Westside Medical Centre

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	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

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 Westside Medical Centre on 26 May 2016. The overall rating for the practice was requires improvement. The practice was found to be requires improvement in safe and well-led and good in effective, caring and responsive. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Gallagher and Partners on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection on 5 September 2017. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- Progress had been made in some key areas identified at the previous inspection, but there was still work to be done. For example, the oversight of the nursing team needed to be strengthened.
- Most risks to patients were assessed and managed, but not all were mitigated thoroughly. For example, the infection control audit had not been completed.
- The system for medicines alerts had been improved, but it was not embedded.
- There was a comprehensive policy for recording significant events, but it was not always followed.
- Patients' needs were assessed and care was delivered in line with current evidence based guidance. Staff had received training appropriate to their roles in order to provide them with the skills, knowledge and experience to deliver care and treatment.
- Patients told us that they were treated with kindness, dignity and respect and that they felt involved in their care and decisions about their treatment.
- Non-clinical staff no longer acted as chaperones, with the exception of the practice manager and assistant reception manager, who had had Disclosure and Barring Service (DBS) checks.
- The percentage of carers identified had decreased from 2% to 1% since the previous inspection.
- Policies and procedures were regularly updated.
- Information about services and how to complain was available and easy to understand.
- The practice was located in purpose-built premises and had good facilities.

Summary of findings

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

The provider should:

- Review the system for tracking prescriptions in the practice to ensure that it is embedded.
- Review the policy and process for uncollected prescriptions to include referring to a GP before destruction.
- Review the system for cascading patient safety alerts to staff.
- Review the system for monitoring patients on high risk medicines.
- Review the system for sharing the learning from significant events with all staff.
- Review the effectiveness of the system for identifying carers so that they can be offered appropriate support.
- Review the procedure for determining and documenting whether DBS checks are transferable for individual members of staff and whether DBS checks are required for non-clinical members of staff.
- Review the National GP Patient Survey results to improve patients' satisfaction especially with regard to getting through to the practice by telephone and the GP/patient interaction.

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?

Requires improvement

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

- There was a system for reporting and recording significant events and staff knew how to raise concerns and to report incidents. Two significant events were recorded in the last year, which did not include the flood or the break-in that had occurred at the practice. We saw evidence that significant events were discussed with relevant staff and that appropriate action was taken, but there was not a system for ensuring that all staff were aware of learning points.
- We saw that patients who raised complaints received support, an explanation of the sequence of events and a written or verbal apology. They were told about any actions to improve processes to prevent a recurrence.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had systems, processes and practices to minimise risks to patient safety, but they were not always fully implemented. For example, the system for ensuring that shared care protocols were documented in patients' medical records needed strengthening.
- Prescriptions were not tracked in the practice, but this was rectified immediately it was pointed out.
- There was a policy for uncollected prescriptions, but it did not include referring uncollected prescriptions to a GP before destruction and this was not done. The monthly checks were not sufficiently thorough. For example, on the day of the inspection we found an uncollected prescription with a July 2017 date on it.
- There was an infection control lead, but the most recent infection control audit, dated August 2017, had not been completed.
- A member of the clinical staff who also acted as a chaperone had a Disclosure and Barring Service (DBS) certificate from a previous healthcare environment, but a formal risk assessment had not been carried out to determine whether this was transferable or not.
- A formal risk assessment had not been carried out to determine whether new members of non-clinical staff required a DBS check or not.

Summary of findings

- The practice employed a healthcare assistant who was trained to administer vaccines. We were told that the healthcare assistant administered vaccines under the direction of a GP, but we did not see any Patient Specific Directives (PSDs) on the day of the inspection. The PSD policy and an example of a PSD signed by a prescriber were subsequently provided.
- The practice had clearly defined arrangements to enable them to respond to emergencies and major incidents.
- There were sufficient staff on duty to keep patients safe.
- The practice was visibly clean and tidy.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2015/16 showed that patient outcomes were at or above average compared to the national average. Unpublished data from 2016/17 showed that the practice had improved on this result, with an overall achievement of 98%.
- There were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement to patient care and treatment.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff had annual appraisals which included personal development plans.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2017 showed that patients rated the level of service similar to others for most aspects of care. Scores had dropped in the area of GP/patient interaction; we were told that this would be discussed at the next practice meeting.
- Patients told us that the GPs and nurses were very caring and treated them with dignity and respect.
- The percentage of carers identified had decreased from 2% to 1% since the last inspection.
- Patient information about the services provided was easy to understand and accessible.

Summary of findings

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients told us that they appreciated the continuity of care.
- Managers of local care homes commented on the caring attitude of the GPs.
- Appointments could be booked online and urgent appointments were available the same day.
- We saw that complaints were logged, thoroughly investigated and learning points discussed at practice meetings.
- The telephone access score result in the National GP Patient Survey published in 2017 had deteriorated from the 2016 result. The practice was monitoring the telephone response times.
- The practice was located in purpose-built premises and had good facilities. It had recently been extended and was well equipped to treat patients and meet their needs.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services.

- The practice had worked to improve governance and oversight in the team, but this area needed further attention. Oversight in the nursing team was identified as requiring improvement at the last inspection and we found that insufficient improvement had been made in this area. For example, the infection control audit, dated August 2017, had only covered three rooms in the building.
- Nursing staff we spoke with were not aware of recent patient safety alerts.
- No Patient Specific Directives (PSDs) were available to view on the day of the inspection, although the healthcare assistant administered vaccines. The practice told us that PSDs were routinely used. The PSD policy and an example of a signed PSD were subsequently provided.
- The provision of policies and procedures for Human Resources and health and safety had been outsourced to an independent consultancy firm.
- We saw evidence of succession planning and widening skill base of the practice team. For example, an advanced nurse practitioner was now employed.
- The GP partners reviewed the practice's performance and decided on future strategy.
- Regular multi-disciplinary, clinical and whole practice meetings took place.
- Quality improvement activities, such as regular clinical audits, were carried out in order to improve patient outcomes.

Summary of findings

- 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, telephone call waiting times were monitored as a result of patient complaints.
- The practice was a research host practice.
- There had been a change in the leadership within the practice in anticipation of the impending retirement of a GP partner. We saw that initiatives with the local community were being explored. For example, the practice had successfully piloted the integrated neighbour scheme, which was going to be rolled out across other practices in the local area. The scheme involved local organisations such as social services and mental health services in the care of patients.

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

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The Quality and Outcome Framework (QOF) data for 2015/16 showed that 90% of patients with diabetes had received a foot examination and risk classification for monitoring their conditions, which was 1% above the CCG average and 2% above the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and an annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice maintained a register for patients who required palliative care. Home visits and same day appointments were offered to these patients, who often had multiple conditions.
- Regular multi-disciplinary meetings were held during which treatment for patients on the palliative care register was discussed.

Summary of findings

- The nursing team provided lifestyle support (smoking cessation, weight loss) and the NHS Health Checks.
- Information about a range of long term conditions was available on the practice website. This included links to support organisations.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- There were systems 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 relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We were told that staff made young people feel safe and supported.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- 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 offered a full range of health promotion and screening that reflected the needs for this age group.
- Online booking enabled patients to book routine GP appointments at a time to suit them.
- Repeat prescriptions could be requested online at any time, which was more convenient for patients.
- Extended hours were provided on Saturday mornings, which gave flexibility to patients who could not attend during normal

Summary of findings

surgery hours. Patients could attend the extended hours service, which was provided by the Coventry and Rugby GP Alliance. This service opened from 6.30pm until 9pm on weekdays and all day at the weekends.
- Patients could also book routine appointments up to three weeks in advance.
- Patients could sign up to receive text messages for appointment reminders and health care.
- NHS Health Checks were offered by the nursing team, who also gave advice on smoking cessation, weight loss and exercise.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were available for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- A patient contract had been introduced for patients who were being prescribed large amounts of sedatives in order to help them steadily reduce the amount of medicine needed. The contract stated that weekly prescriptions would be sent directly to the patient's nominated pharmacy and standards of behaviour expected in the practice were made clear.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff had received training and 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.
- Information about support for abuse was discreetly displayed.
- A GP with special interest in substance misuse was studying for a diploma in this field.
- The practice gave food vouchers to patients in need.

Summary of findings

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for providing safe and well-led services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 4% above the CCG average and 2% above the national average.
- Data from the QOF achievement for 2015/16 showed that 93% of patients with poor mental health had a care plan documented in the past 12 months, which was 8% above the CCG average and 5% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- Patients experiencing poor mental health were given advice about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients could self-refer or be referred to the Improving Access to Psychological Therapies (IAPT) programme counsellor who held a weekly clinic at the practice. The IAPT was an NHS initiative to provide better access to psychological therapies by increasing the provision of evidence based treatments for anxiety and depression.
- An Admiral Nurse supported patients with dementia and their families. The Admiral Nurse was funded by Dementia UK.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published in July 2017. 229 survey forms were distributed and 99 were returned. This represented a 43% response rate and 1% 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 explain tests and treatments, getting through to the practice by telephone and recommending the practice to someone new to the area:

- 83% of patients said that the last GP they saw or spoke to was good at treating them with care and concern. This was in line with the Clinical Commissioning Group (CCG) average of 84% and the national average of 86%.
- 81% of patients described their overall experience of this practice as good which was in line with the CCG and national averages of 83% and 85% respectively.
- 83% of patients said that they were able to get an appointment to see or speak to someone the last time they tried, which was the same as the CCG average and in line with the national average of 84%.
- 67% of patients would recommend this practice to someone new to the area, which was lower than the CCG average of 74% and the national average of 77%.

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. PPG members thought that their contribution to the practice was valued.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection and we received three. Patients wrote on the cards that staff were professional and friendly and that GPs took the time to listen to their concerns.

Four patients posted comments on the NHS Choices website in the last year. Although staff were said to be professional and friendly, patients were unhappy about the difficulty in making appointments and in getting through to the practice by telephone. The practice had replied to all the comments and explained the measures taken to try to improve these issues. For example, the practice was looking at ways to improve patient access and was monitoring the telephone response times. Successful GP recruitment meant that four additional clinical sessions could be provided each week, which the practice hoped would ease the access problems.

Results from the Friends and Families Test, conducted in August 2017, showed that 92% of patients would be extremely likely or likely to recommend the practice (65 respondents).

Areas for improvement

Action the service SHOULD take to improve

- Review the system for tracking prescriptions in the practice to ensure that it is embedded.
- Review the policy and process for uncollected prescriptions to include referring to a GP before destruction.
- Review the system for conducting infection and prevention control audits on a regular basis to ensure that all areas of the practice are inspected and that appropriate action is taken where necessary.
- Review the system for cascading patient safety alerts to staff.
- Review the system for monitoring patients on high risk medicines.
- Review the system for sharing the learning from significant events with all staff.
- Review the effectiveness of the system for identifying carers so that they can be offered appropriate support.
- Review the procedure for determining and documenting whether Disclosure and Barring Service (DBS) checks are transferable for individual members of staff and whether DBS checks are required for non-clinical members of staff.

Summary of findings

- Review the National GP Patient Survey results to improve patients' satisfaction especially with regard to getting through to the practice by telephone and the GP/patient interaction.

Westside Medical Centre

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 CQC deputy chief inspector, a GP specialist advisor and a practice nurse specialist advisor.

Background to Westside Medical Centre

Westside Medical Centre is registered with the Care Quality Commission (CQC) as a partnership provider. The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection Westside Medical Centre (previously known as Dr Gallagher and partners) were providing medical care to 11,256 patients.

Westside Medical Centre is situated in a purpose built building, which is shared with another GP practice, Bennfield Surgery. The practice occupies the ground floor and first floor of the building, which is close to Rugby town centre.

There is a patient car park at the rear of the building and a bus stop just outside on the main street. Pay and display public car parks are nearby.

The practice has five GP partners (one male and four female) and a salaried GP. The GPs are supported by a practice manager, an advanced nurse practitioner, three practice nurses, a health care assistant and administrative and reception staff.

Westside Medical Centre is an approved training practice for doctors who wish to become GPs, but there are no trainee GPs currently at the practice. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ trainee GPs and the practice must have at least one approved GP trainer.

The practice is open from 8.30am to 6pm on Mondays to Fridays. Extended hours are offered on Saturday mornings with a GP or a nurse between 8am and 11am. Urgent appointments are available via telephone triage from 8.30am to 10.15am on Mondays and days following bank holidays and from 8.30am to 9.15 on other weekday mornings. West Midlands Ambulance Service answers telephone calls between 8am and 8.30am. The practice answers telephone calls between 6pm and 6.30pm. Patients are directed to the NHS 111 service from 6.30pm to 8.30am. The practice participates in the extended hours service, which is provided by the Coventry and Rugby GP Alliance. This service opens from 6.30pm until 9pm on weekdays and all day at the weekends.

Home visits are available for patients who are housebound or too ill to attend the practice. Patients are able to register for online services to book routine appointments with a GP or to order repeat prescriptions.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Westside Medical Centre on 26 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well led services and

was rated as good for effective, caring and responsive. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Gallagher and Partners on our website at www.cqc.org.uk.

We undertook an announced comprehensive inspection of Westside Medical Centre on 5 September 2017 to check that action had been taken to comply with legal requirements.

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 Westside Medical Centre on 5 September 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 2017.

During our inspection we:

- Spoke with a range of staff (GPs, the practice manager, the assistant reception manager, members of the nursing team, members of the reception and administrative teams) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the level of services provided at the practice.
- Looked at information the practice used to deliver care and treatment plans.

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).

Requires improvement

Are services safe?

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of cleanliness and infection control were not adequate.

These arrangements had not improved sufficiently when we undertook a follow up inspection on 5 September 2017. The practice is rated as requires improvement for providing safe services.

Safe track record and learning

There was a system for recording significant events and sharing learning points across the practice team but it was not embedded.

- 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.)
- There was a comprehensive significant events policy, which detailed the range of events that could be classified as significant events, but we noted that only two had been recorded in the past year. The recent flood and break-in at the practice were not included, although they were major incidents. We were subsequently shown the report of the flood and saw that action was taken as a result. For example, emergency contact numbers for utility companies were added to the disaster recovery plan.
- We were told that significant events were discussed at the monthly clinical meetings. We saw evidence that the practice manager circulated the action plans and learning outcomes to relevant staff.
- 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.
- There was a system to act on patient safety alerts. For example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were sent to the generic practice email address and forwarded by the practice manager to the GPs. The prescribing lead was responsible for actioning alerts as necessary. We viewed the electronic log for recording patient safety alerts and saw that appropriate actions were taken and annotated on the log. Hard copies of alerts were also kept. Although there was a system for receiving alerts and actioning them, not all clinical staff we spoke with were aware of recent alerts.

Overview of safety systems and process

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

- Arrangements for safeguarding adults and children 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 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.)

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 cleaning schedule and logs.
- One of the practice nurses 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. We noted that issues identified at the May 2016 audit had been rectified. For example, eye protection was now available. An infection control audit, which was started in August 2017, had not been completed, but action had been taken to rectify issues identified in the rooms which had been inspected. For example, a cupboard lock had been mended.

- There was a needle stick 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 strengthened, but adjustments still needed to be made. We saw that shared care protocols were used, but not always documented in patients' medical records. The practice was carrying out repeat audits to ensure that shared care agreements were correctly recorded in patients' medical notes. Repeat prescriptions for high risk medicines were authorised after review on an ad hoc basis. 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 but we noted that they were not shown to a GP before destruction to check whether follow up action was needed. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were stored securely, but not tracked within the practice. A system to track prescriptions was put in place immediately the issue was highlighted. 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, but we were unable to see any patient specific prescriptions or directions from a prescriber on the day of the inspection. We were told that Patient Specific Directions (PSDs) were routinely used. The PSD policy and an example of a PSD signed a prescriber were subsequently provided.
- We reviewed five 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, registration with the appropriate professional body and appropriate DBS checks. We noted that a member of the clinical staff who also acted as a chaperone had a DBS certificate from a previous healthcare environment, but a formal risk assessment had not been carried out to determine whether this was transferable or not. We were told that the practice had considered the risk of not having DBS checks carried out for new members of non-clinical staff, but that the decision had not been formally documented.

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. Responsibility for drawing up health and safety policies and action plans had been outsourced to an external company. We were shown an action plan, dated March 2017, that raised issues for attention. For example, protective gloves were now available in reception for staff who handled patient samples.
- The practice had an up to date fire safety assessment and carried out regular fire drills. The most recent drill was carried out in April 2017. There were two designated fire marshals within the practice.
- 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 2017and the last calibration tests were carried out in April and August 2017.
- 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). The risk assessment for legionella was dated April 2017 (it was in draft format at the last inspection).

- 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 and a separate alarm 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. A first aid kit and accident book were available.
- The practice had a disaster recovery 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 key members of staff. GP partners held electronic copies and a copy was kept in the emergency box. Each member of staff had a credit card size list of contact details for staff for use in an emergency.

Good

Are services effective?

(for example, treatment is effective)

Our findings

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.
- 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 medicines used to treat patients with osteoporosis in order to check that the medicines had been prescribed in accordance 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 96% of the total points available. This was 1% above both the Clinical Commissioning Group (CCG) and the national averages. Unpublished results from 2016/17 showed that this achievement had increased to 98%.
- Overall exception reporting was 9% which was the same as the CCG average and 1% below 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 practice was not an outlier for any QOF (or other clinical targets). For example:

- 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 83%, which was 5% above both the CCG and national averages.
- 93% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was 8% above the CCG average and 5% above the national average.

There was evidence of quality improvement including clinical audit:

- We were shown five clinical audits which had been undertaken in the last year as part of a quality improvement programme. Four audits were complete cycle audits and the fifth was due to be repeated. The audits evidenced improvement to patient outcomes, For example, an audit had been carried out on the number of patients who had shared care agreements with the local hospital. In the first audit, 22% of these patients had the agreement documented; this increased to 38% on the second audit a month later and was due to be repeated.

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. We saw that new members of staff were assigned a practice trainer, who supervised the induction process.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- 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.

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were encouraged to use e-learning training modules and in-house training.
- Clinical staff had expertise in different areas which meant that they could share their knowledge with colleagues. For example, a GP with special interest in substance misuse was studying for a diploma in this field.

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. 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.
- 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 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. 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 81%, 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 56%, which was in line with 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 98% to 99% and five year olds from 97% to 99%.

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.

Good

Are services caring?

Our findings

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.
- Music was played in the reception area to enhance confidentiality.
- 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 three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that staff were professional and friendly and that GPs took the time to listen to their concerns.

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 that they thought that the staff were extremely caring and reassuring and that GPs had an excellent rapport with patients.

Results from the National GP Patient Survey published in July 2017 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:

- 85% of patients said the GP was good at listening to them, compared with the Clinical Commissioning Group (CCG) average of 87% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 90% 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 and the national averages of 97%.
- 91% 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%.
- 84% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% and the national average of 87%.

The views of external stakeholders were positive and in line with our findings. For example, the managers of the four 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. We were told that the GPs were very supportive and understanding with the patients and their families.

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.

Patients told us that children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the National GP Patient Survey 2017 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:

Good

Are services caring?

- 77% 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%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% 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%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and the national averages of 85%.

We were told that GPs had been made aware of patients' response to the question about explaining test and treatments and that this issue would be discussed at the next practice meeting.

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.
- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers. This represented 1% of the practice list, which was half the percentage identified at the previous inspection. The practice could not explain the reason for the reduction. Written information was available to direct carers to the various avenues of support available to them. Information about Carers' Direct was available on the practice website.

Staff told us that if families had experienced bereavement, a letter of condolence was sent and a GP would give advice on support services available. There was a page with advice on bereavement on the practice website.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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, 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.
- 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. Interpretation services were available.
- There was a lift to the first floor for patients' use.

Access to the service

The practice was open from 8.30am to 6pm on Mondays to Fridays. Extended hours were offered on Saturday mornings with a GP or a nurse between 8am and 11am. Urgent appointments were available via telephone triage from 8.30am to 10.15am on Mondays and days following bank holidays and from 8.30am to 9.15 on other weekday mornings. West Midlands Ambulance Service answered telephone calls between 8am and 8.30am. The practice answered telephone calls between 6pm and 6.30pm. Patients were directed to the NHS 111 service from 6.30pm to 8.30am. The practice participated in the extended hours service, which was provided by the Coventry and Rugby GP Alliance. This service opened from 6.30pm until 9pm on weekdays and all day at the weekends. Routine appointments could be booked up to three weeks in advance.

Results from the National GP Patient Survey published in July 2017 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 getting through to the practice by telephone and the ability of GPs to explain tests and treatments.

- 75% of patients were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) and the national averages of 76%.
- 58% of patients said they could get through easily to the practice by telephone compared to the CCG and the national averages of 71%.
- 83% 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 84%.
- 79% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 65% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 70% of patients said they did not normally have to wait too long to be seen compared with the CCG average of 61% and the national average of 64%.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them and that they did not have to wait too long. The practice had started to monitor the telephone response times as a result of patient complaints. We looked at the results for a typical day and saw that the practice had received 197 telephone calls, which were answered in an average time of just under four minutes.

We saw that the practice was due to discuss the survey results at the next practice meeting.

The practice had a system to assess:

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

Patients who wanted to request a home visit were asked to telephone the practice before mid-day whenever possible. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

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 29 complaints received in the previous 12 months 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 in accordance with the practice's complaints policy.

Are services well-led?

Requires improvement

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

Our findings

At our previous inspection on 26 May 2016, we rated the practice as requires improvement for providing well-led services as there was no overarching governance structure and no clear leadership arrangements.

We found that arrangements had not significantly improved when we undertook an inspection of the service on 5 September 2017. The practice is rated as requires improvement for being well-led.

Vision and strategy

The partners and management team described the patient centred ethos of the practice and staff we spoke with confirmed that they worked to deliver a level of service that reflected this ethos.

We saw evidence of succession planning and widening skill base of the practice team. For example, two extra clinical rooms had been built in anticipation of increasing patient numbers and an advanced nurse practitioner was now employed.

In response to complaints about access to GPs, the practice had altered their appointment system and also provided four additional GP sessions per week.

Governance arrangements

The arrangements to enable good governance and oversight were not always effective. For example:

- There was a system to receive, action and circulate patient safety alerts, but staff we spoke with were unable to name any. We viewed the patient safety alert log and saw that appropriate actions were taken and annotated.
- There was a comprehensive policy for significant events, but recorded events were limited. For example, a report had been written about the recent flood, but it was not classed as a significant event. We noted that appropriate actions were taken as a result of the two incidents that were recorded as significant events and that staff were informed of the learning outcomes.
- There was a comprehensive range of policies and procedures on the practice's intranet. The policies and procedures were regularly updated. Staff we spoke with confirmed that they knew how to access these policies.
- There were appropriate arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions. For example, legionella and fire safety assessments. However, the infection control audit, dated August 2017, was incomplete.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- The quality improvement programme included regular audits.
- Prescriptions were not tracked in the practice until the need to do so was pointed out during the inspection. The system for uncollected prescriptions was not consistently followed. Uncollected prescriptions were not passed to a GP before destruction.

Leadership and culture

On the day of the 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. The leadership team demonstrated a commitment for change and improvement, but key changes in the team were relatively recent and several plans for future developments were still in progress. 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.

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

Are services well-led?

Requires improvement

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

- 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.
- The GP partners and practice manager, reception manager and the advanced nurse practitioner met weekly.
- 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 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.
- Staff we spoke with said that they appreciated the social events that were arranged and we noted that members of the reception team nominated each other for the Star of the Week award.

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. We were told that the PPG considered its role to be that of a critical friend to the practice. A GP and the practice manager attended the PPG meetings, so that the group was updated on developments within the practice. The PPG was running a patient survey at the time of the inspection in order to gauge opinions regarding the level of service provision.
- The NHS Friends and Family test, complaints and compliments received.
- 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.
- Healthwatch Enter and View report, dated November 2016. The practice responded to recommendations made in the report. For example, music was now played in reception to protect patients' confidentiality and the practice's opening times were clearly displayed in reception.

Continuous improvement

The practice was part of the National Institute for Health Research primary care clinical research network and was a host practice for various studies including cancer diagnosis.

The practice was improving collaboration with other services locally and had successfully piloted the integrated neighbour scheme, which was going to be rolled out across other practices in the local area. The scheme involved local organisations such as social services and mental health services in the care of patients.