

Longford Primary Care 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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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 Longford Primary Care Centre on 7 June 2016. Overall the practice is rated as requires improvement.

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

- Staff knew how to raise concerns and report incidents and near misses. Significant events were investigated and we saw that these were a standing item on the practice's monthly GP meeting agendas. We reviewed details of significant events that had taken place during the past year and saw that appropriate action had been taken by the practice.
- The practice was operating with a reduced number of GPs due to two partners having passed away and a third having recently resigned. The practice was in the process of recruiting a new GP partner and had made

arrangements to ensure the number and mix of staff on duty met patients' needs as far as was possible, however the shortage of GPs represented a significant challenge in meeting the demand for services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than average compared to local and national averages. Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- Patients we spoke with said they had enough time with the GP, but commented that it could be difficult to make an appointment. The National GP Patient Survey showed that not all patients were satisfied with how they were treated. The practice was above average for its satisfaction scores on consultations with nurses; whereas scores for GPs, reception staff, and appointment access were generally below average.

Summary of findings

- While GP meetings were held monthly to discuss significant events, complaints, and clinical issues; the practice did not hold regular meetings that included all staff.

The areas where the provider must make improvements are:

- Ensure there are effective systems in place to assess and monitor the emergency medicines in stock, enabling clinicians to respond appropriately in the event of a medical emergency.
- Assure itself that a suitable health and safety risk assessment has been carried out for the premises in which it operates.
- Ensure the system for managing high risk medicines is effective and keeps patients safe.

In addition the provider should:

- Review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.
- Improve the system for identifying and supporting carers.
- Carry out a systemic and targeted programme of clinical quality improvement such as full cycle clinical audits to monitor and improve outcomes for patients.

- Continue to encourage patients to engage with cervical, breast and bowel screening programmes.
- Review messaging for patients to ensure that arrangements for use of the branch surgery when the main site is closed are clear.
- Record and investigate verbal complaints.
- Assure itself that long serving members of staff remain suitable to work with patients.
- Review staff files to ensure that information held about staff members is complete.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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 inadequate for providing safe services as there are areas where improvements must be made.

- A suitable health and safety policy was available, but the practice could not provide any assurance that a health and safety risk assessment been carried out for the premises.
- The practice did not undertake audits of prescribing to ensure they followed best practice guidelines for safety.
- We found gaps in information contained in two staff files.
- The practice did not store an adequate supply of emergency medicines on site and had not completed a risk assessment to indicate what action would be taken in an emergency situation in the absence of these medicines. This was addressed by the practice following our inspection. Some of the emergency equipment available was out of date.
- The practice had applied processes for dealing with repeat prescriptions and reviewing high risk medicines, but records showed that some patients who were prescribed high risk medicines had not attended for a blood test within the target period and the practice had not taken steps to do all that was reasonably practical to mitigate this risk.
- The practice received safety alerts from external agencies which were circulated to staff and discussed informally, but there was no system to ensure any alerts requiring action were responded to.
- Staff knew how to raise concerns and report incidents and near misses. Significant events were investigated and we saw that these were a standing item on the practice's monthly GP meeting agendas. We reviewed details of significant events that had taken place during the past year and saw that appropriate action had been taken by the practice.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a written apology.
- Staff we spoke with had a good understanding of their safeguarding responsibilities and knew how to report incidents. The practice had robust procedures and measures in place to keep patients safe and help protect them from abuse.

Inadequate



Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than CCG and national averages.
- The outcomes of patients' care and treatment were not always monitored regularly. Limited clinical audits were carried out to improve care, treatment and people's outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs in the practice had lead roles across a range of areas and training was monitored and updated consistently. Staff communicated well as a team to deliver personalised care to patients.
- There was evidence of appraisal for all staff. Staff we spoke with expressed confidence in using appraisal as an opportunity to progress.
- There was a commitment to collaborating with healthcare professionals from external services to understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers (less than 1% of the practice's patient list). Written information was available to direct carers to the various avenues of support available to them, but the practice was not proactive in identifying carers in order to ensure they received support.
- The National GP Patient Survey, published in January and July 2016, showed that not all patients were satisfied with how they were treated. The practice was above average for its satisfaction scores on consultations with nurses; whereas scores for GPs, reception staff, and appointment access were generally below average.
- Patients told us they had enough time with the GP and that appointments usually ran on time. They commented that it could be difficult to get through on the phone but they were always able to get an appointment if they needed one. Patients felt involved in their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Summary of findings

- Staff at three local care homes described the service the practice provided to people as good. Staff commented that the GPs were very responsive, respectful and patient.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered telephone consultations to assist those unable to attend during opening hours. Longer appointments were available for patients who required these and same day appointments were provided for children and urgent cases.
- Patients' satisfaction with how they could access care and treatment was mixed. People told us on the day of the inspection that they were able to get appointments when they needed them but often found it difficult to get through to the practice by phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. We looked at ten complaints received in the last 12 months and found these were satisfactorily handled. Actions and learning points from complaints were recorded and these were revisited at an annual complaint review.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led as there are areas where improvements must be made.

- The practice did not have effective systems to enable them to identify, assess and mitigate risk. For example in relation to recruitment of staff, managing the availability of emergency medicines and monitoring actions taken in respect of safety alerts and reviewing patients prescribed high risk medicines.
- The practice operated in premises provided by NHS Property Services but had no system to identify whether a health and safety risk assessment of the building had been carried out..
- The practice systems to enable the provider to assess and monitor the quality of the service being provided were not

Requires improvement



Summary of findings

effective. For example there was no system to identify areas for audit and improvement and there was no clear plan to address the areas of significantly lower performance in respect of clinical indicators.

- Practice staff had a clear understanding of their own remits and felt supported by management and the wider team in meeting these.
- GP meetings were held monthly to discuss significant events, complaints, and clinical issues. The practice did not hold regular meetings that included all staff.
- The provider was aware of and complied with the requirements of the duty of candour. The practice manager encouraged a culture of openness and honesty.

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 requires improvement for the care of older people. The practice is rated as inadequate for safe and requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement affected all patients including this population group. There were also examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits, longer appointments and priority appointments for those with enhanced needs.
- The practice was responsive and caring towards older patients living in local care homes. Staff at the care homes told us that residents registered with the practice received visits on request, and were treated in a patient and courteous way. The GP also carried out reviews of medicines.
- The practice offered health and flu vaccinations to patients aged over 75.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the number of emergency admissions for 19 ambulatory care sensitive conditions was 21 per 1,000 population compared to the CCG average of 13 and the national average of 15.
- The practice held monthly multidisciplinary care team meetings which the district nurses attended to discuss older patients who received home visits.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as inadequate for safe and requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were also examples of good practice.

- The practice offered combined clinics to patients who had multiple long term conditions.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- Clinicians had lead roles in managing long term conditions such as diabetes, and liaised with a diabetes consultant and Diabetes UK. Patients had access to a diabetes specialist nurse and a dietician through the practice.
- The practice had participated in an affordable warmth project targeted at improving living conditions for people with chronic obstructive pulmonary disease.
- Performance for indicators related to long term conditions was below average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within an acceptable range was 51%, significantly lower than the CCG average of 79% and the national average of 78%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 72%, lower than the CCG figure of 92% and the national 90%. The percentage of patients with hypertension in whom the last blood pressure reading measured within an acceptable range in the preceding 12 months was 65%, 19% below both CCG and national averages.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice is rated as inadequate for safe and requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were also examples of good practice.

- Appointments were available outside of school hours and the practice offered same day appointments for children.
- The practice liaised with local health visitors to coordinate care for families, and the practice used alerts to identify children on their child protection and safeguarding registers.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 99%, similar to the CCG range of 82% to 99%. Immunisation for five year olds ranged from 94% to 100%, in line with the CCG averages of 93% to 98%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice is rated as inadequate for safe and requires

Requires improvement



Summary of findings

improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were also examples of good practice.

- Telephone appointments were available to provide flexibility.
- Patients could register with the online booking service to book routine GP appointment and order repeat prescriptions at a time that was convenient for them.
- Appointments were pre-bookable two weeks in advance as well as on the day.
- 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.
- The practice's uptake for the cervical screening programme was 64%, which was significantly lower than the CCG average of 73% and the national average of 82%. They explained how they encouraged uptake of the screening programme by offering appointments on a variety of dates and times and ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice did not offer any extended opening hours to assist patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for safe and requires improvement for effective, caring, responsive and well led. The issues identified as requiring improvement overall affected all patients including this population group. There were also examples of good practice.

- There were longer appointments available for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of patients living in circumstances that made them vulnerable.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had no travellers or homeless people on their patient list at the time of our visit but explained they would register and people from these groups as temporary or permanent patients.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia) as there are improvements that must be made.

- Performance for mental health related indicators were also consistently below the national average. For instance, only 8% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was substantially lower than the CCG average of 84% and the national average result of 88%.
- 71% of patients with schizophrenia, bipolar affective disorder and other psychosis had had their alcohol consumption had been recorded in the previous 12 months, compared with a 90% average across the CCG and nationally.
- 75% of patients diagnosed with dementia had had a face-to-face review in the previous 12 months, compared with the CCG average of 82% and 84% nationally.
- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to patients experiencing poor mental health, including those with dementia.
- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations.
- The practice had recently undergone a building survey by a local dementia lead to see how dementia friendly it was. The dementia lead had made a number of suggestions for improvements which the practice was considering, such as coloured grab rails. As a result of this experience the practice had an increased awareness of dementia needs and had arranged for staff to undergo dementia friends training.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results reviewed during the inspection were published in January 2016. The results showed the practice was mixed. 341 survey forms were distributed and 113 were returned. This represented 1% of the practice's patient list. Since the inspection visit we have also reviewed GP patient survey results published in July 2016, which showed that some results had improved and others had deteriorated.

- In the results published in January, 73% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 73%. The practice results published in July were in line with this, at 76% compared to the CCG 73% and the national 73%.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 73% and the national average of 76%. This result had improved significantly by July 2016, at which time 80% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%. Results published in July were slightly lower for the practice at 67% compared to the CCGs average of 84% and the national average of 85%.

- 63% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%. This figure had deteriorated by the July results, at which time only 49% of patients said they would recommend this GP practice to someone new to the local area. This was lower than the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card, which was positive about the standard of care received, particularly commenting on the friendliness of staff and good appointment availability.

We spoke with five patients during the inspection. All five patients gave positive feedback about the care they had received. Each patient we asked said they had enough time with the GP and that appointments usually ran on time. They commented that it could be difficult to get through on the phone but they were always able to get an appointment if they needed one. Patients felt involved in their care and treatment. Patient opinions regarding staff attitudes were mixed.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there are effective systems in place to assess and monitor the emergency medicines in stock, enabling clinicians to respond appropriately in the event of a medical emergency.
- Assure itself that a suitable health and safety risk assessment has been carried out for the premises in which it operates.
- Ensure the system for managing high risk medicines is effective and keeps patients safe.

Action the service **SHOULD** take to improve

- Review and strengthen its overall system for monitoring responses to safety alerts to ensure that any required actions are addressed.
- Improve the system for identifying and supporting carers.
- Carry out a systemic and targeted programme of clinical quality improvement such as full cycle clinical audits to monitor and improve outcomes for patients.

Summary of findings

- Continue to encourage patients to engage with cervical, breast and bowel screening programmes.
- Review messaging for patients to ensure that arrangements for use of the branch surgery when the main site is closed are clear.
- Record and investigate verbal complaints.
- Assure itself that long serving members of staff remain suitable to work with patients.
- Review staff files to ensure that information held about staff members is complete.

Longford Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Longford Primary Care Centre

Longford Primary Care Centre provides primary healthcare services to patients in the Longford area of Coventry under a General Medical Services (GMS) contract with NHS England.

The practice is based within the Longford Primary Care Centre and shares modern facilities with other local health services. The building has a car park and accessible facilities for patients with disabilities.

The practice has one branch surgery located at Bell Green Health Centre in the Bell Green area of Coventry. The branch was not visited as part of this inspection.

Longford Primary Care Centre has a patient list size of 7,949 including some patients who live in four local care homes. The patient population age range is broadly in line with the national average, and there is a high level of social deprivation and a shorter than average life expectancy in the locality. The practice patient list includes 32% of patients from black and minority ethnic backgrounds, which is higher than the national average. There is also a slightly higher than average population receiving Disability Living Allowance, and a larger than average Sikh community.

The practice has expanded its contracted obligations to provide some enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers the childhood vaccination and immunisation scheme and minor surgery.

The practice partnership currently consists of two GPs. The practice is operating with a reduced number of GPs and uses a locum GP on a regular basis. This represents a significant challenge, and the practice is currently in the process of recruiting a third GP partner. The clinical team also includes three female practice nurses. The team is supported by a practice manager and 12 administrative staff.

Longford Primary Care Centre's reception operates between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday. It is open 8am to 1pm on Thursdays. On Thursday afternoons there is an automated message but this does not direct patients to the branch. The branch is open 8am to 6.30pm on Monday, Tuesday, Thursday and Friday and from 8am to 1pm on Wednesday.. Appointments are available between these times. There are further arrangements in place to direct patients to the out-of-hours NHS 111 service when the practice is closed.

Why we carried out this inspection

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice, and asked other organisations to share what they knew. We carried out an announced visit on 7 June 2016. During our visit we:

- Spoke with staff and patients.
- Reviewed one patient comment card.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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

- Is it safe?

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff were aware of the procedure for reporting incidents and had access to a policy and recording form on the practice's computer system. They told us they would inform the practice manager of any incidents. 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.
- The practice recorded six significant events from March 2015 to March 2016. We reviewed the practice's significant event log, which included a summary of each event, the action taken, analysis of why the event happened and what lessons had been learned, along with action taken to prevent further instances where appropriate. We saw that appropriate action had been taken by the practice. For example, an ongoing communication issue with a patient who had dementia was raised as a significant event. As a result of this, the practice arranged for staff to attend dementia awareness training and also invited a local dementia lead to visit the practice and assess how dementia friendly the building was.
- Significant events were a regular standing item on the practice's monthly GP meeting agendas.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a written apology.
- The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) and The National Institute for Health and Care Excellence (NICE). The practice manager and GPs received these by email. Where relevant the practice manager then circulated them to all staff to ensure they were aware of them. Clinical staff discussed these informally but they were not regular items on meeting agendas and the practice had not identified a lead for ensuring safety alerts were actioned. One member of clinical staff told us they were unaware of recent alerts.

Overview of safety systems and processes

- Arrangements to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses had completed level three safeguarding training in respect of child protection. Safeguarding was a standing item on the partners' monthly meeting agenda.
- Only nurses acted as patient chaperones and all 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 saw that the premises were visibly clean and tidy. One of the practice nurses had been appointed infection control lead for the practice. Staff had received infection control training as part of their induction and the infection control lead had attended updates during protected learning time. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Cold storage medicines such as vaccines were securely stored, but there had been a lapse in replacing the batteries in a data logger to ensure that the temperature had not gone out of range. A data logger is a battery operated electronic device that records data over time. Data loggers are used as a backup for electronic temperature displays in case of a power failure.
- The practice did not undertake audits of prescribing to ensure they followed best practice guidelines for safety. A CCG pharmacist regularly visited the practice to conduct prescribing reviews but these focused on cost effectiveness rather than safety.
- The practice had processes for dealing with repeat prescriptions and reviewing high risk medicines, but records showed that some patients who were

Are services safe?

prescribed high risk medicines had not attended for a blood test within the target period and the practice had not taken steps to do all that was reasonably practical to mitigate this risk.

- GPs stored blank prescription forms and pads securely and monitored their use. The practice had adopted Patient Group Directions (PGDs) to let nurses administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We found gaps in the information the practice had recorded in two staff files in relation to conduct in previous employment and proof of identity. One long serving staff member's file did not contain evidence of a risk assessment regarding whether a criminal records check should be undertaken. Details of professional registration were present for all nursing staff along with details of training undertaken during employment.

Monitoring risks to patients

- The practice was operating from premises owned by NHS Property Services but the practice could not provide any evidence to demonstrate a health and safety risk assessment been carried out by the landlord. A suitable health and safety policy was available.
- The practice had records of recent fire risk assessments and we saw a record of a recent fire drill. The practice told us that frequent checks were carried out to ensure electrical equipment was safe to use and clinical equipment was working effectively.
- There was no itemised equipment list to indicate the dates when portable appliance testing (PAT) and calibration were next due, but individual pieces of equipment had PAT stickers reflecting the date of the last test.
- NHS property services had conducted a water temperature risk assessment for legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- The practice was operating with a reduced number of GPs. The practice was in the process of recruiting a new GP partner, and had made arrangements to ensure the

number and mix of staff on duty met patients' needs as far as was possible. It used one locum GP on a whole time equivalent basis. Appropriate employment checks had been carried out and a suitable agreement was in place for the locum.

- A rota system was used for members of non-clinical staff to ensure an adequate number were always available to patients. Clinical staff took annual leave on a rotational basis.

Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff also had a panic button installed in all clinical rooms and on key fobs for use if they required urgent assistance. Flow charts in the reception area directed staff in the event of a medical emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. At the time of our visit there was a full supply of oxygen but there was no record of a regular check to ensure levels were sufficient. The practice told us they checked the oxygen once a month and also had the oxygen checked annually by an external company. An accident book and first aid supplies were available.
- The practice did not have emergency medicines in stock. The practice had not carried out a risk assessment to determine which emergency medicines were required to keep patients safe or to indicate what they would do in the absence of these in a medical emergency. A risk assessment has been undertaken following our inspection and the practice has informed us they have an adequate supply of emergency medicines.
- Some of the emergency equipment available was out of date; the practice told us they would replace this and carry out a regular expiry date check to prevent this from happening again.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Three hard copies of the plan were kept off site so that the information was always available.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date with National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results from 2014/2015 showed the practice had achieved 79% of the total number of points available, which was 15% below the CCG average and 16% below the national average. The practice had already submitted their QOF data for the year 2015/2016 and this had improved to 84% but the data was not yet published or verified. The practice had lost several partners over a two year period and evidence demonstrated their performance had been affected over this period. We reviewed QOF data from the years immediately before these events and noted that the practice had achieved higher scores of 93% in 2013/2014, and 99% in 2012/13.

For the QOF year 2014/2015, the practice's exception reporting was significantly higher than the CCG and national averages in respect of indicators for depression. 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 explained that they had actively tried to achieve the QOF target by contacting patients by post and phone to invite them for a review, as well as highlighting this during routine appointments. The practice trialled specialist clinics and home visits for depression as a result. Patients also have access to an Improved Access to Psychological Therapies counsellor who offers appointments from the practice premises on a regular basis. The practice found this service to be popular and hoped this would encourage further patient engagement.

The 2014/2015 QOF data for Longford Primary Care Centre showed lower than average results:

- Performance for diabetes related indicators was below the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within an acceptable range was 51%, significantly lower than the CCG average of 79% and the national average of 78%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, was 66%. This was also lower than the CCG average of 91% and the national average of 88%.
- Performance for mental health related indicators were also consistently below the national average. For instance, only 8% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in the record in the preceding 12 months. This was substantially lower than the CCG average of 84% and the national average result of 88%. 71% of patients with schizophrenia, bipolar affective disorder and other psychosis had their alcohol consumption recorded in the previous 12 months, compared with a 90% average across the CCG and nationally. 33% of patients being treated with lithium therapy with a record of lithium levels in the therapeutic range in the previous 4 months, 56% lower than the CCG average and 58% below the national average. Exception reporting for this indicator was significantly higher than average at 40%, compared with an average of 11% in the CCG and 9% nationally.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the preceding 12 months was 72%, lower than the CCG figure of 92% and the national 90%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured within an acceptable range in the preceding 12 months was 65%, 19% below the CCG and national averages.

Clinicians were working collaboratively with a diabetes specialist in an effort to better control the condition in its patient group.

The outcomes of patients' care and treatment were monitored through clinical audit. We saw evidence of two

Are services effective?

(for example, treatment is effective)

clinical audits carried out over the past year. These were not full cycle audits that had been repeated to measure improvement. The practice did not have any arrangements in place to identify which topics to audit.

Effective staffing

- The practice had an employee handbook and an induction programme for all newly appointed staff. The induction covered such topics as fire safety, health and safety and confidentiality.
- The practice manager was developing records to track training needs, and had asked staff to complete a self assessment form.
- Staff taking samples for the cervical screening programme had undertaken an appropriate training update every three years.
- The practice provided staff with suitable training for the scope of their role. Ongoing support was provided via annual appraisals which were used to identify learning needs. Staff also supported one another with learning and development informally. The practice helped to facilitate revalidation for GPs.
- Non role specific training was also provided to staff frequently to ensure they were equipped to deal with a variety of situations. For example safeguarding, fire safety awareness, basic life support, information governance, chaperoning and equality and diversity. Staff were also encouraged to complete electronic training modules.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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. Multidisciplinary meetings took place with other health care professionals on a monthly basis to review patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. Written consent for minor surgery was recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support during consultations by reviewing hospital discharge letters. They maintained registers of specific patient groups including carers, patients nearing the end of life, those with a learning disability and those with a mental health issue.

The practice's uptake for the cervical screening programme was 70%, which was below the CCG average of 82% and the national average of 82%. The practice told us that a lot of patients refused cervical screening. The practice explained how they encouraged uptake of the screening programme by offering appointments on a variety of dates and times and ensuring a female sample taker was available.

There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Uptakes for breast and bowel cancer screening were also lower than average, with 51% of the targeted patient group screened for bowel in the last 30 months compared with the CCG rate of 59% and the national average of 58%. The practice had screened 63% of targeted patients for breast cancer, again lower than the CCG average achievement of 71% and the national 72%.

Are services effective?

(for example, treatment is effective)

The practice was working with input from the recently appointed Coventry Cytology Lead to help improve cytology screening. The practice told us they had introduced a new poster campaign during the last year to help improve screening rates. The practice had made a display area in the waiting room with the assistance of a staff member from the Breast Screening Unit at the local hospital. The practice told us that nurses and GP's were also pro-active in advising patients of the importance of screening. In 2016 the practice had begun to target patients attending for NHS Health checks. The practice had not carried out any auditing to confirm the impact of this.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 99%, similar to the CCG range of 82% to 99%. Immunisation for five year olds ranged from 94% to 100%, in line with the CCG averages of 93% to 98%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- The practice had installed curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff told us that they were able to offer patients a private room to discuss their needs if required.

We received one Care Quality Commission patient comment card which was positive about the service experienced, particularly commenting on the friendliness of staff and good appointment availability.

We spoke with five patients during the inspection. All five patients gave some positive feedback about the care they had received though feedback was mixed. People felt involved in their care and treatment. One patient felt that some clinicians had a better manner than others, and two patients said that reception staff attitudes could be improved.

We spoke with staff at three local care homes where patients were or had recently been registered with the practice. They described the service the practice provided to people as good. Staff commented that the GPs were very responsive, respectful and patient. One person commented that reception staff could be very abrupt in their manner.

The National GP Patient Survey, published in January 2016, showed that not all patients were satisfied with how they were treated. Further results published in July 2016 were similar. The practice was above average for its satisfaction scores on consultations with nurses; whereas scores for GPs and reception staff were generally below average. For example, of those who responded before January 2016:

- 74% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. In the results published in July this had dropped to 67%, compared with similar CCG and national averages.
- 63% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. The results published in July showed no change.
- 87% 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%. The results published in July showed no change.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%. The results published in July showed no change.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%. The results published in July showed no change.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%. In the more recent results published in July this had risen to 75%, with averages remaining similar.

The practice held an annual practice meeting to review the outcomes of the GP Patient Survey, the Friends and Family Test and their own in-house survey. We reviewed minutes of the most recent meeting on 22 March 2016. The practice had noted that their patient satisfaction scores had not made any significant improvement in spite of staff training in customer service and a concerted effort by all staff to improve the patient experience. The practice noted that its return rate for the Friends and Family Test was low, with less than five cards being completed in some months. The practice created an action plan which included additional staff training, learning from other local practices, and staff reflecting on their own experiences of positive customer care to apply this to their own roles. The action plan was due to be reviewed in September 2016.

Care planning and involvement in decisions about care and treatment

Are services caring?

Patients told us their GP listened to them and respected their wishes. They said they had been given options to involve them in decision making about their care and treatment.

Results from the national GP patient survey showed patients were not always happy with their involvement in planning and making decisions about their care and treatment though. Results in January 2016 were generally lower than local and national averages, and these had fallen further by July 2016 when the next set of results were published. For example, in results published in January 2016:

- 70% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%. The July results showed this had dropped further to 62% while averages remained the same.
- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%. July's results brought this down to 49%, a significant decrease. In this time the CCG average increased to 81%; the national average stayed the same

- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%. In the July results this had decreased to 85%, but this remained in line with the national average.

Staff told us that translation services were available for patients who did not have English as a first language. A number of different information leaflets were available to inform patients about services available.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term physical conditions and mental health services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 10 patients as carers (less than 1% of the practice's patient list). Written information was available to direct carers to the various avenues of support available to them, but the practice was not proactive in identifying carers to expand their register.

Staff told us that if families had suffered bereavement, information was available in the waiting on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- Same day appointments were available for children and those patients with medical problems that required an urgent consultation.
- There were facilities to assist patients with physical disabilities, a hearing loop for patients who used hearing aids and translation services were available for patients who did not speak or understand English with confidence.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes.
- Patients were able to receive travel vaccinations available on the NHS and including those only available privately.
- The practice had recently undergone a building survey by a local dementia lead to see how dementia friendly it was. As a result they had learned that their signage should be improved and they should install coloured handrails, which the practice intended to implement. Also, the practice had arranged for staff to undergo dementia friends training to increase their awareness and understanding of the illness.
- There was limited access to a female locum GP for patients who preferred this. The practice did not offer regular access to a female GP for patients who preferred this, but a female locum was occasionally available.
- The practice ran it's own patient questionnaire which asked patients what the most important thing the practice could do was, and by response 92% answered that the practice could provide more appointments. The practice had offered additional appointments with a locum GP, but due to a shortage of clinicians and

difficulty in recruiting GPs this continued to be challenging. The practice reflected on the recent deaths of their two senior partners and felt this had impacted their ability to provide enough clinical time. The practice had created an action plan which included the recruitment of two GPs along with a number of other improvements.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday; and 8am to 1pm on Thursday. On Thursday afternoons the practice's branch surgery located at Bell Green Health Centre was open, but there was no message on the practice phone line to inform patients of this. The branch site's opening hours were 8am to 6.30pm on Monday, Tuesday, Thursday and Friday and from 8am to 1pm on Wednesday. Appointments were available between these times. There were further arrangements in place to direct patients to the out-of-hours NHS 111 service when the practice was closed. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to or lower than local and national averages:

- The results published in January 2016 showed that 73% of patients said they could get through easily to the practice by phone, in line with the CCG average of 74% and the national average of 73%. More recently published results in July 2016 showed the practice's figure had increased to 76%, while the CCG average had dropped to 73%.
- January 2016's survey results showed that 72% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 78%, but the July 2016 results reflected a lower satisfaction level of 63% compared with 75% in the CCG and 76% nationally.
- 59% of patients were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 73% and the national average of 76%. This result had improved significantly by July 2016,

Are services responsive to people's needs?

(for example, to feedback?)

at which time 80% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national 85%.

People told us on the day of the inspection that they had enough time with the GP and that appointments usually ran on time. They commented that it could be difficult to get through on the phone but they were always able to get an appointment if they needed one. Reception staff had a system in place to assess the urgency of patients need for medical attention using a flow chart. In cases where the urgency of need was so great that an emergency appointment or home visit would be inappropriate alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. This was displayed on a noticeboard in the patient waiting room; there was a printed leaflet about how to make a complaint available to patients.
- We saw evidence that the practice had responded to complaints in writing.
- The practice told us that they had not received any verbal complaints in the past 12 months.

We looked at ten complaints received in the last 12 months and found these were satisfactorily handled. Actions and learning points from complaints were recorded and these were revisited at an annual complaint review.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had values to deliver good quality care to patients in a timely way. Staff we spoke with knew and understood this ethos, and displayed a commitment to working in a way that supported it.

The practice recognised the challenges it was facing in terms of staffing. The practice had lost three senior partners in recent years and had struggled to fill its GP vacancies. At the time of our visit the practice was in the process of recruiting a new GP partner.

The practice manager felt that performance was stable, but that it was difficult to improve due to low staffing levels. There were areas the practice was actively trying to improve in and we were told about these plans. For example, the practice was working with input from the recently appointed Coventry Cytology Lead to help improve cytology screening. The practice also shared their plans with us to introduce tailored marketing to promote flu vaccinations to over 65s.

Clinicians were working collaboratively with a diabetes specialist in an effort to better control the condition in its patient group. Patient satisfaction was an area where the practice hoped to be more proactive by recruiting members to form a patient participation group. The practice was liaising with the CCG to achieve this, as the CCG was running a number of events and offered a toolkit to promote patient involvement with services.

Governance arrangements

The systems in place to enable the provider to have oversight of the service and mitigate risks were not effective and needed strengthening.

- The practice did not have effective systems to enable them to identify, assess and mitigate risk. For example in relation to recruitment of staff, managing the availability of emergency medicines and monitoring actions taken in respect of safety alerts and reviewing patients who were prescribed high risk medicines. The practice operated in premises provided by NHS Property Services but had no system to identify whether the health and safety of the building had been risk assessed.
- The practice systems to enable the provider to assess and monitor the quality of the service being provided

were not effective. For example there was no system to identify areas for audit and improvement and there was no clear plan to address the areas of significantly lower performance in respect of clinical indicators

The practice had formalised governance arrangements and there were structures and procedures in place to ensure that:

- Practice staff had a clear understanding of their own remits and felt supported by the wider team in meeting these.
- Staff were able to locate the practice's policies and showed understanding of how to use them.
- Each of the GP partners had lead roles and specific areas of interest and expertise. These roles included leadership for safeguarding, diabetes and pain management.
- GP meetings were held monthly to discuss significant events, complaints, and clinical issues.
- We saw that the practice was aware of the legal requirements about protecting patients' confidential information. The practice used a business service to assist with human resources and employment law. Staff had an induction to the practice and were provided with a copy of the employee handbook, both of which included information about staff responsibilities regarding access to medical records, information governance and the Data Protection Act. Medical records were securely stored in locked cabinets. All clinical and staff areas of the practice were secured with key coded doors.

Leadership and culture

The practice partners met with the inspection team and provided assurance that they had the experience to run the practice. Staff we spoke with told us the practice manager and partners were very approachable and always made time to discuss any concerns and support their team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a specific legal requirement that providers of services must follow when things go wrong with care and treatment. The practice manager encouraged a culture of openness and honesty, and there were systems in place for knowing about notifiable safety incidents.

Are services well-led?

Requires improvement 

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

The practice had a system for dealing with sudden or accidental safety incidents:

- The practice provided reasonable support, information and a verbal and written apology to the people affected.
- The practice kept records of serious events and discussed and revisited these at meetings to consolidate learning outcomes.

There was a clear leadership structure in place and staff felt supported by management:

- Staff told us that the practice manager and partners were approachable, and there was an open culture within the practice.
- Staff said they felt appreciated and respected in their roles, and would be able to suggest ideas for improvements if they wished to.
- The practice did not hold regular meetings that included all staff.

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

The practice actively tried to engage with and obtain feedback from patients, the public and staff:

- The practice used the NHS Friends and Family Test to gather patient feedback, and had also carried out a survey using a “quick questionnaire” which it distributed to patients. We saw evidence that the practice had reviewed the survey results and developed an action plan to make improvements as a result.
- The practice had been attempting to set up a patient participation group but told us had found it difficult to recruit members. We saw signs in the patient waiting area encouraging people to join. The practice manager told us the practice was liaising with the CCG regarding this, as the CCG was running a number of patient participation events and offered a toolkit to promote patient involvement with services.
- The practice had gathered internal feedback generally through staff appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users of receiving care and treatment by: • Failing to ensure there are effective systems in place to assess and monitor the emergency medicines in stock. • Failing to ensure a suitable health and safety risk assessment is in place for the premises. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not operate an effective system to assess, monitor and mitigate risks relating to the health, safety and welfare of service users by: • Failing to ensure the system for managing high risk medicines adequately monitors patient safety.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 17) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.