

Engleton House Surgery

Quality Report

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Date of inspection visit: 11 October 2016
Date of publication: 09/01/2017

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Engleton House Surgery on 11 October 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, recording, discussing and learning from incidents and 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 received training which provided 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 could make an appointment with a named 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 had adopted innovative approaches to engaging with and identifying the specific health issues for the student population. The practice had

Summary of findings

implemented an online patient registrations system for students to use their mobile telephones to register online with the practice quickly and efficiently, resulting in significant reductions in registration errors and delays. The practice had developed a protocol for recognising and treating sickle cell anaemia due to the significant number of registered patients who were African students studying at the University.

However, there was an area of practice where the provider should make improvements:

- The practice should continue to monitor, review and improve patient satisfaction with access to appointments.

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 incidents and significant events.
- 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



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with or above regional and national averages. The most recent published results showed that the practice achieved 95% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages of 94% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, supervision, training records and personal development plans for all staff.

Staff worked with other health care professionals and stakeholders to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published during July 2016 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 Clinical Commissioning Group (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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice had developed a protocol for recognising and treating sickle cell anaemia due to the significant number of registered patients who were African students studying at the University.
- The practice had identified where patients felt they were not able to make appointments and access the practice and had put plans in place to improve this.
- 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.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a comprehensive range of policies and procedures to govern activity and staff held regular 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 notifiable safety incidents and shared this information with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active and we saw examples of improvements they had contributed to.
- 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.

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 had completed 478 medicines reviews for patients over 75 during the last 12 months which represented the majority (81%) of the eligible population.
- The practice directed older people to appropriate support services.

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 the Clinical Commissioning Group (CCG) and national averages. For example 84% of patients registered with diabetes had a total cholesterol rate under the recommended level compared with CCG and national averages of 82% and 81% respectively.
- Longer appointments and home visits were available when needed.
- All 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 an appropriate multidisciplinary package of care.

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 accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- Performance for cervical screening indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example the percentage of women aged 25-64 who attended for a cervical screening test in the last five years was 77% compared with CCG and national averages of 81% and 82% respectively.
- 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).

- 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 provided specific services for its student population which took into account overseas students and their country of origin. For example the practice had developed a protocol for recognising and treating sickle cell anaemia due to the significant number of registered patients who were African students studying at the University.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.
- The practice offered online appointment booking and the facility to request repeat prescriptions online.
- The practice had implemented an online patient registrations system for students to use their mobile telephones to register online with the practice quickly and efficiently. This had led to significant reductions in registration errors and delays.
- Appointments were offered to accommodate those unable to attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had 42 patients registered as having a learning disability and had offered annual health checks to all of these patients. 25 of these health checks had been completed in the last 12 months. The practice offered longer appointments for patients with a learning disability.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 88 patients as carers, which represented 1% of the non-student practice population. Staff told us they found that their student patient population who were away from home in term-time were unlikely to having caring responsibilities.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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 (including dementia) related indicators was similar to the CCG and national averages. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% compared with CCG and national averages of 82% and 84% respectively. The practice's exception reporting rate for this indicator was 9% compared with the CCG average of 7% and the national average of 8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



Summary of findings

- 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.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. 372 survey forms were distributed and 83 were returned which is a 22% response rate. This represented 0.4% of the practice's total patient list (including the term-time student population) and 1% of the local patient list.

The results showed the practice was performing better than local and national averages in some areas, for example:

- 94% of patients said the last GP they saw or spoke to was good at listening to them compared with the Clinical Commissioning Group (CCG) and national averages of 89%.
- 92% of patients said last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.
- 100% of patients said they had confidence and trust in the last GP they saw or spoke to compared with the CCG and national averages of 95%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared with the CCG and national averages of 97%.

However the practice's results were lower than local and national averages in some areas, for example:

- 54% of patients said found it easy to get through to this practice by telephone compared with the CCG and national averages of 73%.
- 38% of patients said they usually got to see or speak to their preferred GP compared with the CCG average of 57% and the national average of 59%.

- 23% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and the national average of 65%.
- 36% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Practice staff told us they were aware of these results. They had carried out surveys with patients and had worked with the Patient Participation Group (PPG) to gather patient views. The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The practice had introduced a new telephone system in September 2016 with the aim of improving access. The practice had an action plan in place to carry out analysis of calls and appointments to engage in workload planning and to possibly offer increased extended hours appointments if considered necessary.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 77 comment cards and 72 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. Five of the comment cards were positive overall but highlighted difficulties in getting appointments and waiting times.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and that they had no problems with either getting appointments or waiting times.

Areas for improvement

Action the service **SHOULD** take to improve

There was an area of practice where the provider should make improvements:

- The practice should continue to monitor, review and improve patient satisfaction with access to appointments.

Summary of findings

Outstanding practice

We saw an area of outstanding practice:

- The practice had adopted innovative approaches to engaging with and identifying the specific health issues for the student population. The practice had implemented an online patient registrations system for students to use their mobile telephones to register online with the practice quickly and

efficiently, resulting in significant reductions in registration errors and delays. The practice had developed a protocol for recognising and treating sickle cell anaemia due to the significant number of registered patients who were African students studying at the University.

Engleton House Surgery

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.

Background to Engleton House Surgery

Engleton House Surgery is a purpose built premises located in the Radford area of Coventry within the Coventry and Rugby Clinical Commissioning Group (CCG) which serves patients in the local area. The practice is served by the local bus network and there is accessible car parking. The practice and facilities are fully accessible to wheelchair users.

In addition to the main location the practice also provides GP services at a branch surgery which forms part of the purpose-built Coventry University Medical Centre. This premises is used to provide GP services to Coventry University students who are registered with the practice during term time only. When the branch surgery is closed outside of term time patients who are students can visit the main location.

The branch surgery is fully computerised and linked to the main location and shares the same telephone system. We visited the main location as part of this inspection and spoke with staff who worked at both sites. There are currently no staff who work at the branch surgery only and there is a rota system in place to provide staff coverage at both sites.

The practice and branch surgery provide primary medical services to approximately 21,800 patients. Approximately

60% of these patients form the student population. The local practice population is mostly White British with significant numbers of Asian and Asian British patients. The student population includes a significant number of students from overseas. Due to the student population patients aged 18 to 30 are overrepresented compared with regional and national averages.

The clinical staff team consists of three female and two male GP partners, three female and two male salaried GPs and eight nurses. The clinical team is supported by a practice manager, a patient services manager and a team of 17 secretarial, administrative and reception staff. Additionally there is one female and one male locum doctor working at the practice.

The practice conducts GP training with qualified doctors (known as GP registrars) undergoing a period of further training in order to become GPs and offers experience to medical students. There is currently one GP registrar working at the practice.

The main location and telephone lines are open from 7am to 7pm on weekdays and are closed at weekends. Appointments are available from 8am to 1pm and 2pm to 6.30pm on weekdays. Early morning (from 7am) and late evening (up to 7.30pm) appointments are available on request at the Engleton House site for those patients who cannot attend during normal surgery hours.

The branch surgery is open for GP and nurse appointments for Coventry University students registered with the practice on weekdays during term time only. These appointments are from 8.30am to 11.30am and 2.30pm to 5.30pm. Patients who are students can also visit the Engleton House site outside of these hours and outside of term time.

When the practice is closed services are provided by the local out of hours service which is accessible by

Detailed findings

telephoning the practice or 111. Patients are also directed to the local Coventry NHS Walk-In Centre which is open from 8am to 10pm, and is situated less than two miles away from the practice and branch sites.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the NHS Coventry and Rugby Clinical Commissioning Group (CCG). We carried out an announced inspection on 11 October 2016. During our inspection we:

- Visited the practice premises at Engleton House and spoke with a range of managerial, clinical and non-clinical staff who worked at both this and the branch locations;
- 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;
- Reviewed a total of 77 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 were effective systems in place for reporting, recording, discussing and learning from incidents and significant events.

- The practice had an incident management procedure in place which had been recently reviewed.
- The practice had a dedicated incident and significant event recording and reporting form which was available to all staff on the computer system. This form prompted staff to categorise incidents and to describe what happened, to identify key concerns, to describe completed and planned actions and to identify learning points.
- The recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us all employees were expected and encouraged to report incidents. Incidents and significant events were collated and overseen by one of the GP partners with the support of the practice manager.
- We saw evidence of incidents being discussed in meetings, for example weekly clinical meetings, monthly administrative team meetings, dedicated bi-monthly significant event meetings and on an ad-hoc basis where deemed necessary by staff.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that the practice carried out a thorough analysis of incidents and significant events.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare products Regulatory Agency), patient safety alerts and minutes of meetings where these were discussed. The practice manager was responsible for informing staff of alerts and we saw that this took place.

One of the GP partners was designated as the lead to oversee and act on alerts. We saw evidence that patient and medicines searches were carried out with appropriate actions taken. We saw that guidance and alerts were discussed at weekly clinical meetings and during informal discussions.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had implemented a new procedure to allocate urgent tasks electronically following a delay identified in responding to laboratory results.

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. Adult and child safeguarding policies and procedures were in place, had been recently reviewed and were accessible to all staff. The policies and procedures clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. They also included flowcharts for staff and referral forms for social services.
- There was a lead and deputy lead in place for both adult and child safeguarding (a GP partner and the practice manager respectively). There was also an allocated administrative team lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided information and reports where necessary for other agencies such as social services. The practice held monthly internal meetings and we saw minutes and actions from these.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. There were safeguarding notices and information in the waiting areas and all consulting rooms.
- The practice had received an award from the Clinical Commissioning Group (CCG) Safeguarding Team in 2015 for providing effective safeguarding and child protection

Are services safe?

training for its staff. We saw specific examples of effective safeguarding processes. For example the practice carried out monthly searches on their computerised patient record system for girls aged under 16 who were prescribed contraception, and staff told us they carried this out to increase the chances of identifying and recognising potential sexual abuse. Staff told us they would take appropriate action where necessary.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. One of the practice nurses 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 policy and infection control inspection checklist in place and these had been recently reviewed and updated. We saw that staff had received up to date training. The practice had carried out annual infection control audits at both premises and we saw evidence that action was taken to address any improvements identified as a result, for example carpets had been replaced with hard flooring in areas of the practice. There was a clinical waste management policy in place.
- 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, with the support of the local Clinical Commissioning Group (CCG) medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with current legislation. The practice did not employ any healthcare assistants.

- We reviewed five 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 DBS.

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 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. Records showed that all equipment had been tested during the last 12 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. One of the GPs, nurses and administrative staff were each responsible for their teams' staff rotas with oversight from the practice manager.

Arrangements to deal with emergencies and major incidents

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

- There was an on-screen alarm button within the clinical system on all computers in the practice which alerted staff to any emergency, and wall or under desk-mounted panic alarms in all consultation and treatment rooms.
- All staff received annual basic life support training and there were emergency medicines available.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. First aid kits 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, stored securely and logged appropriately.
- The practice had a disaster recovery plan in place for major incidents such as power failure or building damage. The plan had been reviewed and updated in September 2016 and included emergency contact numbers for staff and utility companies. Copies of the plan were kept off-site.

There was a separate telephone business continuity plan in place.

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 clinical 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 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 95% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages of 94% and 95% respectively.

Data from 2014/15 showed that the practice's exception reporting figures were in line with CCG and national averages. For example, the practice had an overall exception reporting rate of 10% for clinical indicators compared with the CCG and national averages of 8% and 9% respectively. (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. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example 84% of patients registered with diabetes had a total cholesterol rate under the recommended level compared with CCG and national averages of 82% and 81% respectively. The practice's exception reporting rate for this indicator was 16% compared with the CCG average of 10% and the national average of 12%. Practice staff provided evidence of how their current exception reporting rate was lower than previously reported and was now 12%. Staff told us this had been achieved by reviewing exceptions on a case-by-case basis.
- Performance for mental health (including dementia) related indicators was similar to the CCG and national averages. For example the percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 90% compared with CCG and national averages of 82% and 84% respectively. The practice's exception reporting rate for this indicator was 9% compared with the CCG average of 7% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a member of clinical staff. 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 17 clinical audits in the last two years, and four of these were completed re-audits where the improvements made were implemented and had been monitored. For example the practice had audited and re-audited their management of atrial fibrillation and there was evidence of improvements in patient management including reduced symptoms and a reduction in medicines use. (A
- The practice provided evidence of active participation and engagement in research with the University of Warwick Medical School. One of the GPs working at the practice was also a professor at the university. We saw examples of research including dementia and physical activity, lung cancer screening, and detection and blood pressure monitoring in different ethnic groups.

Effective staffing

Are services effective?

(for example, treatment is effective)

We saw evidence that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as diabetes. There was a comprehensive staff training policy in place.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included a competency assessment. 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.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice service and 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. We saw records to confirm all staff had received an appraisal within the last 12 months.
- 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, networking sessions, seminars and conferences.

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 clinical computer 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 and stakeholders 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 professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

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 GPs or practice nurses 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 lifestyle. Patients were signposted to relevant services locally.
- A range of advice including family planning, healthy eating, smoking, alcohol, mental health, sexual health and travel guidance was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 77%, which was in line with the CCG average of 81% and the national average of 82%. 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

Are services effective?

(for example, treatment is effective)

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 had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 74% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 71% and 72% respectively. 51% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 58%.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and for five year olds from 97% to 100%. The CCG averages ranged from 96% to 99% for under two year olds and from 94% to 99% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, and NHS health checks for patients aged 40–74 and over 75. The practice had completed 478 medicines reviews for patients over 75 during the last 12 months which represented 81% of the eligible population.

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 saw 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 and we saw that there were rooms available for this.

We reviewed 77 patient comment cards and 72 of these were fully positive about the standard of care received. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. Five of the comment cards were positive overall but highlighted difficulties in getting appointments and waiting times. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with five patients during the inspection. All five patients said they were fully satisfied with the care they received.

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

Results from the National GP Patient Survey published during July 2016 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 Clinical Commissioning Group (CCG) and national averages of 89%.

- 93% of patients said the GP gave them enough time compared with the CCG and national averages of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national averages of 97%.

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 reviewed care plans and found these were personalised.

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

- 91% 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%.
- 92% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 81% and the national average of 82%.

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

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice had an identification and referral of carers protocol in place which set out clearly the definition of a carer, the procedure for identification and recording of carers and locally available support. The practice's computer system alerted staff if a patient was registered as a carer. The practice had identified 88 patients as carers (1% of the practice list not including the student population). 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. The practice worked with Coventry Carers Trust who had provided awareness raising and support events at the practice, and who had spoken with reception staff to advise them how to identify and support carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the administrative team would send a sympathy card. 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Early morning (from 7am) and late evening (up to 7.30pm) appointments were available at the Engleton House site for those patients unable to attend during normal surgery hours.
- 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 patients with hearing impairments.
- The practice had developed a protocol for recognising and treating sickle cell anaemia due to the significant number of registered patients who were African students studying at the University. (Sickle cell anaemia is a hereditary condition that affects red blood cells which is most common among those of African descent.) The practice had identified 18 patients with this condition. Staff told us patients were seen by a GP, offered appropriate vaccines and signposted to local haematology (blood disorder) services. Practice staff followed up any missed hospital appointments by contacting the patient.

- 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.
- There was adequate onsite parking with designated disabled parking spaces.

Access to the service

The main location and telephone lines were open from 7am to 7pm on weekdays and were closed at weekends. Appointments were available from 8am to 1pm and 2pm to 6.30pm on weekdays. Early morning (from 7am) and late evening (up to 7.30pm) appointments were available on request at the Engleton House site for those patients who could not attend during normal surgery hours.

The branch surgery was open for GP and nurse appointments for Coventry University students registered with the practice on weekdays during term time only. These appointments were from 8.30am to 11.30am and 2.30pm to 5.30pm. Patients who were students could also visit the Engleton House site outside of these hours and outside of term time.

When the practice was closed services were provided by the local out of hours service which was accessible by telephoning the practice or 111.

Pre-bookable appointments could be booked up to six weeks in advance, and we saw that urgent appointments were available for people that needed them.

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

- 54% of patients said found it easy to get through to this practice by telephone compared with the CCG and national averages of 73%.
- 38% of patients said they usually got to see or speak to their preferred GP compared with the CCG average of 57% and the national average of 59%.
- 23% of patients said they usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and the national average of 65%.

Are services responsive to people's needs?

(for example, to feedback?)

- 36% of patients said they didn't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

Practice staff told us they were aware of these results. They had carried out surveys with patients and had worked with the Patient Participation Group (PPG) to gather patient views. The practice had introduced a new telephone system in September 2016 with the aim of improving access. The practice had an action plan in place to carry out analysis of calls and appointments to engage in workload planning and to possibly offer increased extended hours appointments if considered necessary.

Staff told us they supported and provided training for reception staff to help them to assist patients to access care and treatment. Results from the National GP patient Survey published in July 2016 showed that 87% of patients said they found the receptionists at the practice helpful compared with the CCG and national averages of 86% and 87% respectively.

All five patients told us on the day of the inspection that they were able to get appointments when they needed them.

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

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.

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 procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who oversaw all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints form was available to patients in the reception area.

We looked at 23 complaints received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

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

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, the practice had made changes to the telephone and appointment systems to provide more clarity and greater access for patients.

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 vision statement and staff knew and understood this.
- 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 and others' roles and responsibilities.
- Practice specific policies were implemented and were easily accessible to all staff in electronic and hard copy form. Staff demonstrated they were aware of their content and where to access these.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff and stakeholders.
- 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.

Leadership and culture

On the day of inspection the partners and practice manager demonstrated they had the experience, capacity and capability to run the practice and deliver high quality care. They told us they prioritised patients and the

provision of safe, high quality and compassionate care. Staff told us the partners and managers 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 partners 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.
- The practice manager had oversight of incidents where things went wrong.

There was a clear leadership structure in place and staff told us that they felt supported by the GP partners and managers.

- We saw evidence of regular practice meetings for example weekly business meetings, weekly clinical meetings, fortnightly medicines management meetings, bi-monthly significant event meetings, and twice-yearly complaint review 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 partners in the practice and the practice manager. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

One of the nurses at the practice had received a Clinical Commissioning Group (CCG) lifetime achievement award during 2015 for services to patients and helping to lead and support the nursing team.

Are services well-led?

Good 

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

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

The practice encouraged and valued feedback and suggestions 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. The group met formally every quarter and patients told us the group consisted of patients in a range of age groups. We saw formal agenda and minutes documents from these meetings.
- We saw evidence of a number of improvements where the PPG had been consulted and had contributed, for example changes to the telephone and appointments system and improvements made to the patient waiting areas.
- 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

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

- The practice had implemented a text messaging system during August 2016 to help communicate with patients in a timely and effective way. Staff told us this has started to reduce incidences where patients failed to attend appointments.
- The practice had implemented an online patient registrations system for students during 2015 which was further developed and repeated during 2016. Staff attended the university and provided new students with a quick response (QR) code which allowed them to use their mobile telephones to register online with the practice quickly and efficiently. (A QR code is a barcode which can be scanned using certain mobile telephones for example to link to a website.) Staff told us they had seen significant reductions in registration errors and delays since introducing this system.