

# Clay Lane Health 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

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clay Lane Health Centre (known locally as Morris Avenue Surgery) on 20 September 2016. Overall the practice is rated as good.

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

- Patients said they were treated with dignity, respect and compassion. Patients were involved with decisions about their care and treatment.
- Risks to patients were assessed and well managed.
- There were clearly defined processes and procedures to ensure patients were safe and an effective system in place for reporting and recording significant events.
- Patients' needs were assessed and care delivered in line with current guidelines. Staff had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Urgent same day patient appointments were available when needed. The majority of patients we spoke with

and those who completed comment cards before our inspection said they were always able to obtain same day appointments, although a small number said it could be difficult at times.

- Patients said GPs gave them enough time and treated them with dignity and respect.
- Information about how to complain was available and easy to understand. The practice received very few complaints from patients and reviewed complaints to ensure lessons were learned.
- The practice had a two year business development plan and five year vision to safeguard the future development of the practice. This included a succession plan for the GP.

However, we found the following area where the practice should make improvements:

- Consider ways to improve patient satisfaction with availability of appointments.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Appropriate systems were in place for reporting and recording significant events. They were regularly reviewed in practice meetings. The GP and practice manager told us only one had occurred within the last 12 months. They were able to clearly identify the types of incident that would need recording and the action that would need to be taken.
- Procedures were in place to ensure patients were kept safe and safeguarded from abuse. All staff had received appropriate safeguarding training at the required level for their role and further training had been arranged for the day after our inspection.
- Risks were assessed and well managed.
- The practice worked with the building landlord to ensure areas of responsibility held by the landlord were fulfilled, for example, disposal of clinical waste and legionella checks. Any concerns were raised by the practice at a quarterly tenant's meeting.
- Safety alerts for medicines were reviewed and actioned. Details of reviews and actions were recorded, however it was not always recorded when no action needed to be taken.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data available from the Quality and Outcomes Framework (QOF) 2014/15 demonstrated that patient outcomes were either at or above average when compared with the national average. The practice scored 100% with an exception rate of 10%. This was above the CCG average of 94% with an exception rate of 9%.
- The practice used clinical audits to identify areas of improvement and acted upon their results.
- Care was delivered by staff according to current evidence based guidance.
- Practice staff had the necessary skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- We saw that staff worked with other health care professionals to provide 'joined up' care which met the range and complexity of patients' needs.
- All staff received appraisals and had personal development plans. All staff also received performance reviews with their manager in addition to their annual appraisal.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The results of the National GP Patient Survey published in July 2016 showed patients rated the practice highly for aspects of care.
- Patients were treated with kindness and respect. Patient confidentiality was maintained.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.
- Easy to understand and accessible information about services was available for patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Most patients told us they were always able to obtain a same day appointment when needed, although a small number told us it could be difficult at times. Appointments were available on the day of our inspection.
- The practice recognised the needs of its local population and tailored services appropriately. For example, a high number of patients were from the South Asian community, a population with a traditionally high level of diabetes. As a result, additional monitoring was in place.
- Children and elderly patients were prioritised for same day appointments.
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- Appropriate processes were in place to monitor and improve quality and identify risk

# Summary of findings

- The management structure was clearly defined and staff knew who to raise concerns with. The practice had policies and procedures which outlined how it should operate and held regular governance meetings.
- The practice had a two year business development plan and five year vision to safeguard the future development of the practice. This included a succession plan for the GP.
- The practice had a clearly defined vision which explained how it delivered care and treatment to patients. Staff understood this vision and how it related to their work. This was linked to a five year development plan for the practice.
- The practice sought feedback from patients and staff. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Care plans were in place with the most vulnerable older patients (2%) and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- The most vulnerable patients were given 'patient care reviews' which included both the patient and their carer if they had one. The practice also liaised with the district nursing team when appropriate, to ensure the right package of care was provided.
- Older patients were given personalised care which reflected their needs.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

### People with long term conditions

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

Good



- The practice had a register of patients with long term conditions to enable their health to be effectively monitored and managed.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received the correct medicines. This also included carers if the patient had one. The frequency of the review depended on the severity of the patient's condition. The practice had just started to change to a system of reviewing patients during their birthday month to make this easier to manage for the practice and easier to remember for patients.

# Summary of findings

- All patients who had been prescribed eight or more medicines had had a medicines review within the last 12 months.
- The practice achieved a 99% flu vaccination record for diabetes patients during 2015-2016. This was above the Clinical Commissioning Group (CCG) average of 93% and the national average of 94%.

## Families, children and young people

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

- A total of 81% of eligible patients had received cervical screening in the last 12 months. This was similar to the Clinical Commissioning Group (CCG) average of 81% and the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Outcomes for areas such as child vaccinations were in line with the average for the CCG.
- We saw positive examples of joint working with midwives and the local health visitor. Midwife appointments were available at the practice every week.
- A regular multi-disciplinary team meeting was held with the midwife and health visitor. This reviewed the child protection register and non-attendance for immunisations and checks.
- A full range of family planning and sexual health services were available within the practice building.

Good



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

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

- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available on Mondays.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- Regular reviews of the appointment system were held to ensure patients could access the service when they needed to. This had recently resulted in additional telephone appointments being made available.
- A full range of services appropriate to this age group was offered, including travel vaccinations and smoking cessation.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice had a register of patients who were vulnerable to enable their health to be effectively monitored and managed. This included patients with a learning disability.
- The practice participated in the learning disability enhanced service and offered comprehensive reviews by clinical staff who had undertaken relevant training.
- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- Longer appointments were available for patients with a learning disability.
- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team and community matron. Vulnerable and complex patients were discussed at the regular multi-disciplinary team meeting.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff training included recognition of many forms of abuse and neglect, for example physical and sexual abuse.
- The practice registered patients who were homeless.

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

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

Good



- The practice had a register of patients with poor mental health to enable their health to be effectively monitored and managed.
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2016. The results showed the practice was largely performing in line with local and national averages for care, although some areas regarding patient access to the practice were below average and the practice was working to improve these. 327 survey forms were distributed and 106 were returned, a 32% completion rate.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 74% and the national average of 73%.
- 62% 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 91% and the national average of 76%.
- 78% 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%.

- 75% 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 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, all of which made positive comments about all aspects of care received at the practice. Eight patients told us they could have difficulty obtaining an appointment at times.

We spoke with 10 patients during the inspection. Three patients 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. All the patients we spoke with said they were satisfied with the care they received and had no difficulty obtaining appointments when they needed one.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Consider ways to improve patient satisfaction with availability of appointments.

# Clay Lane Health 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 GP specialist advisor and an 'Expert by Experience'.

## Background to Clay Lane Health Centre

Clay Lane Health Centre is located in the Ball Hill district of Coventry. Three GP practices are located within the building. We inspected the practice known locally as Morris Avenue Surgery, its previous location. The area is urban and almost 50% of patients are from ethnic minority groups, with south Asian and eastern European being in the majority. There are some areas of deprivation.

The practice is run as a single handed GP practice (a practice with one GP who has managerial and financial responsibility for running the business) and had almost 3900 patients registered at the time of our inspection. The practice had seen an increase of over 400 patients in the last 12 months following the closure of another GP practice in the local area. It has 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. The practice is part of a local GP federation – the GP Alliance. A group of practices who work together to share best practice and maximize opportunities to improve patient outcomes.

The practice has the lead GP (male) and three locum GPs (two male and one female). The locum GPs are also permanently based at the practice. There is also a practice nurse. They are supported by a practice manager and administrative and reception staff.

Clay Lane Health Centre is an approved training practice for doctors who wish to become GPs. A GP trainee 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 GP trainees and the practice must have at least one approved GP trainer.

The practice is open from 8.00am to 6.30pm during the week. Appointments are available from 9.30 to 11.30 on weekday mornings (9am to 11am on Fridays) and from 5pm to 6pm on Mondays and 4.30pm to 6.10pm on Tuesdays. Urgent appointments can also be arranged outside of these times. Extended hours appointments are available on Mondays from 6.30pm to 8pm. At other times, a duty GP is available.

When the practice is closed, patients can access out of hours care provided by Virgin Healthcare within the same building through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website.

Home visits are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice. Telephone appointments are available for patients who are unable to reach the practice during normal working hours.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease.

# Detailed findings

## 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 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 our inspection, 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 inspection on 20 September 2016. During our inspection we:

- Spoke with a range of staff (GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 service.

- We reviewed policies, procedures and other information the practice provided before the inspection.

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

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

We also looked at how well services 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

Clay Lane Health Centre had an effective system in place for reporting and recording significant events.

- The practice carried out a thorough analysis of significant events, however, had been correctly recorded, investigated and discussed fully with staff in the next available staff meeting. Lessons to be learnt had been identified and implemented. We were satisfied they were reporting incidents appropriately.
- Staff we spoke with described the incident reporting procedure and we saw the recording form. The incident recording form supported the recording of notifiable incidents under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a child protection concern arose, the practice reviewed its procedures with staff to ensure the appropriate action had been taken in a timely way. At the same time, the practice reviewed its procedure for following up parents and guardians who failed to bring babies for post-natal checks.

### Overview of safety systems and processes

We were satisfied the practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Systems were in place to safeguard children and vulnerable adults from abuse. These were based on relevant legislation and local requirements issued by Coventry City Council's safeguarding team. Staff told us how they could access these policies and we saw evidence of them. They 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 who had been trained to an appropriate level (level 3). All clinical staff had also been trained to this level, with the exception of the practice nurse who was due to have the additional training the day after our inspection. The practice provided evidence for this. GPs, nursing and administrative staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who had received appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and the latest had been carried out in July 2016. This had not identified any areas of concern, but the practice nurse explained the action that would be taken if anything was identified.
- A regular multi-disciplinary team meeting was held with the midwife and health visitor. This reviewed the child protection register and non-attendance for immunisations and checks.
- There were suitable arrangements in place for managing medicines within the practice. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored and there were systems in place to monitor their use.
- There were Patient Group Directions (PGDs) in place to allow the practice nurse to administer medicines in line with legislation.
- The practice carried out regular medicines audits, with the support of Coventry and Rugby Clinical Commissioning Group (CCG) pharmacy team and a local pharmacy, to ensure prescribing was in line with best practice guidelines for safe prescribing. A monthly meeting was held with a CCG pharmacist.
- Systems were in place for monitoring the prescribing of high-risk medicines, for example warfarin, a medicine to increase the time blood takes to clot.

## Are services safe?

- Alerts issued by MHRA (Medicines and Healthcare Products Regulatory Agency) were recorded and discussed with staff. We saw records to support this, however it was not always recorded when no action needed to be taken.
- There was a notice in the waiting room to inform patients that chaperones were available if required. All staff who acted as chaperones were trained for the role 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.
- We saw processes were in place to carry out recruitment checks prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

### Monitoring risks to patients

Risks to patients were assessed and well managed by the practice.

- Risks to patient and staff safety were monitored in an appropriate way. The practice worked with the building landlord to ensure areas of responsibility held by the landlord were fulfilled, for example, fire safety, disposal of clinical waste and legionella checks. Any concerns were raised by the practice at a quarterly tenant's meeting.
- All electrical equipment was checked to ensure the equipment was safe to use (last checked February 2016) and clinical equipment was checked to ensure it was working properly. This had last been checked in May 2016.
- There were systems in place to ensure the practice was safely staffed to enable patient needs to be met. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover for each other when absent. Regular locum GPs were used when a GP was absent.

### Arrangements to deal with emergencies and major incidents

Clay Lane Health Centre had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available.
- There were emergency medicines securely kept on the premises which were easily accessible to staff. Checks were regularly made on these medicines to ensure they were within date and therefore suitable for use. These were also used by the other practices within Clay Lane Health Centre and there was a protocol in place to support this.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Arrangements were in place to use facilities owned by a nearby practice if the practice building was unavailable. The plan included emergency contact numbers for staff. Copies were kept by key staff at home so they could access them if the practice building became unusable.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

We were shown how Clay Lane Health Centre assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place 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.

### 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 recent published results (2014-2015) showed that the practice achieved 100% of the total number of points available with 10% exception reporting. This total was above the Coventry and Rugby Clinical Commissioning Group (CCG) average of 94% and the practice's exception reporting was only slightly higher than the 9% average within the CCG.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- Coronary heart disease. The practice achieved 91% with an exception rate of 5%. The overall score was just below the CCG average of 95% with an exception rate of 4%.

- Hypertension (high blood pressure). The practice achieved 83% with an exception rate of 3%. This was similar to the CCG average of 83% with an exception rate of 4%.
- Dementia. The practice achieved 82% with an exception rate of 6%. This was similar to the CCG average of 84% with an exception rate of 8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Twelve months ago, the practice gained over 400 patients when a local GP practice closed down. Out of those patients, those with long term conditions had not received annual reviews and those on long term medicines had not received medicines reviews. The practice has now completed all of this work, but it had an adverse effect on the practice performance data during this time.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place and findings were used by the practice to improve services. For example, an audit on patients referred to secondary health care (for example, hospital consultants), reduced the number of rejected referrals by ensuring information on routine and less regular referrals was aligned with the CCG referral guidelines. The practice has continued to monitor this.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

Practice staff at Clay Lane Health Centre had the skills, knowledge and experience to deliver effective care and treatment.

- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff. This included locum GPs and the practice had a locum induction pack.
- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff we spoke with had received an



# Are services effective?

## (for example, treatment is effective)

appraisal within the last 12 months. The practice manager discussed how the planned date for appraisals had slipped slightly, but the practice had put an action plan in place to rectify this.

- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- Practice staff had received training that included safeguarding, fire safety awareness, basic life support and information governance. Training was regularly updated.
- For planned and long term GP absence, Clay Lane Health Centre used locum GPs known to the practice.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, when referring patients for family planning or sexual health matters.

### Consent to care and treatment

We were told how practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.

- 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.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice. Over the last 12 months, 611 patients received smoking cessation advice and 91 had stopped smoking as a result
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.
- The practice offered additional support for diabetic patients.

The practice's uptake for the cervical screening programme was 67%, which was below the CCG average of 73% and the national average of 74%. The practice had experienced some cultural reluctance with cervical careening and discussed the importance with relevant patients. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% which was comparable to the CCG range of 96% to 99% and five year olds from 70% to 100% which was comparable to the CCG range of 91% to 99%.

## Are services effective?

(for example, treatment is effective)

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

During our inspection of Clay Lane Health Centre we saw staff treated patients with kindness and respect at all times.

- We received 40 comment cards from patients, all of which made positive comments about the standard of care received.
- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were caring and respected patients.

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

- 93% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 89% 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%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% national average of 85%.
- 85% 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% national average of 91%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

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

Patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them. Every patient we spoke with told us they were given enough time by GPs. Comments made by patients on the comment cards completed before our inspection supported this.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were largely in line with local and national averages. For example:

- 80% 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%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this. The service was regularly used.
- Information was displayed in other languages and additional information could be provided in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.

## Are services caring?

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

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list (71 patients) as carers. We discussed this with GPs and the practice manager and were told how the practice had worked to identify 'hidden carers', something particularly common in the ethnic population groups served by the practice, where there was sometimes a significant cultural barrier in place.

Written information was available to direct carers to the various avenues of support available to them. This included Coventry Carers Association and networking. Patients could also be referred to, or refer themselves to appointments with an Improving Access to Psychological Therapies (IAPT) counsellor. All carers were also offered a carer's assessment.

GPs contacted families following bereavement. Patients were also signposted to relevant support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Clay Lane Health Centre reviewed the needs of its local population and engaged with the NHS England Area Team and the Coventry and Rugby Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Twelve months ago, the practice gained over 400 patients when a local GP practice closed down. Out of those patients, those with long term conditions had not received annual reviews and those on long term medicines had not received medicines reviews. The practice has now completed all of this work, but it had an adverse effect on the practice performance data during this time.
- Extended hours appointments were available on Monday evenings and the practice had recently made additional telephone appointments available.
- Same day appointments were available for all patients when required. Appointments were available on the day of our inspection.
- A translation service was available for patients who did not speak English as a first language.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice also offered telephone consultations for patients who could not attend the practice during normal working hours.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- Appropriate staff training was carried out. For example, staff had recently received carer awareness training.

### Access to the service

The practice was open from 8.00am to 6.30pm during the week. Appointments were available from 9.30 to 11.30 on weekday mornings (9am to 11am on Fridays) and from 5pm to 6pm on Mondays and 4.30pm to 6.10pm on Tuesdays. Urgent appointments could also be arranged outside of these times. Extended hours appointments are available on Mondays from 6.30pm to 8pm. At other times, a duty GP

was available. Emergency appointments would be fitted around surgery times and at busy periods, patients were triaged (called back by a GP) to determine whether a same day appointment was needed.

When the practice was closed, patients could access out of hours care provided by Virgin Healthcare within the same building through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information was also available on the practice's website.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was slightly below local and national averages, apart from satisfaction with the practice's opening hours.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and the national average of 73%.

We discussed patient access with the GP partners and practice management. The practice had managed to have some improvements made to the telephone system, but there were limitations because this was the responsibility of the building's landlord. However, practice staff did advise patients of the best times to call the practice when the incoming lines were usually less busy.

### Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.
- An annual complaints summary was prepared and discussed to review progress and any potential trends.

## Are services responsive to people's needs? (for example, to feedback?)

- Patients were invited into the practice to discuss concerns face to face, but we noted few chose to take this option.

Three complaints had been received within the last 12 months and we reviewed two of these. Patients received an

appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints; for example, by providing staff with appropriate customer service training.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

Clay Lane Health Centre had a clearly defined direction and vision 'to improve the health, well-being and lives of those we care for.'

### Governance arrangements

The practice had a governance framework in place which facilitated the delivery of care and reflected the practice values. This ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified.
- The practice had a two year business development plan and five year vision to safeguard the future development of the practice. This included a succession plan for the GP.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.
- The practice is a member of a local GP federation – the GP Alliance, a group of practices that work together and share ideas to improve patient care.

### Leadership and culture

We saw how the lead GP and management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns. Staff also told us how open the lead GP and management were and they felt they could easily raise any concerns they had.

There were systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of

services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff we spoke with told us they felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG met twice yearly, carried out patient surveys and discussed developments within the practice.
- The practice had recently carried out its own patient survey, but at the time of our inspection, the results had not been analysed.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- Results from the NHS Friends and Family Test during the last six months, showed that 90% of patients who responded were either likely or highly likely to recommend the practice to friends and family.