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 high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Performance for cervical indicators was higher than CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 89% compared with CCG and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were offered to accommodate those unable to attend during normal working hours.

People whose circumstances may make them vulnerable

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

Outstanding



- The practice had helped to set up a 'tea and talk' support group within the health centre, and continued to refer elderly, socially isolated and recently bereaved patients of the practice to this group.

Summary of findings

- The practice held a carers' clinic twice a month. This clinic was attended regularly by patients of the practice and provided support and advice for them.
- There was evidence of the practice team engaging with and providing targeted support for individual patients resulting in positive outcomes for them.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other healthcare professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was higher than CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 84% and 88% respectively.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 247 survey forms were distributed and 118 were returned. This represented a 48% completion rate and 4% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared with the CCG and national averages of 73%.
- 76% 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 83% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 25 comment cards and all of these were fully positive about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Outstanding practice

The practice provided a high level of support to vulnerable people. For example:

- The practice had helped to set up a 'tea and talk' support group within the health centre, and continued to refer elderly, socially isolated and recently bereaved patients of the practice to this group. This group had been running for over 15 years and continued to meet weekly.

- The practice held a carers' clinic twice a month. This clinic was attended regularly by patients of the practice and provided support and advice for them. The practice was the first in Coventry to offer this service in 2009, and following the success of this initiative other practices decided to set up similar sessions locally which has led to increased provision of services for carers in the area.

Dr Surjit Dhillon

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.

Background to Dr Surjit Dhillon

Dr Surjit Dhillon (also known locally as Limbrick Wood Surgery) is located in the Tile Hill area of Coventry and serves patients within the CV4 (south west Coventry) and CV5 (north west Coventry) areas. The practice is situated in a large purpose built health centre along with other GPs and healthcare providers and is located within the NHS Coventry and Rugby CCG.

The practice is well served by the local bus network and there is limited accessible parking. The practice and all facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 3030 patients in the local community. The practice population is mostly white British but there has been an increase in East European, Chinese and African patients over the last five years.

The clinical staff team consists of a single female GP partner and two practice nurses. There is currently a salaried GP vacancy and the practice is supported by a locum GP.

The clinical team is supported by a practice manager, a practice administrator and a team of four reception staff. The practice is involved in research in collaboration with Coventry Research Symposium working with Warwick Medical School, and a commercial research organisation.

The practice is open from 8.30am to 12.30pm and 2pm to 6.30pm on weekdays and telephone lines are also open at these times. The practice is not open on Saturdays or Sundays. Appointments are from 8.30am to 12.30pm and 2pm to 6.30pm on weekdays.

Cover is provided by the West Midlands Ambulance telephone service (who contact the GP if required) when the practice is not open during NHS core contract hours (which means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays).

The practice has joined a GP alliance group with a number of practices across Coventry which offers an extended hours service nearby between 6.30pm and 9.30pm on weekdays, between 9am and 12pm on Saturdays, and between 10am and 1pm on Sundays.

Further out of hours services are provided by the NHS 111 non-emergency facility. Patients are directed to this by the practice answer machine when telephoning the practice and it is closed. Information about out of hours services is available in the reception area and on the practice website.

Why we carried out this inspection

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

Detailed findings

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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS Coventry and Rugby CCG. We carried out an announced visit on 26/07/2016. During our visit we:

- Spoke with a range of managerial, clinical and non-clinical staff and spoke with patients who used the service;
- Observed how patients were being cared for and talked with carers and/or family members;
- Reviewed an anonymised sample of the personal care or treatment records of patients, and;
- Reviewed a total of 25 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 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, recording and acting upon significant events.

- Staff told us they would inform the GP or practice manager of any incidents and there was a dedicated recording and monitoring template available on the practice's computer system. We saw a range of examples of how this had been used within the last 12 months. The template supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice provided evidence of where patients were actively engaged, consulted and involved in this process.
- The practice carried out a thorough analysis of the significant events and had a dedicated form for logging circumstances, learning points and actions. We saw examples of where this was shared and discussed with all staff.

We reviewed safety records, incident reports, MHRAs (Medicines and Healthcare Products Regulatory alerts), patient safety alerts and minutes of meetings where these were discussed. Staff told us that MHRAs and other alerts and updates were circulated to them by email and discussed. We saw examples of these emails and documented follow up actions. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice initiated a process for the GP and practice nurse to double check administration of anaesthetics following a near error, and revised the vaccine refrigeration management process following the loss of stock resulting from human error.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were easily and quickly accessible to all staff in hard copy and electronic form. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP partner was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and nurses were trained to child protection or child safeguarding level 3.
- Notices throughout the practice advised patients that chaperones were available if required. The practice had a chaperone policy in place which clearly set out the process. All staff who acted as chaperones were suitably trained for the role by the Medical Defence Union and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a detailed health and safety policy available with information in the practice 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 and there were detailed records of this available. Records showed that all equipment had been tested during the last two months. 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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 and stored securely.
- 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. Copies of the plan were kept off-site.
- There was an emergency power failure kit in the reception area which was introduced as a response to a previous power failure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at staff meetings. Staff used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available. This was higher than the CCG and national averages for the same period (94% and 95% respectively).

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

This practice was not an outlier for any QOF (or other national) clinical targets. The most recent available data from 2014-15 showed:

- Performance for diabetes related indicators was above CCG and national averages. For example 99% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG

and national averages of 94% and 94% respectively. The practice's exception reporting rate for this indicator was 17% compared with the CCG average of 16% and the national average of 18%.

- Performance for mental health related indicators was above CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 84% and 88% respectively. The practice's exception reporting rate for this indicator was 7% compared with the CCG average of 10% and the national average of 13%.
- Performance for a hypertension related indicator was above CCG and national averages. The percentage of patients with hypertension in whom the last blood pressure reading measured under a certain level was 91% compared with CCG and national averages of 84% and 84% respectively. The practice's exception reporting rate for this indicator was less than 1% compared with the CCG average of 4% and the national average of 4%.
- Performance for an asthma related indicator was above CCG and national averages. The percentage of patients with asthma on the register who have had an asthma review in the preceding 12 months was 92% compared with CCG and national averages of 77% and 75% respectively. The practice's exception reporting rate for this indicator was 2% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

- The practice had carried out six clinical audits in the previous 12 months, and each of these were completed audits where the improvements made were implemented and monitored. This included after death audits during 2015-16 (following a previous audit in 2013-14) with the aim of improving end of life care, and polypharmacy audits carried out in 2016 (following a previous audit in 2014) to assess and manage the risks of admission to hospital with adverse reactions for those prescribed higher numbers of medicines.

Are services effective?

(for example, treatment is effective)

- The practice provided current examples of participation in research, for example an ongoing dementia and physical activity research exercise with the National Institute for Health Research, West Midlands. The aim is to establish whether exercise is effective in treating functional and cognitive decline in community dwelling adults with mild to moderate dementia.
- Findings were used by the practice to improve services. For example, the after death audits described above led to improved communication with other health providers locally.
- The practice was selected to join the Prescribing Ordering Service (POD) pilot project in 2015, and has been involved in advising other practices locally about the service. There was evidence of medicines cost savings for the practice since joining the project.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and this was adequately documented.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Information about patients' outcomes was used to make improvements. For example the practice responded to findings of medicines reviews for elderly patients with high levels of polypharmacy (using eight or more different medicines) by using this information to inform individual prescribing.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. Content included safeguarding, infection prevention and control, clinical governance, information governance, incident reporting, fire safety, health and safety and practice policies.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist learning such as diabetes training and cervical screening training. Staff told us that they received training that they asked for in addition to attending training requested by the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Meetings took place with other healthcare professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, practice staff met and engaged with representatives from the local Acting Early project on a weekly basis. This was an integrated early help initiative operating from a nearby children's centre. This project involved health visitors, Sure Start staff, community midwives and local GP practices with the aim of reviewing local vulnerable families with children aged under five.

We met with healthcare professionals from local partner organisations who met regularly with practice staff. This included an Acting Early representative and a community drug and alcohol recovery services worker. They told us on the day that the practice worked positively with them and

Are services effective?

(for example, treatment is effective)

they viewed the practice as supporting a high quality example of integrated working. The drug and alcohol recovery services worker had been attending the practice on a weekly basis for three years. Practice staff told us this service was being re-commissioned by Coventry City Council with the aim of having counsellors in primary care for each practice.

Consent to care and treatment

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

- Staff could evidence that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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 patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet. Patients were signposted to relevant services locally.
- A range of advice including local integrated neighbourhood support, bereavement support, veterans' welfare, smoking cessation and dietary support was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme for women aged 25-64 in the last five years was 89%, which was higher than the CCG average of 82% and the national average of 82%. The practice's exception reporting rate for

this indicator was 3% compared with the CCG average of 8% and the national average of 6%. The practice actively engaged with patients to encourage them to attend screenings through letters, telephone calls and through discussion at other appointments.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were higher than CCG and England averages. 74% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and England averages of 71% and 72% respectively. 66% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and England averages of 59% and 58% respectively. The practice actively engaged with patients to encourage them to attend screenings through letters, telephone calls and through discussion at other appointments.

Childhood immunisation rates for the vaccinations given were higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 98% and for five year olds from 97% to 100%. The CCG averages ranged from 82% to 98% for under two year olds and from 93% to 98% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 and aged over 75. The practice carried out 70 health checks for people aged over 75 in the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.



Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 25 patient Care Quality Commission comment cards we received were fully positive about the practice and the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. In particular the GP was described as being thorough, caring and responsive to needs and concerns.

We spoke with the Chair and another member of the Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared with the CCG and national averages of 89%.

- 91% of patients said the GP gave them enough time compared with the CCG and national averages of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 in line with CCG and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. This included using IT translation facilities for letters.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

Staff told us that the practice had helped to initially set up a 'tea and talk' support group within the health centre, and



Are services caring?

continued to refer elderly, socially isolated and recently bereaved patients to this group. This group met weekly and was facilitated by two volunteers. It had been running for over 15 years and was attended regularly by up to 10 patients from the practice.

There was evidence of the practice team engaging with and providing targeted individualised support for specific patients. For example the practice supported a patient experiencing poor mental health to use their IT skills, by involving them in producing performance data and reports for the practice. This had a positive impact for the patient by helping them to develop their skills and improve their motivation and engagement.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 60 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them which included a noticeboard section in the reception area. Patients who were carers told us that they were signposted to local support services. All carers were offered flu vaccines.

The practice held a carers' clinic twice a month which was facilitated by professional advisors. Staff told us they encouraged carers to attend for support and to seek the advice of the advisors who had a wealth of knowledge and experience in this area. This clinic was attended regularly by up to 12 of the practice's patients and staff told us this provided effective support and advice for them. Staff told us that the practice was the first in Coventry to offer this service when the clinics commenced in 2009, originally on a weekly basis. Following the success of this initiative other practices decided to set up similar sessions locally which has led to increased provision of services for carers in the area.

Staff told us that if families had suffered bereavement, the GP contacted them directly and a member of the reception team would send a sympathy card on behalf of the practice and staff. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

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 CCG to secure improvements to services where these were identified.

- The practice offered evening appointments on weekdays and morning appointments at weekends through an alliance with a number of practices locally.
- There were double appointments available for any patients needing them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by deaf patients.
- The practice and all facilities were fully accessible for wheelchair users and there were automatic doors, a wheelchair friendly reception desk, disabled toilets and a lift in place.

Access to the service

The practice was open from 8.30am to 12.30pm and 2pm to 6.30pm on weekdays. Telephone lines are also open at these times. The practice was not open on Saturdays or Sundays. Appointments are from 8.30am to 12.30pm and 2pm to 6.30pm on weekdays.

Cover is provided by a nearby walk-in health centre when the practice is not open during NHS core contract hours (which means the period beginning at 8am and ending at 6.30pm on any day from Monday to Friday except Good Friday, Christmas Day or bank holidays).

Patients are directed to this service when telephoning the practice by a recorded message. Information about this is also available in the practice reception area and on the practice website.

The practice had formed an alliance with a number of practices across Coventry and offered nearby appointments between 6.30pm and 9.30pm on weekdays, between 9am and 12pm on Saturdays, and between 10am and 1pm on Sundays. Further out of hours services were provided by the NHS 111 non-emergency facility.

Pre-bookable appointments could be booked up to 12 weeks in advance, and we saw that urgent appointments were available for people that needed them. Appointments could be made in person, by telephone and online.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was slightly lower than local and national averages in some areas.

- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 75% and the national average of 76%. 81% of patients said they could get through easily to the practice by telephone compared with the CCG and national averages of 73%.
- 76% 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 83% and the national average of 85%.

The practice was aware of these results and had put plans in place to improve them, for example engaging with patients through the use of comment/feedback forms and discussing the findings at practice meetings. The practice had joined the alliance with other practices as a response to previous patient survey findings.

All patients told us on the day of the inspection that they were able to get appointments when they needed them. All patient comments cards reviewed also stated this was the case.

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. Reception staff would take details to pass to the GP, who would consider and evaluate

Are services responsive to people's needs?

(for example, to feedback?)

the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

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

Staff told us that members of the practice team would support patients by delivering prescriptions to their home address on their way home from work where this was convenient to do so.

Listening and learning from concerns and complaints

We saw that 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 (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including a complaints procedure leaflet and information on the practice website.
- A dedicated feedback, comments and complaints form was available to patients in the reception area.

We looked at the single written complaint received in the last 12 months and found that this was handled in a satisfactory and timely way. We also reviewed details of five verbal complaints received in the last 12 months. Complainants were responded to in each case and apologised to where appropriate.

Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 mission statement and associated values, and staff knew and understood these.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching and comprehensive governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were easily accessible to all staff in hard copy and electronic form. Staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had systems for ensuring that oversight and monitoring of all staff training was in place.
- The practice had systems for ensuring that monitoring of the full range of risk assessments and risk management was available in one place to support oversight.

Leadership and culture

On the day of inspection the GP partner and practice manager demonstrated they had the experience, capacity and capability to run the practice and ensure high quality

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure in place and staff told us that they felt supported by management.

- Staff told us the practice held regular monthly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the GP and the practice manager. Staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by 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. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of

Are services well-led?

Good 

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

care. The group met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice made improvements to the layout of the reception area to promote dignity and privacy following consultation with the PPG.

- In addition to the PPG which met quarterly there was a virtual patients' group with 16 members. The virtual group supported the work of the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

Continuous improvement

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- Staff told us that the practice was the first in Coventry to offer a carers' clinic facilitated by professional advisors.

This first commenced during 2009, originally on a weekly basis. Following the success of this initiative other practices decided to set up similar sessions locally which has led to increased provision of services for carers in the area. The clinic continues to take place within the practice, now on a twice-monthly basis, and is attended regularly by patients.

- A drug and alcohol recovery services worker attended the practice weekly and had done so for three years. Practice staff told us this service was being re-commissioned by Coventry City Council with the aim of providing counsellors in primary care for each practice.
- The practice was selected to trial the Choose and Book system locally. (Choose and Book is a service that lets patients choose their hospital or clinic and book their first appointment.)
- The practice was selected to join the Prescribing Ordering Service (POD) pilot project in 2015, and has been involved in advising other practices locally about the service. We saw evidence of medicines cost savings when comparing a period in 2016 with the same period in 2015.