

# The Cheylesmore Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Cheylesmore Surgery on 8 and 15 September 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The practice was found to be inadequate in safe, effective and well led and requires improvement in caring and responsive. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Cheylesmore Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

An announced comprehensive inspection was carried out on 7 June 2017 following the period of special measures. Overall the practice is now rated as good.

Our key findings were as follows:

- Logs were kept of significant events and complaints and both were a standing item on the agenda at clinical and full practice meetings.
- Safeguarding processes had been tightened and multi-disciplinary meetings took place on a regular basis.
- The clinical team was trained to child protection or child safeguarding level three.

- Regular monitoring and reviews were carried out for patients on high risk medicines.
- Regular checks were carried out on emergency equipment to make sure that it was fit for use and regular checks were carried out.
- Recruitment processes had been introduced for locum GPs and new staff, which ensured that all relevant pre-employment checks were carried out and documented.
- Systems had been implemented to ensure that housebound patients were identified for appropriate review of their healthcare needs.
- A proforma had been introduced to improve communication with providers of other healthcare services, including the out of hours service.
- There were systems to ensure that all clinicians kept up to date with national guidance, guidelines and legislation including the Mental Capacity Act 2005.
- Staff had access to appropriate policies and guidance so that they could carry out their roles in a safe and effective manner.
- Staff were encouraged to study e-learning modules. A training log was kept to track training for all staff.

# Summary of findings

- Governance arrangements had been introduced which included systems for assessing and monitoring risks and the quality of service provision.
- Patient safety alerts were received electronically, logged and actions tracked.
- Prescription pads were monitored within the practice
- Staff were aware of the business continuity plan.
- The arrangements for storing medicines had been strengthened.
- Quality improvement activities, including regular audits, were undertaken.
- The practice produced an action plan in response to the in-house patient survey.
- The number of carers identified had doubled to 2% since the last inspection and appropriate support was offered.
- A portable hearing loop had been installed.
- The arrangements for making contact with bereaved families had been improved.
- Communication with other stakeholders, such as care home managers, had improved.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by the service.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff were encouraged to report significant events, which were investigated in a timely manner. Lessons learned were shared across the practice team.
- The system for receiving and tracking patient safety alerts had been strengthened. Alerts were shared amongst the clinical team and consistently actioned.
- Prescription pads were monitored within the practice.
- Emergency equipment and medicines were stored securely and checked regularly, including the defibrillator batteries.
- A secondary thermometer had been purchased for cross-checking the temperature in the vaccine refrigerator.
- All staff we spoke with confirmed that they knew where the business continuity plan was located.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had a formal induction programme and recruitment checklist for new GPs, locums and administrative staff.
- The practice held regular multi-disciplinary meetings for discussion of safeguarding concerns and for palliative and vulnerable patients.
- Systems had been introduced for the sharing of information with out of hours services particularly in relation to vulnerable and special patients who might need access to out of hours care.
- Systems had been introduced so that all clinicians were kept up to date with national guidance, guidelines and legislation including the Mental Capacity Act 2005.
- A training log was maintained to monitor the training needs of staff.
- Formal governance arrangements had been implemented which included systems for assessing and monitoring risks and the quality of service provision.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the in-house survey carried out in April 2017 showed a marked improvement in areas identified as below average in the National GP Patient Survey published in July 2016.
- Patients told us that the GPs and nurses were very caring and treated them with dignity and respect.
- The percentage of carers identified had increased from 1% to 2% since the last inspection and carers were receiving appropriate support.
- The practice had reviewed arrangements for contacting bereaved families and providing appropriate support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- A structured approach had been implemented for housebound patients with long term conditions to ensure that regular reviews took place.
- We saw that complaints were logged, thoroughly investigated and learning points discussed at practice meetings.
- A hearing loop had been installed and was clearly advertised in reception.
- Practice staff had met with the manager of a local care home to review communication issues. Staff at the home told us that communication had improved as a result.
- Two members of staff had received dementia friendly training.

## Are services well-led?

The practice is rated as good for well-led.

Good



- The GP partners reviewed the practice's performance on a regular basis and decided on future strategy.
- A schedule of regular multi-disciplinary, clinical and whole practice meetings had been introduced.
- Quality improvement activities, such as regular audits, were carried out in order to improve patient outcomes.
- A GP partner and the practice manager attended the Patient Participation Group (PPG) meetings, listened to feedback and took action as a result of patient comments. For example, consulting rooms were now numbered as well as showing the GP's name.
- The practice carried out its own in-house patient survey in April 2017 in order to gauge whether patient opinions had changed since the National GP Patient Survey was published in July 2016.

# 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.

- Nominated GPs visited patients in nearby care homes. Managers confirmed that communication had improved and that it was now easier to arrange home visits.
- Regular meetings were held between the district nursing team, the community matron, members of the practice team and the Macmillan nurse to discuss care for patients nearing the end of their life.

Good



### People with long term conditions

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

- There was a structured system to ensure that reviews were carried out for patients who were housebound. The practice nurse and health care assistant had carried out the reviews for 37 out of 57 patients who were identified as being housebound. The remainder were either not at home, in hospital, in respite, or had declined.

Good



### Families, children and young people

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

- Safeguarding procedures had been tightened to ensure that all children of concern had records maintained.
- Regular multi-disciplinary meetings were held to discuss safeguarding concerns. These meetings were attended by the health visitor, the community midwife and members of the practice team.

Good



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

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

- Patients could book routine appointments online as well as by telephone or by attending the practice.
- The practice promoted health screening.

Good



### People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held multi-disciplinary meetings in addition to co-ordinating care through the patient record system.
- A shared care template was used to share information with out of hours services especially regarding vulnerable and special patients who might need access to out of hours care.
- A hearing loop had been installed and was clearly advertised in reception.

## 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).

- Staff had received training in the Mental Capacity Act 2005 and the deprivation of liberty safeguards.
- Two members of staff had received dementia friendly training.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. 274 survey forms were distributed and 109 were returned. This represented a 40% response rate and 1.6% of the practice's patient population. The results showed that the practice was performing in line with local and national averages with the exception of questions relating to GPs' abilities to treat them with care and concern, explain tests and treatments, or involve patients in decisions about their care:

- 73% of patients said that the last GP they saw or spoke to was good at treating them with care and concern. This was below the Clinical Commissioning Group (CCG) and national averages (both 85%).
- 78% of patients said that the last GP they saw or spoke to was good at explaining tests and treatments. This was below the CCG average of 85% and below the national average of 86%.
- 75% of patients said that the last GP they saw or spoke to was good at involving them in decisions about their care. This was below the CCG average of 81% and below the national average of 82%.

The GP partners told us that they were very disappointed with these results and could not explain them. The practice ran their own in-house survey in April 2017 using similar questions. There were 67 respondents (100 questionnaires were distributed for the GP survey). Results showed that:

- 100% of patients said that the GP was very good or good at listening to them.
- 97% of patients said that the GP was very good or good at explaining test results and treatment to them.

- 99% of patients said that the GP was very good or good at involving them in decisions about their care.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards, which were mainly positive about the level of care received. Patients wrote that staff were helpful and friendly and that GPs were caring and respectful. There was one comment about telephone appointments not being suitable for hearing impaired patients.

Seven patients who posted comments on the NHS Choices website in the last year all rated the practice highly. Patients thought that the level of service was excellent. Staff were said to be efficient, friendly and professional.

We spoke with three patients during the inspection, who were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the standard of care. All three patients told us that the communication between GPs and patients was very good and that they received helpful advice about care and treatment options. PPG members thought that their contribution to the practice was valued.

The results from the NHS Friends and Families Test, conducted in April 2017, showed that 38 out of 53 respondents would be extremely likely or likely to recommend the practice.



# The Cheylesmore Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and supported by a GP specialist advisor.

## Background to The Cheylesmore Surgery

The Cheylesmore Surgery is situated in Quinton Park, which is south of the city of Coventry in the West Midlands. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for primary care services to local communities. At the time of our inspection, The Cheylesmore Surgery was providing medical care to 7234 patients.

The practice provides additional GP services commissioned by the NHS Coventry and Rugby Clinical Commissioning Group (CCG). For example, minor surgery. A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

There is direct access to the practice by public transport from surrounding areas. Parking is available on site and on the street outside. Disabled car parking spaces are provided at the front of the practice building and the practice has facilities for disabled patients.

The practice is situated in an area with lower levels of deprivation. The practice has a slightly higher than national average number of children and working age adults in their 30s. It has a slightly higher than average number of retirement age patients.

There are two GP partners (one male, one female) and two salaried GPs (one male, one female). They are supported by the practice manager, a practice nurse, a health care assistant, a phlebotomist (person who takes blood samples) and a reception and administrative team.

The Cheylesmore Surgery is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice.

On weekday mornings the practice is open between 8.30am and 12.30pm. The practice is open in the afternoon from 2pm until 6.20pm, except for Thursdays, when it is open from 2pm until 6pm. Appointments are available during these times. The practice is closed at weekends. Practice staff answer the telephones between 8.30am and 1pm and between 2pm and 6.30pm. West Midlands Ambulance Service (WMAS) provides the GP in-hours answering service from 8am until 8.30am and from 1pm until 2pm (if a GP is required, WMAS will call one of the practice's GPs). Extended hours appointments are available at three practices in Coventry and at one practice in Rugby. The extended hours service is open on weekdays from 6.30pm until 9.30pm, on Saturday mornings from 9am until 12 noon and on Sunday mornings from 10am until 1pm. Pre-bookable appointments are available for the extended hours service with a GP or nurse.

When the practice is closed, there is a recorded message giving details of the NHS 111 out of hours service.

# Detailed findings

## Why we carried out this inspection

We undertook a comprehensive inspection of The Cheylesmore Surgery on 8 and 15 September 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, effective and well led services and as requires improvement for caring and responsive. The practice was placed into special measures for six months. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for The Cheylesmore Surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced comprehensive inspection of The Cheylesmore Surgery on 7 June 2017. This inspection was carried out following the period of special measures to ensure that improvements had been made and to assess whether the practice could come out of special measures.

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

Before our inspection of The Cheylesmore Surgery on 7 June 2017, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We also reviewed nationally published data from sources including the Coventry and Rugby Clinical Commissioning Group, NHS England and the National GP Patient Survey 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of services provided at the practice.

We carried out an announced inspection on 7 June 2017. During our inspection we spoke with members of staff including GPs, a trainee GP, the practice manager, the practice nurse and members of the reception and administration staff. We spoke with three patients during the inspection, all of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. We spoke with the managers of three local care homes.

We 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).

# Are services safe?

## Our findings

**At our previous inspection on 8 and 15 September 2016, we rated the practice as inadequate for providing safe services as the arrangements for recording, actioning and tracking patient safety alerts required strengthening. In addition there was no record of sharing learning points from significant events, multi-disciplinary meetings were not routinely held for safeguarding patients and limited records were held with regard to patient reviews. There was one thermometer for the vaccine fridge, which meant that there was no method of cross-checking the accuracy of the temperature, there was no evidence of shared care protocols and routine checks had not been carried out on locum doctors. There was a decommissioned defibrillator with out of date batteries and key staff were not aware of the business continuity plan.**

**These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing safe services.**

### Safe track record and learning

The system for recording significant events and sharing learning points across the practice team had been strengthened.

- Staff told us that they would tell the practice manager about any incidents and that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.)
- We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received appropriate support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- We reviewed incident reports and saw that discussion of significant events was a standing item on the agenda of clinical and full practice meetings, so that learning points could be shared with the practice team. We

viewed minutes from a practice meeting which detailed the action taken as a result of a significant event and the subsequent learning points that were shared across the team.

- There was a system to act on patient safety alerts. For example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were now received electronically by the practice manager, who sent them to the appropriate GP and practice nurse for action. We viewed the log for recording patient safety alerts and saw that actions were noted. We saw that patient safety alerts were also a standing item on the agenda of practice meetings and we viewed the minutes of a GP meeting where a recent alert had been discussed.

### Overview of safety systems and process

The practice had clearly defined systems, processes and procedures to minimise risks to patient safety.

- We found that the practice had strengthened their safeguarding arrangements for children and vulnerable adults. Arrangements for safeguarding reflected current legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if there was concern over a patient's welfare. There was a lead GP for safeguarding and reports were provided where necessary for other agencies.
- Staff we spoke with showed that they had an awareness of their responsibilities and they confirmed that they had received training on safeguarding children and vulnerable adults relevant to their role. The clinical team were trained to child protection or child safeguarding level three. Regular multi-disciplinary meetings had been introduced which included discussion of safeguarding issues. We saw that discussions at these meetings were documented.
- There was a notice in the reception area which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role by the practice nurse and had received a Disclosure and Barring Service (DBS) check. (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.)

# Are services safe?

## Overview of safety systems and process

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- There was a notice in the reception area which advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role by the practice nurse and had received a Disclosure and Barring Service (DBS) check. (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.)

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. The cleaning had been outsourced to an external contractor and we saw the comprehensive cleaning schedule and logs. We also viewed the log of the monthly audits which were carried out by the contractor's area supervisor.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken

to address any improvements identified as a result. For example, the last audit was carried out in November 2016 and we saw that the dressing trolley had been replaced as a result.

- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. All instruments used for treatment were single use. Suitable locked storage was provided for waste waiting for collection.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The monitoring of patients on high risk medicines had been tightened. We saw that shared care protocols were routinely used. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Uncollected prescriptions were checked on a monthly basis and shown to the GP before destruction in case follow up action was needed. The patient's notes would then be annotated accordingly. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were stored securely and there were systems to monitor their use. We viewed the log for prescription pads. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- Two new refrigerators had been purchased for storing vaccines. Each had a secondary thermometer which was used to cross check that the temperature was within the recommended limits.
- We reviewed three personnel files and saw that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, evidence of satisfactory conduct in previous employment in the form of references, qualifications,

## Are services safe?

registration with the appropriate professional body and appropriate DBS checks. We saw that checklists had been introduced for new GPs, locums and non-clinical staff, so that there would be a record of standard checks having been carried out prior to employment. We were told that locums had not been employed since the last inspection, because cover had been provided in-house. We viewed the recruitment policy and the recruitment qualification checking policy and noted that recruitment procedures were carried out in line with the policies.

### Monitoring risks to patients

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

- There was a health and safety policy available. We saw that a health and safety risk assessment had been carried out in May 2017 and that action had been taken to rectify issues highlighted. For example, cable wire had been purchased to tidy loose cables and wires.
- The practice had an up to date fire risk assessment and carried out fire drills every six months. The most recent drill was carried out in March 2017. There were five designated fire marshals within the practice. The fire evacuation plan included details of how patients with mobility problems who were on the first floor would be helped to vacate the building using the evacuation chair.
- All electrical and clinical equipment was checked and calibrated to ensure that it was safe to use and was in good working order. The last portable equipment testing was carried out in August 2016 and the last calibration test was carried out in November 2016.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure that enough staff were on duty to meet the needs of patients. Staff told us that they covered for each other during periods of leave or absence.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. We saw that the defibrillator batteries were checked once a week and a log maintained. A first aid kit and accident book were available.
- The practice had a business continuity plan for major incidents such as power failure or building damage and all staff we spoke with knew where to find it. The plan included emergency contact numbers for staff. Hard copies were held offsite by the practice manager and GP partners.



# Are services effective?

(for example, treatment is effective)

## Our findings

**At our previous inspection on 8 and 15 September 2016, we rated the practice as inadequate for providing effective services as there was no structured process to keep all staff informed about updates to current guidelines and no clinical audits had been completed within the last two years. In addition, the arrangements for reviewing housebound patients with long term conditions needed strengthening, there was no system for sharing information with out of hours services and not all staff had undertaken training about the requirements of the Mental Capacity Act 2005**

**These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The provider is now rated as good for providing effective services.**

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. New NICE and locally agreed guidelines were discussed at the monthly clinical meetings. GPs also attended the learning events arranged by the Clinical Commissioning Group (CCG), which included discussion of new guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, the practice had carried out an audit on treatment for patients who had had a heart attack, in order to check whether the patients had been prescribed medicines in line with NICE recommendations.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

Data from 2015/16 showed:

- The practice achieved 98% of the total points available. This was 4% above the CCG average and 3% above the national average. Unpublished results from 2016/17 showed that this achievement had been maintained.
- Overall exception reporting was 10% which was 2% above the CCG average and 1% above the national average. (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).
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 81%, which was 3% above the CCG average and 3% above the national average. Exception reporting was 19%, which was 7% above both the CCG and national averages.
- 91% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 5% above the CCG average and 2% above the national average. Exception reporting was 4%, which was 6% below the CCG average and 8% below the national average.

We saw that structured arrangements for the review of housebound patients with long term conditions had been introduced since the last inspection. The practice nurse and health care assistant had carried out the reviews for 37 out of 57 patients who were identified as being housebound. The remainder were either not at home, in hospital, in respite, or had declined.

There was evidence of quality improvement including clinical audit:

- We were shown nine clinical audits which had been undertaken in the last year as part of a quality improvement programme. We noted that the audit of patients prescribed high risk medicines was now carried out on a three monthly basis to ensure that repeat prescriptions were not authorised until appropriate monitoring and reviews had been completed. These regular audits had been introduced as a result of the findings at the last inspection when insufficient monitoring was identified. Repeat audits showed an improvement in monitoring and review.

# Are services effective?

## (for example, treatment is effective)

The practice had adopted a new clinical computer system recently which all the team had learned how to use. All the staff we spoke with said that it was a great improvement on their old system in terms of templates, searches, keeping audit trails of results and tracking subsequent actions.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw evidence that the practice nurse was booked on to a spirometry course.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff we spoke with confirmed that they had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were encouraged to use e-learning training modules and in-house training. We saw that a training log had been introduced since the last inspection, so that staff training needs could be monitored in a systematic way.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services, such as out of hours.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record, which had been introduced since the last inspection. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who might be in need of extra support and signposted them to relevant services. For

# Are services effective?

(for example, treatment is effective)

example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 81%, which was the same as the CCG average and the national average. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice then placed a note on the patient's file if they did not make contact. The practice ensured that a female sample taker was available. There were systems to ensure that results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake for breast cancer screening for women aged 50 to 70 years in the last 36 months was 73%, which was above the CCG and national averages of 70% and 72%

respectively. The uptake for bowel cancer screening for patients aged 60 to 69 years in the last 30 months was 63%, which was above the CCG average of 57% and above the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 94% to 98% and five year olds from 86% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. Health checks had been carried out on 38% of eligible patients. We were informed that the practice was contacting the remainder of eligible patients to invite them to attend for a health check. Specific clinics had been scheduled in order to try and increase the uptake. Patients were also offered health checks on an opportunistic basis.



# Are services caring?

## Our findings

**At our previous inspection on 8 and 15 September 2016, we rated the practice as requires improvement for providing caring services. The results from the National GP Patient Survey published in July 2016 regarding patient involvement in decisions about care and treatment were below average and the practice had not reviewed them to identify areas for improvement. Identification, information and provision of support for carers was limited.**

**These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing caring services.**

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

The majority of the 14 patient Care Quality Commission 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. One patient pointed out that the telephone triage system was not suitable for patients with hearing impairments.

We spoke with three patients, who were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They told us they were satisfied with the care provided by

the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed that patients felt that they were treated with compassion, dignity and respect. The practice had mixed results for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them, which was the same as the Clinical Commissioning Group (CCG) and national averages.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 92% of patients said the nurse was good at listening to them compared with the CCG average of 91% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 92% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

The results of the 2017 National GP Patient Survey had not been published at the time of our inspection, but the practice undertook an in-house survey in April 2017 using similar questions in order to determine whether the situation had improved. The results showed that 100% of patients said that the GP was good at listening to them (67 respondents from 100 questionnaires distributed).

The views of external stakeholders were positive and in line with our findings. For example, the managers of the three

## Are services caring?

local care homes where some of the practice's patients lived told us that the level of care provided by the practice was good and that it was easy to arrange home visits. A GP said that there had been a meeting with staff at one of the homes and that communication had improved considerably since then. This was confirmed by the manager.

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

Patients told us that 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 and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey 2016 showed that results were average or lower than average for questions about patients' involvement in planning and making decisions about their care and treatment. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

The practice was disappointed with these results and could not explain them. In response, the practice decided to run their own in-house survey in April 2017 in order to gauge whether patients' opinions had changed. Results from the practice's own survey showed that:

- 94% of patients said that the GP was good at explaining test results or treatment.

- 99% of patients said that the GP was good at involving them in decisions about their care.

27 patients responded to the practice's survey about the nursing team (30 questionnaires were distributed). Results showed that:

- 100% of patients said that the nurse was good at explaining test results and treatments.
- 100% of patients said that the nurse was good at involving them in decisions about their care.

The practice had produced received in the in-house patient survey. Actions implemented included reducing the length of the telephone answerphone message and having additional staff on duty at peak times to answer the telephones. The practice was hopeful that the National GP Patient Survey 2017 would show an improvement.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available. Reception staff spoke several languages so they were able to help patients who did not speak English as their first language.
- Alerts were placed on patient records if they had a visual or hearing impairment so that staff were aware when the patient required an appointment or treatment.
- The e-referral service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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

A variety of patient information leaflets and notices were provided in the reception area and on the practice website. There were notices in the reception area and on the patient information screen which told patients how to access a number of support groups and organisations, for example, carers and domestic violence. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 161 patients as

## Are services caring?

carers. This represented 2% of the practice list, which was double the number identified at the previous inspection. Written information was available to direct carers to the various avenues of support available to them. Flyers had been put up in reception and there was a message on the patient information screen to encourage patients to register as carers. Information about Carers' Direct was available on the practice website.

Staff told us that if families had experienced bereavement, their usual GP contacted them by telephone. The telephone call was followed up with a letter, which included advice on support services available and an invitation to attend the practice in two to three weeks' time. There was a page with advice on bereavement on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**At our previous inspection on 8 and 15 September 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. There was no hearing loop to support patients with impaired hearing.**

**These arrangements had significantly improved when we undertook a follow up inspection on 7 June 2017. The practice is now rated as good for providing responsive services.**

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Extended hour appointments were available in the evenings and at weekends at three other local practices, which provided extra flexibility for those patients who could not attend during core opening hours. The extended hours service was promoted in the reception area.
- Patients with a learning disability were given as much time as they needed during appointments.
- 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 require same day consultation.
- The practice had just migrated to a different clinical computer system. The facility to send patients text messages was introduced shortly after our inspection.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately. Patients were referred to a travel clinic for those travel vaccines not offered at the practice, for example, rabies and yellow fever.
- There were accessible facilities, including a hearing loop, which had been installed since the last inspection. Interpretation services were available.
- There was lift to the first floor for patients' use.

### Access to the service

On weekday mornings the practice was open between 8.30am and 12.30pm. The practice was open in the afternoon from 2pm until 6.20pm, except for Thursdays, when it was open from 2pm until 6pm. Appointments were available during these times. The practice was closed at weekends. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were also available for patients who needed them. Practice staff answered the telephones between 8.30am and 1pm and between 2pm and 6.30pm. West Midlands Ambulance Service (WMAS) provided the GP in-hours answering service from 8am until 8.30am and from 1pm until 2pm (if a GP was required, WMAS called one of the practice's GPs). Extended hours appointments were available at three practices in Coventry and at one practice in Rugby. The extended hours service was open on weekdays from 6.30pm until 9.30pm, on Saturday mornings from 9am until 12 noon and on Sunday mornings from 10am until 1pm. Pre-bookable appointments were available for the extended hours service with a GP or nurse.

When the practice was closed, there was a recorded message giving details of the NHS 111 out of hours service.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was mainly in line with local and national averages, with the exception of satisfaction with opening hours and waiting times for appointments.

- 70% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 75% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.
- 86% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 85% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 56% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 65%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and that they usually did not have to wait too long.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The patient or carer was telephoned in advance by a GP so that information could be obtained to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits in accordance with the home visits policy, dated March 2017.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system both in reception and on the practice website.

We looked at eight complaints received from January 2016 to March 2017 and found that they were handled in a timely way. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, receptionists were reminded of the need to pass on messages promptly after a message had not been relayed, which resulted in unnecessary action and a patient's relative complained. We saw that discussion about complaints was a standing item on the agenda of practice staff meetings and GP meetings and viewed the minutes of a practice meeting where two complaints had been discussed.

# 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 8 and 15 September 2016, we rated the practice as inadequate for providing well-led services as there was no clear vision or strategy for the practice, systemic weaknesses in the governance structure and no clear leadership arrangements.**

**We found that arrangements had significantly improved when we undertook a follow up inspection of the service on 7 June 2017. The practice is now rated as good for being well-led.**

### Vision and strategy

The practice had a vision to deliver high quality care for patients, as laid down in their Statement of Purpose. Staff we spoke with on the day of the inspection shared this vision.

The two GP partners told us that they did not have a formal business plan, but that they discussed strategy on a regular basis. For example, they had agreed to participate in the new clinical pharmacist service, which would be partly funded by NHS England and the Coventry and Rugby GP Alliance, in order to widen the skillbase of the workforce in the practice. We saw evidence that this service would go ahead, pending confirmation of funding from NHS England.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, minor surgery and long term condition management.
- Practice specific policies were implemented and were available to all staff. Staff we spoke with confirmed that they knew how to access these policies. Staff signed that they had read the policies, so that there was a record of policies having been read and understood. The policies were updated and reviewed regularly.

- A comprehensive understanding of the performance of the practice was maintained through the Quality and Outcomes Framework (QOF). Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, infection control processes, Legionella and fire risk assessments.
- Regular staff meetings had been introduced since the last inspection and we saw that the meetings were documented.
- We saw that significant events, complaints and patient safety alerts were standing agenda items at clinical meetings and at practice meetings. The discussion at meetings enabled lessons to be learned and shared across the practice team.
- Staff were encouraged to report significant events, which were discussed at practice meetings, so that learning points could be shared. We viewed minutes of meetings where these were discussed.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us that they prioritised safe, high quality and compassionate care. Staff told us that the partners and management team were approachable and were always prepared to listen to all members of staff.

The provider was aware of and had 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We saw that the practice had systems to ensure that when things went wrong with care and treatment:

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



# Are services well-led?

Good 

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

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

- The practice held and minuted multi-disciplinary meetings, which included meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt that their contribution to the practice was valued and that they were supported by the partners and management team.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the Patient Participation Group (PPG) and through surveys and complaints received. The PPG met regularly and members were keen to support the practice. A GP and the practice manager always attended the PPG meetings, so that the group was updated on developments within the practice. The

practice produced an action plan in response to the in-house patient survey, which was conducted in April 2017. Actions implemented included reducing the length of the telephone answerphone message and having additional staff on duty at peak times to answer the telephones.

- the NHS Friends and Family test, complaints and compliments received. As a result of feedback, all GP consulting rooms were numbered as well as showing the GP's name.
- staff through staff meetings, appraisals and discussion. Staff told us that they felt comfortable with discussing any concerns or issues with colleagues and the management team. Staff said that they were happy to give feedback and that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice team was keen to diversify their workforce and was participating in the local GP Alliance initiative to provide a pharmacist service at the practice. We saw that a member of staff had enrolled on a spirometry e-learning course, sponsored by the practice. We were told that a GP had enrolled on a course to be a GP trainer. We spoke with a trainee doctor, who said that they were happy working at the practice and that the level of training and mentoring provided was very good.