

Park Leys Medical Practice

Quality Report

Keresley Green Medical Centre
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Date of inspection visit: 7 July 2015
Date of publication: 26/11/2015

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

Detailed findings from this inspection

Our inspection team	11
Background to Park Leys Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Leys Medical Practice on 7 July 2015 and at the dispensary in the branch surgery at Fillongley on 8 July 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed including those in relation to recruitment checks.
- Medicine management systems were overall robust; however we identified the potential risks around the safe and secure storage of medicines which we highlighted to the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided a range of flexible and responsive services including a dispensary in a rural area where there was limited public transport.
- Information about services and how to complain was available and easy to understand.
- Patients described their experience of making an appointment as good 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.

We saw some areas of outstanding practice:

Summary of findings

- The practice worked collaboratively with the medicines management team at the CCG to ensure the availability of all relevant emergency medicines for their end-of-life patients living in care homes. This had resulted in a central store of such medicines being available in the largest care home where the practice provided medical care. This project had been short-listed for a National Award at the Health Service Journal (HSJ) awards last year.
- The practice had carried out a pilot with funding from the CCG to trial the use of a specialist machine in the diagnosis and treatment of patients with asthma. The practice found that for this group of identified patients, up to 70% had a positive change in decisions about their treatment due to the use of the specialist machine.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Promote the availability of the chaperone service to enable patients to access this service, if required.
- Complete a risk assessment in relation to the safe and secure storage of medicines held at Park Leys Medical Practice and at the dispensary at Fillongley Surgery.
- Ensure guidance documents are regularly reviewed to ensure that they contain up-to-date information, for example the staff handbook and infection control policy

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Medicine management systems were mostly satisfactory, however storage and security processes needed to be strengthened. Staff told us they would take steps to address these. The practice offered a chaperone service for patients; however no information was seen to advise patients of the availability of this.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients were generally happy with the appointments system at the practice and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients

Good



Summary of findings

and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. The practice had developed a number of initiatives to support patients at the end of their lives, one of which had been shortlisted for a National Award at the Health Service Journal awards the previous year. They had also carried out a pilot to improve asthma diagnosis and treatment for patients with this condition. This pilot had improvement treatment options for 70% of the patients involved.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and staff were clear about their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The staff handbook dated May 2009 did not appear to have been reviewed or updated since that time. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice provided care to over 500 older patients who lived in care homes in the area. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice had developed a number of initiatives to support patients at the end of their lives, one of which involved improving the availability of emergency medicines for patients in care homes who required end of life care. This project had been shortlisted for a National Award at the Health Service Journal awards the previous year.

The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice was the only GP practice in the Clinical Commissioning Group to offer a specialist service for asthma patients. They had also carried out a pilot to improve asthma diagnosis and treatment for patients with this condition. This pilot had improvement treatment options for 70% of the patients involved.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with local and national averages for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we

Good



Summary of findings

saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Good



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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It also offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It told 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). Records showed that 78% of patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had

Summary of findings

attended accident and emergency (A&E) where they may have been experiencing poor mental health. We saw that the practice had a lead GP who specialised in the care of patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 8 January 2015 showed that the practice was performing in line with or above local and national averages. There were 322 survey forms distributed and 101 patients responded which represented a 31.4% response rate.

- 79.6% patients said they could get through easily to the surgery by phone compared to the clinical commissioning group (CCG) average of 71.6% and national average of 71.8%.
- 87.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average of 86.9%.
- 51.4% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 52.6% and a national average of 53.5%.
- 95.8% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.9% and a national average of 85.4%.
- 99.3% said the last appointment they got was convenient compared with a CCG average of 90.1% and a national average of 91.8%.
- 87.1% described their experience of making an appointment as good compared with a CCG average of 72.2% and a national average of 73.8%.

- 65.5% patients say they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 65.2%.
- 69.9% feel they did not normally have to wait too long to be seen compared with a CCG average of 53.9% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were mostly positive about the standard of care received. All of the patient feedback showed that they felt they were treated with respect and were listened to. They all said that the GPs and other staff were helpful and kind. Three patients commented that the triage system did not work for them; two said it was not always possible for them to take a call back from their GP when they were at work and a third patient said that they really disliked triage. Three patients commented that they were unhappy with the appointments system, either getting through on the phone or having to wait a long time before they saw the doctor. Most patients were satisfied with the appointments system.

Areas for improvement

Action the service **SHOULD** take to improve

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Promote the availability of the chaperone service to enable patients to access this service, if required.

- Ensure the storage and security systems for medicines held at Park Leys Medical Practice and at the dispensary at Fillongley Surgery are strengthened.
- Update the staff handbook to ensure staff have current up to date information in relation to employment legislation.

Outstanding practice

We saw some areas of outstanding practice:

- The practice worked collaboratively with the medicines management team at the CCG to ensure the availability of all relevant emergency medicines for

their end-of-life patients living in care homes. This had resulted in a central store of such medicines being

Summary of findings

available in the largest care home where the practice provided medical care. This project had been short-listed for a National Award at the Health Service Journal (HSJ) awards last year.

- The practice had carried out a pilot with funding from the CCG to trial the use of a specialist machine in the

diagnosis and treatment of patients with asthma. The practice found that for this group of identified patients, up to 70% had a positive change in decisions about their treatment due to the use of the specialist machine.

Park Leys Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an expert by experience who had personal experience of using primary medical services. At this inspection a CQC pharmacist inspector also looked at the management of medicines in the dispensary at the Fillongley Surgery.

Background to Park Leys Medical Practice

Park Leys Medical Practice is located within Keresley Green Health Centre in the village of Keresley, about five miles north of Coventry city centre. It shares the premises with another practice. Park Leys Medical Practice currently provides services to 12,500 registered patients and 500 of these are elderly patients in local care homes, the highest number for a practice within the Coventry and Rugby clinical commissioning group (CCG).

The practice has four GP partners, (three males and one female), five salaried GPs (all female), one specialist nurse practitioner, three practice nurses, two healthcare assistants, a phlebotomist, a lead dispenser, three dispensers, a practice manager, a patient services team leader and administrative/reception staff. The practice has two branch surgeries; one at Bennetts Road North and one at Fillongley, both within a few miles of Park Leys Medical Practice. There is an on-site dispensing service at the Fillongley practice which is staffed by one full time

dispensary manager and three part time dispensing staff. Park Leys Medical Practice is a training practice for fully qualified doctors to gain experience and higher qualifications in general practice and family medicine.

The practice treats patients of all ages and provides a range of medical services. This includes specialist clinics for diabetes and chronic obstructive pulmonary disease (lung disease). It also offers maternity, menopause therapy, childhood immunisations, family planning, travel health vaccines and a minor surgery service. The practice has a large number of care home patients, 1.4% compared to the practice average across England of 0.5% (% per GP registered population).

The practice is open for appointments from 8.30am to 7.50pm Monday to Thursday and from 8.30am to 5.15pm on a Friday. The late evening sessions are for pre-booked appointments only and useful for those patients who have work commitments. The practice is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book triage appointments.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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

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.

How we carried out this inspection

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 July 2015 at Park Leys Medical Practice and at the dispensary in the branch surgery at Fillongley practice on 8 July 2015. During our inspections we spoke with a range of staff including three GP partners, the practice manager, a senior nurse practitioner, two practice nurses, two dispensary staff, three administrative/reception staff and spoke with nine patients who used the service. We reviewed 41 comment cards where patients shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice in a variety of meetings. For example, staff told us about an incident in relation to a childhood vaccination and how systems had been developed as a result of learning from this to ensure consent was obtained prior to vaccinations being given.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. For example, one member of staff told us about the use of a particular medicine in the treatment of asthma and how they had used the guidance provided by NICE in relation to this.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead for safeguarding. We saw from minutes of a meeting dated 2 July 2015 that as a result of a recent significant event, a review of the safeguarding policy and the child protection register had been completed. We saw that the practice was proactive in monitoring children who did not attend hospital appointments. We also saw from the minutes that the safeguarding lead and the practice manager planned to audit patients on the child protection register every six months to help bring about improvements particularly in regard to recording and monitoring activity.
- Staff demonstrated they understood their responsibilities in the safeguarding of children and vulnerable adults and all had received training relevant to their role. The practice manager confirmed that they were going to be the practice manager representative on the safeguarding peer review panel which had been set up by the Clinical Commissioning Group (CCG).
- All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However we did not see any information displayed in the waiting room or consulting rooms advising patients that nurses would act as chaperones, if required. Staff told us that patients were asked during consultation if they would like a chaperone present. One patient we asked said that they did not know this service was available.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had an up to date fire risk assessment. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. There was an infection control policy in place, however this was not dated. It did not include information about the infection control lead in the practice although staff told us that one of the nurses was the lead for infection control. Arrangements were in place for this role to be covered by other members of staff when the lead was absent from work. We saw that curtains were provided in each of the treatment rooms and staff told us that they were changed every six months. However there was no date seen on the

Are services safe?

curtains to substantiate this. We saw that regular infection control audits were carried out and evidence that action was taken to address any improvements identified as a result.

- We checked how medicines were stored and handled in Park Leys Medical Practice and the dispensary at the Fillongley branch surgery including all medicine refrigerators located within them. Overall we found that there were efficient systems in place for the management of medicines across both locations and that the dispensary staff worked professionally to ensure people's medicines were dispensed safely. We identified potential risks around the safe and secure storage of medicines which we highlighted to the practice. We further observed that two refrigerators in the practice used to store medicines and vaccines were not locked or secure. This meant that medicines were not always stored safely or securely. Staff told us that this would be addressed immediately.
- We checked one of the GPs medical bags and found medicines which were out of date contained within. The practice manager contacted us following the inspection and told us that this had been an oversight and confirmed that the medicines had been destroyed immediately after the inspection. They also confirmed that the practice policy had been changed and no medicines would be contained in the GPs medical bags at any time as a result of this.
- The dispensary held stocks of controlled drugs. These were medicines that required extra checks and special storage arrangements because of their potential for misuse. We found the surgery had standard procedures in place that set out how the controlled drugs were managed and these were being followed by the practice staff.
- Repeat prescribing processes at Park Leys Medical Practice and Fillongley Surgery were undertaken in line with national guidance. We were shown how staff checked that all repeat prescriptions had been reviewed and signed by a GP before they were given to the

patient. This ensured that patients' repeat prescriptions were always clinically checked. We observed this process was working in practice. We saw records showing all members of staff involved in the dispensing process had received appropriate training and had checks of their competence. We were told that the practice had support and advice from a Clinical Commissioning Group (CCG) pharmacist.

- Recruitment checks were carried out and the four files we reviewed showed that 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.
- 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 that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Most staff had received annual basic life support training and others were planned. The practice had a defibrillator available on the premises and oxygen 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, other than those in the GP's bag, were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies were available for the GP partners and practice manager.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. GPs we spoke with told us how they used the NICE templates for processes involving diagnosis and treatments of illnesses. NICE guidance supported the surgery to ensure the care they provided was based on latest evidence and of the best possible quality.

Clinical staff managed the care and treatment of patients with long term conditions, such as diabetes, asthma and chronic obstructive pulmonary disease (COPD), lung disease. We found there were appropriate systems in place to ensure patients with long term conditions were invited to the practice and reviewed on a regular basis. For example, we saw that 94.6% of patients with diabetes and 100% of patients with COPD had been reviewed within the last 12 months. We found that each member of the clinical team had a specific interest, for example in governance or a long term condition and this specialist knowledge was shared throughout the team. We also found that one of the GP partners was a qualified surgeon and carried out minor surgery at the practice for patients across Coventry.

Patients who required palliative care (palliative care is a holistic approach to care for patients with incurable illnesses and their families) were regularly reviewed. One of the GP partners was the lead for palliative care at the practice and we saw that all patients who required palliative care had been reviewed within the last 12 months. We found that the practice worked hard to co-ordinate and provide timely support for patients with other key partners and ensure that palliative care was carried out in an integrated way. This was done using a multidisciplinary (MDT) approach with district nurses and palliative care nurses from the local hospice. We saw that Gold Standard Framework (GSF) palliative care meetings were held and recorded. The GSF is a practice based system to improve the quality of palliative care in the community so that more patients receive supportive and dignified end of life care, where they choose.

We found that the practice worked closely with a range of other healthcare professionals and made timely and effective referrals to other services, for example the community mental health team and local counselling services.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice results for 2013/2014 were 93.2% of the total number of points available, with 6.3% exception reporting. (Exception reporting was introduced into the Quality and Outcomes Framework (QOF) in order to allow practices to pursue the quality improvement agenda and not be penalised, where, for example, patients do not attend for review or where a medication cannot be prescribed due to a contraindication or side-effect).

Data showed;

- Performance for asthma related indicators was 100% and above both the Clinical Commissioning Group (CCG) average of 98.2% and the national average of 97.2%. Exception reporting rates for these indicators ranged between 0% and 2.0%
- Performance for palliative care related indicators was 100% and above both the CCG average of 97.4% and the national average of 96.7%. There was no exception reporting for this indicator.
- Performance for mental health related indicators was 100% and above both the CCG average of 89.5% and the national average of 90.4%.
- The dementia diagnosis rate was 100% and above both the CCG average of 92.8% and the national average of 93.4%. The rate of exception reporting for these indicators ranged between 8.0 and 33.3%

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at three clinical audits completed in the previous twelve months which were completed audits where the improvements made were implemented and monitored. For example we saw an audit which looked at the impact of

Are services effective?

(for example, treatment is effective)

salt in certain medicine and the effect on patients with hypertension. We saw that the findings of the audit led to changes for some patients and these were monitored. We also saw records of minor surgery audits which the practice carried out regularly. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example: the practice was involved in a nationally recognised scheme to rationalise end of life prescribing in one of the care homes that they supported which reduced unnecessary stress for patients.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. We were told that the GPs received an appraisal from one of the GP partners each year in addition to their annual medical appraisals. This demonstrated a team approach to supporting staff and improving outcomes for patients. We saw that most other staff had had an appraisal within the last 12 months, and others were planned to take place this year.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every two to three weeks and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought 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 (MCA) and were able to share examples of when they had used this information. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through record keeping audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

We were told that one of the GP partners had been working with care home staff and patients and relatives about consent for DNAR (do not attempt resuscitation) and the process for doing this. We saw that the GP had developed a leaflet explaining DNAR for patients (and their relatives) to enable them to have informed consent about the future if they became ill.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Are services effective?

(for example, treatment is effective)

Patients were provided with direct support from staff at the practice (smoking cessation) or signposted to other relevant services in the community, for example exercise classes.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81.08%, which was comparable to the national average of 81.89%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccinations given to under two year olds at the practice ranged from 94.6% to 100% compared to the CCG averages of 95.1% to 100% and for five year olds at the practice the rates ranged from 87.5% to 98.9% compared CCG averages of 92.1% to 98.3%. Flu vaccination rates for the over 65s were 71.41%, and at risk groups 56.86%. These were also comparable to national averages of 73.24% and 52.29% respectively.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We noticed that the GPs came out into the waiting room to collect their patients. Patients told us that they really appreciated this. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

Almost all of the 41 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the patient participation group (PPG) on the day of our inspection. They told us that there was a new PPG at Park Leys Medical Practice which started in February 2015. They told us that the practice website needed to be improved and that the practice was trying to raise awareness of the PPG. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92.8% said the GP was good at listening to them compared to the CCG average of 85.9% and national average of 87.2%.
- 90.3% said the GP gave them enough time compared to the CCG average of 84% and national average of 85.3%.
- 99.4% said they had confidence and trust in the last GP they saw compared to the CCG average of 90.6% and national average of 92.2%

- 80.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80.6% and national average of 82.7%.
- 73.6% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 78.2% and national average of 78%.
- 87.6% patients said they found the receptionists at the practice helpful compared to the CCG average of 85.2% and national average of 86.9%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff. All patients told us that they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. All but one of the patient feedback on the comment cards we received was positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:

- 87.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80.9% and national average of 82%.
- 76.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and national average of 74.6%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

We saw that there were some notices in the waiting room which told patients how to access a number of support groups and organisations. Two patients we spoke with told us that they would like to see more information about health conditions.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

Are services caring?

were carers and the practice supported carers by offering health checks and referral for social services support if required. The practice manager informed us that there were 66 carers on the carer's register, however they felt that this was a low number compared to the size of the patient population and they were currently conducting an audit to ensure that the coding of carers was being recorded correctly. Written information was available for carers to

ensure they understood the various avenues of support available to them. The practice website also provided information for patients who were also carers and how they could register as carers and access support in this role.

Staff told us that if families had suffered bereavement, they were contacted by the practice and offered any assistance or advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was responsive to the needs of patients. There were appropriate systems in place to maintain the level of service provided. The practice understood the needs of its patients and systems were in place to ensure that services were delivered to meet those needs. For example, the practice had an increased number of elderly patients (over 500) who resided in care homes in the area. The practice had a specialist nurse practitioner for elderly care who visited seven of the care homes each week to visit these patients and others out in the community, offering health checks as needed and continuity of care.

One of the GP partners told us that due to the large number of older patients in care homes supported by the practice, all of the clinical staff at the practice were keen to avoid over medicalising patients. This strategy was in keeping with the "Choosing Wisely" campaign and was also consistent with one of the CCG strategic aims. To facilitate this the practice had developed three new work streams:-

- To ensure the availability of all relevant emergency medicines for their end-of-life patients. This had resulted in a central store of such medicines being available in the largest care home in an innovative project developed collaboratively with the medicines management team at the CCG. One GP partner told us that the project had been short-listed for a National Award at the Health Service Journal (HSJ) awards last year.
- The practice had also worked with the medicines management team to develop a standard letter which was sent to relatives of care home residents about reducing medication to minimise the risk of any adverse effects. The GP partner told us that there was a general recognition that polypharmacy (the use of four or more medicines by a patient) in older patients is a cause of avoidable hospital admission and patient morbidity. The practice had not received any negative feedback to date about the use of the letter.
- The practice had been working with care home staff and patients and relatives about consent for DNAR (do not attempt resuscitation) and the process for doing this.

We saw that another of the GP partners had developed a leaflet explaining DNAR for patients (and their relatives) to enable them to have informed consent about the future if they became ill.

The GP partner confirmed that to date the practice had not received any adverse reports in response to this letter, and believed that they had optimised end of life care in keeping with patient wishes.

One of the GP partners also told us about another initiative that the practice had led on. They told us that two years ago the practice had become aware of a specialist machine they could use with patients to optimise the diagnosis of asthma and treatment. They gained funding from the CCG clinical learning team and the manufacturers of the machine to undertake a pilot as to how feasible and effective this specialist machine would be in practice. One of the main outcomes of the pilot was that the specialist machine was easy to use and was most useful for patients where diagnosis was uncertain. The practice found that for this group of identified patients, up to 70% had a positive change in decisions about their treatment due to the use of the specialist machine.

The GP partner told us that due to the positive outcomes of the pilot at Park Leys Medical Practice, the CCG clinical development group had approved further pilot work to be carried out at other surgeries across the CCG. Funding had been granted for five more specialist machines and with support from the local medicines management team, a robust pilot would be developed across the practices. The GP partner also informed us that recently there had been national recognition of the use of this specialist machine for diagnosing and treating patients with asthma and it is now included in NICE guidance.

Other services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example;

- The practice offered a late night clinic on four evenings per week until 8pm for working patients who could not attend during normal opening hours.
- The practice had recently introduced evening appointments with a practice nurse on a Tuesday and Thursday each week which was particularly useful for working parents. Staff told us that this had proved to be very popular.

Are services responsive to people's needs?

(for example, to feedback?)

- Smoking cessation clinics were provided weekly; every Wednesday afternoon and Tuesday and Thursday evening at the practice.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice provided an in-house phlebotomy service five days per week for patients registered at the practice and other patients across Coventry.
- The practice offered an in-house, electrocardiogram (ECG) heart monitoring service for patients.
- Minor surgery was provided by the practice for their own patients and patients across Coventry.
- There were disabled facilities, a hearing loop and translation services available to support patients' access to the service.

Access to the service

The practice was open from 8.30am to 8pm Monday to Thursday each week and every Friday from 8.30am to 6pm. Appointments were available from 8.30am to 7.50pm Monday to Thursday and from 8.30am to 5.15pm on a Friday. The late evening sessions were for pre-booked appointments only and useful for those patients who had work commitments. The practice was closed at weekends. Home visits were available for patients who were too ill to attend the practice and urgent appointments were also available for people that needed them.

The practice was located in a new building and had a range of facilities to support easy access for patients. These included a ramped access, automatic doors, disabled toilets and designated car parking spaces for Blue Badge holders. A portable induction loop system was also available on request from reception for those patients with a hearing impairment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages and patients we spoke to on the day were able to get appointments when they needed them. For example:

- 84.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.1% and national average of 75.7%.
- 79.6% patients said they could get through easily to the surgery by phone compared to the CCG average of 71.6% and national average of 71.8%.
- 87.1% patients described their experience of making an appointment as good compared to the CCG average of 72.2% and national average of 73.8%.
- 65.5% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 65.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients to make a complaint in a complaints leaflet, the practice leaflet and on the website. Patients we spoke with were not aware of the process to follow if they wished to make a complaint, although they told us that they had not ever needed to make a complaint.

We looked at 16 complaints received in the last 12 months and found that most complaints were dealt with promptly and satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw that the complaints procedure included details about the review of complaints that the practice carried out each year.

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 commitment to deliver high quality care and promote good outcomes for patients. Staff at the practice demonstrated this throughout the inspection and feedback from patients supported this. The practice had a business plan which contained information for example about the on-going development of the practice and succession planning.

The GP partners and practice manager held regular business meetings outside of surgery opening times to discuss important issues such as forward planning, succession planning, practice objectives and future direction and vision.

Governance arrangements

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

- 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.
- Staff had a comprehensive understanding of the performance of the practice.
- A system was in place for staff to report incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- There were clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- A programme of continuous clinical and internal audit was in place which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate

care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

We saw that the practice had a staff handbook dated May 2009 for staff which included details about Equal Opportunities and Discrimination, Harassment and Bullying and Health and Safety. There was no evidence seen that this document had been reviewed or subsequently updated. Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. All staff were involved in discussions about the practice and were encouraged to contribute ideas on how the service could be improved for patients and staff.

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. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. There was a relatively new PPG at the practice which met on a regular basis, discussed patient surveys and any improvements needed to the services at the practice with the management team. For example, minutes from the PPG meeting held in March 2015 showed that the PPG should be advertised to try to increase the number of members in the group and to improve the practice website. A member of the PPG told us that this was still an area for improvement. The practice manager told us that they were in process of updating the whole website and investigating how to make it more user friendly.

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.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and took part in local pilot schemes to improve outcomes for patients in the area. For example, the practice was the only GP practice in the clinical commissioning group (CCG) to offer a specialist service for asthma patients.

We also saw that one of the GP partners sat on the clinical leadership team of the CCG. Another GP partner was the

lead for mental health for the Coventry and Warwickshire Partnership Trust. This enabled the practice to share learning and knowledge, working collectively with the CCG and other partners to develop services across the locality.

The practice was aware of future challenges, for example they were aware that there was a local housing development planned in the area. Hence there was the possibility of an increase of 1625 new patients joining the practice in the future which staff confirmed would be considered in any future service planning.