

# Phoenix Family Care

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Phoenix Family Care on 14 November 2016. As a result of our inspection the practice was rated as inadequate in safe, requires improvement in effective, responsive and well-led with good in caring; with an overall rating for the practice of requires improvement. The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Phoenix Family Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 28 September and 10 October 2017, to confirm that the practice had carried out their plan to address the areas requiring improvement that we identified in our inspection in November 2016. This report covers our findings in relation to requirements and the improvements made since our last inspection.

We found the practice had carried out a detailed analysis of the previous inspection findings and taken action to address areas where improvements were needed. The practice had made extensive changes which had resulted

in significant improvements. Practice staff had taken responsibility for embedding and maintaining these improvements and we saw a positive approach to performance and improvement throughout.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff and outcomes had been actioned.
- All appropriate recruitment checks had been carried out on staff prior to being employed by the practice. This included medical indemnity checks carried out on locum GPs employed, and the physical and mental health of newly appointed staff.
- Systems had been developed to monitor patients who took high risk medicines more effectively.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.

# Summary of findings

- Feedback from patients about their care was consistently positive and this was reflected in the National GP Patient Survey results published in July 2017.
- The practice had 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. For example, the practice offered extended opening hours on Monday and Wednesday between 6.30pm and 9.30pm and on Saturday and Sunday mornings.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included appropriate arrangements for equipment and medicine that may be required to respond to a medical emergency.
- The practice had an internal process to manage complaints.
- There was a practice development plan that documented both their long and short-term priorities. This included actions they had taken in response to patient feedback about the difficulty in accessing appointments, and the plans for continued improvements.

- The practice had visible clinical and managerial leadership with audit arrangements in place to monitor quality.

There were areas where the provider should make improvements:

- The provider should continue to recall patients with diabetes to ensure that all patients were monitored and kept under review.
- The practice should continue to work towards improving access and measure the impact of changes to improve it.

At our previous inspection on 14 November 2016, we rated the practice as requires improvement for providing responsive services. Although the practice had taken action to address areas for improvement it was too soon for the outcome of these actions to demonstrate impact, such as improvements to telephone access. The practice is still rated as requires improvement for providing responsive services.

The practice was rated as good in safe, effective, caring and well-led with requires improvement in responsive. The overall rating for the practice is now good.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There were effective systems in place to report and record significant events. Staff demonstrated they knew the process and their responsibilities to raise concerns, and to report any incidents and near misses. Significant events were discussed with staff to ensure that learning was shared and improvements made where applicable.
- The practice had an effective system to record, review, discuss and act on alerts received that may affect patient safety.
- Processes and practices were in place to keep patients safeguarded from the risk of abuse. This included appropriate recruitment procedures to ensure that only suitably qualified staff were employed to work at the service. Assessments of their physical or mental health were now carried out before employment commenced.
- Systems for managing specific risks such as health and safety, infection control and medical emergencies ensured that risks to patients were kept under review.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average for most clinical domains with increases in asthma, depression and diabetes achieved for 2016/2017 when compared to the national average. The practice had achieved 92% of the total number of points available, which was a 3% increase on the previous year.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity, promoting good health and ensuring patients had comprehensive written care plans.
- Clinical audits demonstrated quality improvement. We looked at a range of audits the practice had completed since our last inspection and saw that findings were used by the practice to improve services. For example, adjustments were made to recording information in patients' notes following a quality audit, with improvements from 25% to 73% achieved.
- At the last inspection we found that current guidance had not been followed in prescribing medicine to treat epilepsy. An

Good



# Summary of findings

audit on all patients diagnosed with epilepsy had been carried out and those patients affected were recalled for a medicine review. Clinicians confirmed they had reviewed the prescribing guidelines for the treatment of epilepsy.

- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs and support continuity of care. They coordinated and exchanged information with other services including the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Childhood immunisation rates for the vaccinations given were similar to the national averages.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results, published in July 2017, showed patients rated the practice similar to or above local and national averages for its satisfaction scores on consultations with GPs and nurses.
- 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.
- Patients were treated with kindness and respect. Improvements had been made to protect confidentiality in the reception area. This included introducing back ground music to ensure conversations could not be overheard.
- Increased awareness and information about support available had been promoted by the practice. A carers event held in June 2017 had led to the provision of weekly clinics at the practice where carers could receive help, advice or support. The number of carers who had been added to the register had increased to over 2% of the practice population.
- Carers were offered flu immunisations and annual health checks, with a recall system established.
- A policy to guide staff on processes to follow when families experienced bereavement had been implemented.

Good



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Requires improvement



# Summary of findings

- Practice staff 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. For example, the practice had extended its opening hours to provide evening and weekend appointments.
- Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was lower than the previous year's results and lower than local and national averages. For example, 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 77%. This was a decrease of 17% on the previous year. 40% of patients said they could get through easily to the practice by telephone compared to the CCG and the national average of 71%. This was a decrease of 27% on the previous year.
- The practice had responded to the difficulties in accessing appointments by appointing a nurse practitioner, provided training for the health care assistant so they could carry out routine patient health checks, and the provision of online booking of appointments. Further improvements were planned.
- Patient feedback during the inspection was positive about access to appointments. Patients commented they could get an appointment when they needed, with same day appointments available when this had been necessary.
- The practice regularly worked with other health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients. The practice had improved communication with the out of hours service and ensured relevant patient information was shared, such as information about those patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- Alterations had been made to the reception area to ensure that patient confidentiality was protected. This included playing music in the waiting area.

## Are services well-led?

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

- The practice had a written mission statement that was shared with patients and staff.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.

Good



# Summary of findings

- The practice had implemented an overarching governance framework to improve the quality and safety of their service.
- 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 proactively sought feedback from staff and patients.
- The practice had a supporting practice development plan to ensure the future direction and challenges to the practice were assessed, monitored and evaluated.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered personalised care to meet the needs of the older people in its population. All patients aged 75 and over had been written to and advised of their named GP.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity, promoting good health and ensuring patients had comprehensive written care plans.
- The provider had a structured approach to inviting patients aged 75 and over for annual health checks and planned to commence this in October 2017.
- Older patients who were at an increased risk of hospital admission were identified, had written care plan in place and reviewed with other healthcare professionals.
- The practice was responsive to the needs of older patients and offered home visits, urgent appointments and longer appointments for those with enhanced needs.
- Immunisations against flu, shingles and pneumococcal were offered to older patients.

Good



### People with long term conditions

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

- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The provider had reviewed 82% of patients on the asthma register in the preceding 12 months which was above the Clinical Commissioning Group (CCG) average of 79% and the national average of 77%. This was an increase of 26% on the previous year's data.
- Performance for diabetes related indicators was generally below the Clinical Commissioning Group (CCG) and national averages. The practice was aware of the performance and had tasked reception staff with calling patients in to be reviewed.
- All these patients had a named GP. For those patients with the most complex needs the practice regularly worked with other health and social care professionals. Communication had been

Good



# Summary of findings

improved to include sharing information with the out of hours service about patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

- Reviews for all patients who had epilepsy had been completed to ensure they were prescribed medicines in keeping with current guidance.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The provider told us they prioritised appointments for children.
- The practice's uptake for the cervical screening programme of 76% was below the CCG and national averages of 82% for 2015/2016. Current data was not available at the time of this inspection.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The provider hosted a service that provided new mothers with post-natal checks and development checks for their babies.
- Data from NHS England for 2015/2016 showed that childhood immunisation rates for the vaccinations given were above the national average.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available at the cluster practices within Coventry.
- 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.

Good



# Summary of findings

- All patients between the age of 40 and 74 years of age were offered NHS health checks through a service hosted by the practice but provided by the CCG.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances. For example, the practice supported victims of domestic violence who took up temporary residence in a nearby refuge.
- The practice offered longer appointments for patients with a learning disability.
- 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.
- The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- Staff had attended suicide risk training that informed them on how to identify the signs of a vulnerable patient and what action would be appropriate.

Good



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

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, with a 2% exception reporting rate. This was an increase of 15% on the previous year. This was higher than the CCG average of 82% and the national average of 84%.
- 100% of patients with a diagnosis of depression had received a review after their diagnosis. Performance had improved on the previous year's results (by 19%) which were now above the CCG average of 85% and national average of 84%. Exception reporting was 4% lower than last year at 20%, which was lower than the CCG and the national average of 23%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided a room for a weekly counsellor led clinic to support patients with poor mental health.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed practice performance had improved in some areas and had declined in others when compared with the previous year's results. A total of 220 survey forms were distributed and 109 (3% of the practice population) were returned. This represented a 50% return rate.

- 40% of respondents found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average and the national average of 71%. This was a 27% decrease on the previous year.
- 84% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 84%. This was a 6% increase on the previous year.
- 78% of respondents described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%. This was a 6% increase on the previous year.
- 55% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 77%. This was a 14% decrease on the previous year.

We also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

We spoke with a member of the Patient Participation Group (PPG). They told us the practice staff were very caring, the practice management were respectful of the views of the PPG and listened to their suggestions.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should continue to recall patients with diabetes to ensure that all patients were monitored and kept under review.
- The practice should continue to work towards improving access and measure the impact of changes to improve it.

# Phoenix Family Care

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector and included a GP specialist adviser.

## Background to Phoenix Family Care

Phoenix Family Care is registered with the Care Quality Commission (CQC) as a partnership of three GPs and is situated in Coventry. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 6,000 patients. The list size is decreasing and had been 6,500 in April 2014. The practice age distribution shows a higher percentage of elderly patients when compared to national and CCG averages. For example, 28% of the practice population is aged 65 years and over. This is higher than the CCG average of 15% and the national averages of 17%. The percentage of patients with a long-standing health condition is 52% which is lower than the local CCG average and the national average of 54%.

The practice is open between 8am and 6.30pm Monday to Friday (the practice has protected learning time every fourth Wednesday and remains open but telephones are switched to the out of hours provider). On week days, they provide a pre-bookable morning surgery between 8.30am and 11.50am, and in the afternoon between 3pm and 5pm.

Patients can pre-book appointments up to eight weeks in advance for GPs and nurses. Extended hours appointments were available at the cluster practices within Coventry. The practice does not routinely provide GP appointments when the practice is closed but patients are directed to the GP out of hours service.

The practice team consisted of:

- One female and two male GP partners.
- A practice nurse
- Two practice managers
- A medical secretary
- A head receptionist and three supporting reception and administrative staff.

The practice has been through some significant changes in recent years. There was a merger with another nearby practice in April 2014 that increased the total number of registered patients from 5,300 to 6,500. There had been significant changes in staff. There were two consultant practice managers in post until a permanent practice manager had been appointed. The practice will be moving to new premises early in 2018 which are located centrally for their patient population.

The practice provides a number of specialist clinics and services. For example, long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations and travel vaccinations. The practice hosted services from the practice that included counselling services and antenatal clinics.

The practice is a research ready practice and has taken part in a number of studies including research into the more appropriate time for treatment, and trials in treatment for gout.

# Detailed findings

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Phoenix Family Care on 14 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe services, requires improvement for providing effective, responsive and well-led services, and good for providing caring services. The overall rating for the practice was requires improvement.

The full comprehensive report following the inspection in July 2016 can be found by selecting the 'all reports' link for Phoenix Family Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 28 September and 10 October 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to improve the quality of care and to confirm that the practice had made the improvements that we identified in our previous inspection on 14 November 2016. This report covers our findings in relation to those requirements.

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 September and 10 October 2017. During our inspection we:

- Spoke with a range of staff including three GPs, members of the nursing team, the practice managers and administrative staff.
- Observed how patients were cared for in the reception area. Spoke to a patient who was a member of the Patient Participation Group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services 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 Care Quality Commission at that time.

# Are services safe?

## Our findings

At our previous inspection on 14 November 2016 we rated the practice as inadequate for providing safe services.

Improvements were needed to ensure that patients were protected against the risks of receiving unsafe care and treatment particularly in relation to: patient safety; prescribing medicines in line with latest guidance; communication with other services; appropriate staffing levels and recruitment.

In addition there were areas where recommendations had been made for improvement. These included:

- Minimising the risk of accidental interruption to electricity supply to the medicines fridge in accordance with Public Health England guidance.
- Reviewing the systems to improve the coordination of regular medicine reviews.
- Carrying out and assessing regular fire evacuation drills.

We found these arrangements had significantly improved when we undertook a comprehensive follow up inspection on 28 September and 10 October 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

There was a system for reporting and recording significant events.

- There was a significant events protocol for all staff to follow in reporting incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. Shared learning outcomes had been included in the action taken.
- The electronic incident recording form (also available as a hard copy) 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 support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- Since the last inspection the practice had completed a full review of all incidents that had taken place during

the last two years (a total of 13) and an effective colour rating (red, amber, green) had been applied according to the level of concern reported. Actions had been recorded and evidence showed that learning had been shared in relevant meetings. Details of the discussions that had taken place about the incidents were now included in minutes of these meetings. We reviewed a sample of the incidents recorded to confirm these processes had been followed.

Patient safety and medicine alerts were effectively managed.

- We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA) alerts, patient safety alerts and minutes of meetings where these were discussed. At the last inspection we had found that some safety alerts had not been actioned. At this inspection we found that all alerts had been reviewed, including previous alerts and improvements had been made. For example, the practice had a documented alerts protocol to identify, share and respond to any alerts. The practice had also strengthened their system to provide an audit trail for each alert.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff understood their individual responsibility for safeguarding children and vulnerable adults from the risk of harm. All staff had received role appropriate training in safeguarding. For example, the GPs had attended level three training in safeguarding children. There was a lead member of staff for safeguarding. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policy for safeguarding vulnerable adults reflected updated categories or definitions of the types of abuse such as modern slavery.
- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

## Are services safe?

Appropriate standards of cleanliness and hygiene were maintained.

- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken and actions recorded to mitigate any risks identified such as damage to floor or consultation benches.
- Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received up to date training.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- Systems were in place to monitor patients prescribed high risk medicines. The practice had implemented a clear monitoring protocol that defined how and when reviews of patients receiving high risk medicines would be carried out according to current guidance. We reviewed a sample of anonymised patient records and found these had been managed appropriately.
- Blank prescriptions were securely stored and there were systems in place to monitor their use.
- There was a system for the management of uncollected repeat prescriptions. Changes had been made that ensured that a GP was notified when uncollected prescriptions were removed and destroyed when more than one month old. This information was recorded on individual patient notes.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.
- There was a system in place for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with detailed records to show effective stock management and handling of all vaccines. Action had been taken to minimise the risk to ensure that the four vaccination

fridges were not switched off. Temperature checks were regularly completed and there was a cold chain policy advising staff what to do if temperatures were found to be outside the required parameters.

The practice had appropriate recruitment policies and procedures.

- We reviewed five personnel files which included a locum GP file. We found that appropriate recruitment checks had been undertaken prior to employment. For example, qualifications, proof of identity, registration with the appropriate professional body, evidence of satisfactory conduct in previous employments in the form of references and the appropriate checks through the DBS for those staff who required these checks.
- Since the last inspection a process had been implemented which demonstrated that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.
- Arrangements were made for planning and monitoring the number and mix of staff. Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent.

### Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available. The practice had up to date fire risk assessments and had carried out a fire drill since the last inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of risk assessments in place to monitor safety of the premises such as a general building risk assessment.
- A Legionella risk assessment had been carried out in April 2017. Regular testing for the presence of Legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings).

### Arrangements to deal with emergencies and major incidents

There were arrangements to enable the practice to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Since the last inspection the practice had obtained a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm). This was available on the premises with adult and children's pads kept. Oxygen was available with adult and children's masks.
- 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. Following the last inspection the practice stocked emergency medicines to treat epileptic seizures.
- All staff received basic life support training.
- 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 and copies were held off site by management.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 14 November 2016 we rated the practice as requires improvement for providing effective services. This was because:

- There was no structured approach to how guidelines and standards such as those from the National Institute for Health and Care Excellence (NICE) best practice guidelines were disseminated.
- Practice performance was significantly lower than local and national averages for asthma, depression and diabetes clinical targets.
- Medicine reviews were required to ensure patients with epilepsy had been prescribed medicines in line with current guidance.
- Information had not been shared with the out of hours (OOH) service about patients nearing the end of their life.

In addition there were areas where recommendations had been made for improvement. These included recommendations about:

- Higher than average exception reporting.
- Completion of patient care plans.
- A patient call/recall system to invite patients over 75 years of age for an annual health check.
- The number of patients identified with depression.

At this inspection we found that the practice had made improvements in all these areas. The practice is rated as good for providing effective services.

### Effective needs assessment

The practice reviewed needs and provided care that met with current evidence based guidance and standards.

- There was now a structured approach to the dissemination of guidance such as those from the National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Systems ensured all clinical staff were kept up to date. Staff told us they could access guidelines from NICE electronically, and that this information was used to deliver care and treatment appropriate to patients' needs.

- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.
- GPs attended local education events to improve practice in relation to new guidance and standards.

### Management, monitoring and improving outcomes for people

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- 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 for 2016/2017 showed the practice had achieved 92% of the total points available, which was a 3% increase on the previous year.

The practice performance was significantly below local and national averages for asthma, depression and diabetes clinical targets for 2015/2016. Results for 2016/2017 showed:

- The provider had reviewed 82% of patients on the asthma register in the preceding 12 months which was above the Clinical Commissioning Group (CCG) average of 79% and the national average of 77%. This was an increase of 26% on the previous year's data.
- 100% of patients with a diagnosis of depression had received a review after their diagnosis. Performance had improved on the previous year's results (by 19%) and were now above the CCG average of 85% and national average of 84%. Exception reporting was 4% lower than last year at 20%, which was lower than the CCG and the national average of 23%.
- Performance for diabetes in all five related indicators was generally lower than the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits was 57% which was lower than the CCG and the national average of 80%. This was a 7% reduction in performance on the previous year. Five patients with diabetes were

# Are services effective?

(for example, treatment is effective)

registered and not all of these patients were monitored by the practice. The practice was aware of its performance in this area and had tasked reception staff with calling patients in to be reviewed.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, an increase of 15% on the previous year. This was higher than the CCG average of 82% and the national average of 84%.

At the last inspection we found that current guidance had not been followed in prescribing medicine to treat epilepsy. At this inspection improvements had been made. An audit on all patients diagnosed with epilepsy had been carried out and those patients affected were recalled for a medicine review. Clinicians confirmed they had reviewed the prescribing guidelines for the treatment of epilepsy.

The practice had previously recorded high levels of exception reporting in other domains. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. At this inspection we found that improvements had been made. For example:

- Performance for mental health related indicators was above the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months 100% which was an increase of 9% on the previous year. This was above the CCG average of 88% and the national average of 90%. Exception reporting rate had significantly reduced to 7% from 26% the previous year. This rate was also lower than the CCG average of 11% and the national average of 13%.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review carried out in the preceding 12 months was 92% (3% lower than the previous year). This rate had remained higher than the CCG and the national averages of 90%. The exception reporting rate had improved with a rate of 15%, which was lower than the previous year's rate of 24%. The rate was in line with the CCG and the national averages of 11%. The provider told us that patients receiving

palliative care and patients unable to complete certain tests were referred to the community matron or the COPD community team at the hospital for treatment and were exception reported by the practice.

The practice had a system for completing clinical audits where they considered improvements to practice could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- The practice participated in local and national benchmarking to monitor its performance.
- We looked at two full cycle clinical audits carried out over the previous year and saw that findings were used by the practice to improve services. For example, the practice had audited adults present during children's appointments. The first audit showed the adults present was mentioned in 25% of consultations. A re-audit six months later found that 73% of consultations mentioned the identity of the adult accompanying a child.

## Effective staffing

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

- All newly appointed practice staff underwent an induction programme covering essential topics. These included health and safety, infection prevention and control, fire safety, confidentiality and accommodating different languages.
- A training policy and matrix provided the practice with an oversight of the training staff had completed and of the training they needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal in the previous 12 months. 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, and facilitation and support for revalidating GPs.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and face-to-face training. Staff had received training on the Mental Capacity Act and Equality and Diversity since the last inspection.

### Coordinating patient care and information sharing

Staff were provided with the information they needed 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. Improvements had been made to ensure that all care plans were fully completed. We sampled anonymised records to confirm this.
- The practice team met regularly with other professionals, including palliative care and community nurses to ensure responsive and effective treatment was provided to patients. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- Improvements had been made since the last inspection to ensure that the practice shared relevant information with appropriate professionals including the out of hours (OOH) service about patients nearing the end of their life. This included if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The lead GP told us that they provided personal contact details to a local hospice for continuity to end of life care. In addition, the provider told us that they had signed up to an electronic system for the sharing of information for palliative and end of life care with other healthcare professionals.

### Consent to care and treatment

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

- Staff followed legislation and guidance when gaining consent for treatment and when confirming patients' capability to able to make decisions about their care. For example, the Mental Capacity Act 2005 was adhered to.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

- GPs gained written consent from patients undergoing minor surgery and made assessments of capacity where necessary before proceeding. Nurses confirmed the identity of the person responsible before gaining verbal consent for procedures such as children's immunisations.
- There was an up to date consent policy for staff to refer to for guidance.

### Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- Patients were signposted to appropriate services such as dietary advice.
- A patient call/recall system to invite patients over 75 years of age for an annual health check had been established since the last inspection.
- Smoking cessation advice was available from the practice nurse. Over a 12 month period they had provided support to 17 patients. Eleven of these patients (65%) had continued to stop smoking after 12 weeks.

Cervical screening results for 2015/2016 showed the practice achieved results which were lower than local and national averages. The practice's uptake for the cervical screening programme was 76%, which was below the CCG and national averages of 82%. This service was being provided by the practice nurse who had received appropriate training and mentoring. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data for 2016/2017 was not available at the time of this inspection to establish whether encouraging patients to attend for screening had seen an improvement on the practice results.

Patients aged 40 to 74 had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks. The health care assistant had completed training and commenced offering NHS health checks to patients from October 2017. 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

At our previous inspection on 14 November 2016 we rated the practice as good for providing caring services, although there were recommendations where improvements could be made. For example:

- Explore how the number of carers identified could be increased and consider what further support for carers could be provided from the practice.
- Consider implementing a bereavement policy or protocol.
- Take action to improve patient confidentiality at the reception desk and information in the patient waiting area.

At this inspection we found that the practice had made improvements to address the recommendations. The practice remains rated as good for providing caring services.

### Kindness, dignity, respect and compassion

During our inspection we saw that members of staff were considerate and respectful of patients.

- Curtains in consultation and treatment rooms protected patients' privacy and dignity during examinations, investigations and treatments. Doors were closed during patient sessions and we could not hear the conversations taking place.
- Reception staff explained to us that they would offer to take patients to a private room if they were unwell or upset, or if they needed to discuss something of a personal nature.
- At the last inspection it was recommended that action was taken to improve patient confidentiality within the reception area. It had been possible to overhear conversations taking place in person or on the telephone. The practice had taken action to address this. For example, a queue system away from the desk had been introduced and background music was played.

All of the 15 Care Quality Commission comment cards we received were positive about the staff and the clinical care provided. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to.

Results from the National GP Patient Survey published in July 2017 showed patients felt they were treated with

compassion, dignity and respect. The practice had seen improvements in most areas on the previous year with results that were in line with or above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) and the national averages of 89%. This was an increase of 5% on the previous year's results.
- 84% of patients said the GP gave them enough time which was in line with the CCG average of 85% and the national average of 86%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%. This was an increase of 8% on the previous year's results.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and the national averages of 84% and 85% respectively.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 90% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful which was in line with the CCG average of 85% and the national average of 87%.

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

Patient feedback from the comment cards was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the National GP Patient Survey published in July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

## Are services caring?

- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%. This was an increase of 8% on the previous year's results.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national averages of 85%.

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that translation services were available for patients who did not have English as a first language.

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

The practice provided support for patients and carers in a number of ways:

- 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. Information about support groups was also available on the practice website. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- The practice computer system alerted staff if a patient was also a carer.

Since the last inspection the practice had taken action to identify patients who were also carers so that they could be signposted to the appropriate support available to them. The practice had held a caring event in June 2017. This event was so successful that it triggered a weekly clinic at the practice. This was provided by a care support worker from a local carers trust project. A nominated member of practice staff had been identified as the carer lead to

support this. We spoke with the carer support worker who told us that appointments were made with carers to attend the clinics held at the practice, and that all the allocated appointments were usually taken up each week.

Regular carers coffee mornings had been arranged. We were told that the most recent one held two weeks ago had been well attended. Patients had commented that they appreciated the support and staff told us they felt that they were helping patients.

At the last inspection the practice had identified less than 1% of patients on their register who had caring responsibilities. At this inspection this had increased to 2% and the practice anticipated this would continue to grow as the support being offered to carers continued.

There was now a system to call and recall carers to offer flu immunisations. Written information was available in the patient waiting area to direct carers to the various avenues of support available to them and information for carers had been added to the practice website.

Since the previous inspection the practice had held several one day events to promote awareness of specific health issues such as dementia, scleroderma (a skin condition) and breast cancer in addition to the carers events. The Macmillan Cancer Support team had also spent a day with patients. As part of this the patients had raised money to support associated charities.

The practice had implemented a written policy since the last inspection to guide staff on the process to follow when families experienced bereavement. This included relatives being contacted by their usual GP, followed by the offer of a patient consultation or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 14 November 2016 we rated the practice as requires improvement for providing responsive services. This was because there were areas where recommendations had been made for improvement. These included:

- Patients found difficulty in accessing the practice by telephone and making pre-booked appointments with a named GP.
- The reception area did not support patient confidentiality. Conversations in person and on the telephone could easily be overheard.

At this inspection we found that although the practice had taken action to address the recommendations, there had not been enough time for the outcomes of these changes to be evaluated. The practice is still rated as requires improvement for providing responsive services.

### 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.
- Extended hours appointments were available at the cluster practices within Coventry.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability. Longer appointments were available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- The practice regularly worked with other health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients. The practice had improved communication with the out of hours service and

ensured relevant patient information was shared, such as information about those patients with a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

- New mothers were offered post-natal checks and development checks for their babies through a service hosted by the practice and provided by the CCG.
- The practice supported victims of domestic violence who took up temporary residence in a nearby refuge.
- Alterations had been made to the reception area to ensure that patient confidentiality was protected. This included playing background music in the waiting area.

### Access to the service

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, and heart disease.

- The practice was open between 8am and 6.30pm Monday to Friday.
- A mixture of pre-bookable and urgent book on the day appointments together with telephone consultations were available.
- A GP led telephone triage system prioritised urgent requests for appointments and home visits. Patients could pre-book appointments up to eight weeks in advance.
- The practice did not routinely provide an out of hours service to their patients but directed them to the out of hours GP service when the practice was closed.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was lower than the previous year's results and lower than local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 77%. This was a decrease of 17% on the previous year.
- 40% of patients said they could get through easily to the practice by telephone compared to the CCG and the national average of 71%. This was a decrease of 27% on the previous year.
- 46% of respondents described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%. This was a decrease of 32% on the previous year.

# Are services responsive to people's needs?

(for example, to feedback?)

At the last inspection patients had made negative comments about the appointment system at the practice. At this inspection we found that out of 12 reviews posted on the NHS Choices website during 2017, 10 patients had given negative views of the appointment system. Two recent comments had been more positive and had praised the practice and the service they received. Comments on the 15 patient comment cards were not consistent with those comments and patients had highlighted that they were satisfied with the appointment system. They commented they had been able to get an appointment when they needed one.

The practice had taken action to make changes so that more appointments were made available for patients since the last inspection. This included:

- The appointment of a nurse practitioner in June 2017. This had increased the availability of appointments by 128 per week.
- Training for the health care assistant so that they could carry out health checks for patients. The training had been completed and checks had commenced in October 2017.
- The practice had successfully engaged with the apprenticeship scheme in April 2017. They planned to recruit another apprentice as a result of the original apprentice securing a full time position with the practice.
- Sourcing an improved telephone system that would be transferable for the practice's pending move to new premises. We saw evidence to confirm this. It was anticipated that patients would see improvements as soon as this was installed. An installation date was due to be agreed at the time of the inspection.
- The practice shared with us their on-going review of their appointment system to scope out current and future needs to improve availability of appointments for patients.

- Staff development to enhance skill mix in order to maximise appointment availability for patients. During the inspection we spoke with a nurse who had been accepted to start a Masters Advance Practice degree at the local university. The practice told us they were supporting this development.
- The practice had engaged in a project, as part of the GP Forward funding, to explore processes for making patient appointments. This involved coaching and guiding staff through processes that would help in further practice development. Initial meetings had taken place at the time of the inspection.
- Clinical systems had been revised and online appointments had become available to patients in June 2017. At the time of the inspection 690 patients had registered for this facility.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice's complaints leaflet.

We looked at 17 complaints received in the last 12 months and found these had been handled satisfactorily. Records showed these had been responded to in a timely way and the practice had met with patients face to face where appropriate to resolve matters. Lessons were learned from individual concerns and complaints and used 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

At our previous inspection on 14 November 2016 we rated the practice as requires improvement for providing well led services. This was because there were areas where recommendations had been made for improvement. These areas included:

- Ensuring information about the practice vision and mission statement were shared with staff.
- The governance structures needed to be strengthened to ensure effective oversight of performance, risk and feedback to improve the quality of services provided.

At this inspection we found that the practice had made improvements in these areas. The practice is rated as good for providing well-led services.

### Vision and strategy

The practice vision was to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, with healthcare at the heart of the community. Staff confirmed that information about the vision and mission statement had been shared with them. There was a written vision and mission statement displayed in the waiting area for patients to access.

At the last inspection the management told us that some of the future challenges the practice faced included the decreasing patient list size and the financial impact of this. The practice development plans to address this had been implemented and building alterations were currently underway to alternative premises which was scheduled for completion early 2018. The practice move to the new premises meant that they would better placed to provide their patients with access to services, as the location was at the heart of the patient population.

Although it was too early to have seen any positive impact from these changes at the time of the inspection the practice were positive about the benefits the move would provide for patients. The Patient Participation Group (PPG) supported this view and felt that the move would be positive.

### Governance arrangements

At the last inspection improvements to the governance systems were needed to ensure effective oversight of performance and risk, and the use of feedback to improve the services delivered. The improvements made had ensured that:

- Processes were implemented to assess and mitigate risks to patients. This included responding to patient safety alerts; establishing learning from significant events; monitoring medicines to ensure appropriate and safe prescribing; communication with the out of hours service to ensure that relevant patient information was shared. Emergency equipment and medicines were made available to mitigate the risks to patients.
- There was oversight of the practice performance. In particular, areas of lower Quality Outcomes Framework (QOF) performance and higher exception reporting; the high number of avoidable admissions; reviewing the systems to ensure patients were recalled and received care in line with current evidence based guidance and standards.
- A programme of governance meetings had been implemented to support planned improvements in the practice. This framework consisted of weekly partners' meetings, monthly clinical meetings, six weekly administration team meetings and quarterly full practice meetings.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date. All staff had received the necessary training and updates and details were documented appropriately.

### Leadership and culture

The practice had undergone significant staff changes including change of practice manager prior to and since the last inspection. To address this position the practice had employed two consultant practice managers. It was planned that the consultants would remain in post to support the newly appointed practice manager.

The leadership and culture of the practice had improved significantly:

# Are services well-led?

Good 

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

- GPs in the practice were able to demonstrate how they ensured high quality care was being provided by all staff and improved governance procedures enabled them to monitor and evaluate this.
- Staff told us the management were approachable and always took the time to listen to all members of staff.
- There were systems 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). The practice gave affected people reasonable support and a verbal and written apology.
- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- 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. All staff were involved in discussions to identify opportunities to improve the service delivered by the practice.
- The practice had gathered feedback from patients through the Patient Participation Group (PPG). A member of the PPG told us the practice management were respectful of the views of the PPG and listened and acted on their suggestions. They told us that action had been taken following the last inspection to address some of the concerns raised by the PPG, including the lack of confidentiality in the reception area and improving the access by addressing problems with a lack of appointments and contacting the practice at 8am. The practice was exploring further improvements such as a new telephone system, the appointment system and staffing levels.
- A practice patient survey had been devised and the survey of patients was scheduled to be carried out throughout November 2017 to gather feedback on the service provided

The practice had also 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.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.