

Walsgrave 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?

Requires improvement



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 Walsgrave Health Centre on 25 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. These included staff recruitment procedures, health and safety precautions, ensuring sufficient staffing in place to meet patient needs and adequate medical equipment if a patient presented with an emergency.
- GPs assessed patients' needs and delivered care in line with current evidence based guidance. We found areas where further training was required for other staff. This included nurses undertaking training in the Mental Capacity Act 2005. Aspects of the general training programme for staff also required strengthening.

- Patient feedback we reviewed showed patients were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. National patient survey data showed that patients consistently rated the services provided highly.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included access for disabled patients and a breast feeding room for new mothers.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider must make improvements are:

- Persons employed must receive appropriate training as necessary to enable them to carry out the duties they are employed to perform. This includes training of nursing staff in the Mental Capacity Act 2005 and the implementation of a formal training programme for staff to include: infection control, chaperone training and safeguarding for non clinical staff.

The areas where the provider should make improvements are:

- Improve systems regarding the structure of staff meetings and document recording of them.
- Ensure all staff are aware of business continuity arrangements that are in place.

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



- There was an effective system in place for reporting and recording significant events. Staff knew of the incident reporting system and documentation from incident reports supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe. For example, this included the management of prescribed medicines and staff recruitment procedures.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff were in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 100% of available QOF points in 2015/16 which was above the CCG average of 94% and national average of 95%. The practice's overall exception rate reporting was 8.5% which was the same as the CCG average and below national average of 9.8%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as National Institute for Health and Care Excellence. (NICE)
- Clinical audits demonstrated some quality improvement in patient outcomes. For example, a hypnotics audit resulted in a reduction of medicines prescribed in 25 patients reviewed.
- Staff had some of the skills, knowledge and experience to deliver effective care and treatment. We noted however, that nursing staff were yet to undertake training in the Mental

Summary of findings

Capacity Act 2005. We found other areas where training required strengthening. For example, the formalisation of infection control training and chaperone training for staff undertaking this role.

- Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs and had utilised new software to enhance the sharing of information with other providers of healthcare services.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. This included 98% of patients who said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%. Data also showed that 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- Comment cards we received showed patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- A variety of information for patients about the services available was easy to understand and accessible. The practice included some information for patients whose first language was not English.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. Extended hours appointments were available for patients from 7.30am to 6.30pm on weekdays. The practice was part of a GP alliance with 64 practices involved. This enabled practice patients to have

Summary of findings

access to an appointment with a GP or nurse at three other practices located in Coventry. Appointments were available weekday evenings from 6.50pm until 9.10pm and weekend mornings, from 9am to 11.40am.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Results from the national GP survey showed that 80% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.
- 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 and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. We found areas which could be strengthened however, such as documented recording of practice meetings. Documented evidence from meetings would support a formal approach to addressing risks and other important issues. We also found aspects of the general training programme required improvement.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was committed to assisting the practice to continually strive to improve.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice invested in its staff through specific training programmes and promotional opportunities where these arose. The practice participated in local CCG initiatives to improve patient care and increase financial efficacy.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice had identified its patients who were aged over 75 years and prescribed with a large quantity of medicines. Reviews had taken place of all these patients which resulted in a reduction of medicines prescribed. The overall percentage of prescribed medicines was reduced by 10%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice premises had wheelchair friendly access and suitable seating had been installed to meet the needs of older patients who had mobility restrictions.
- Data supplied by the practice showed that flu vaccination rates in 2016 for the over 65s were 80% (CCG average 69%). Visits were made to housebound patients to administer the flu vaccination programme.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data for 2015/16 showed the practice was performing above the local CCG average for its achievement within 11 diabetes indicators. The practice achieved 100% of the available QOF points compared with the CCG and national averages of 90%.
- 84% of patients diagnosed with asthma, on the register, had an asthma review in the last twelve months. This was above the CCG average of 77% and national average of 75%. Exception reporting was better than local and national averages.
- Data also showed that 91% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was the same as the CCG average and similar to national average of 89%. Exception reporting was better than CCG and national averages.

Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- The practice sent a birth congratulation and information pack to its patients who had newborn children. The pack included details regarding baby checks and immunisations.
- A room was provided in the practice for new mothers to breastfeed.
- Immunisation rates for all standard childhood immunisations ranged from 83% to 100%. This was similar to CCG averages which ranged from 82% to 98%. The practice told us they were proactive and followed up any instances where children did not attend for the immunisation programme.
- Our discussions held with practice staff showed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered telephone triage to patients who requested an urgent appointment. The practice aimed to contact patients within 30 minutes of a request being made. Telephone consultations were also available to those patients who requested these.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

- The practice was participating in a prescription ordering direct initiative (POD) which enabled patients to request repeat prescriptions via a centralised telephone system.
- 80% of women aged over 25 but under 65 had received a cervical screening test in the previous 5 years. This was similar to the CCG and national averages of 81%.

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 held a register of patients living in vulnerable circumstances including those with a learning disability. There were 14 patients with a learning disability and all of these patients had attended for an annual review.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. For example, the practice referred patients who experienced loneliness to a charitable organisation which provided support. A counsellor also worked in the practice on a weekly basis and GPs could refer patients in-house to this service.
- The practice had identified a low number of carers registered at the practice. (1.2% of the list). Further efforts were required to identify patients with carers responsibilities to ensure they received care and treatment that reflects the needs of this vulnerable group.

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



- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was below the CCG average of 81% and national average of 84%. The practice had not exception reported any patients.
- Practice GPs referred patients who had dementia to a service provided by admiral nurses. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support and voluntary organisations. The practice promoted a CCG Don't Panic App, aimed at helping those who had experienced anxiety. The App was a self-contained program or piece of software which could be downloaded by a user to a mobile device.

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 performing in line with local and national averages. 271 survey forms were distributed and 124 were returned. This represented a 46% response rate.

- 97% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 73%.
- 88% 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 83% and national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 89% 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 75% and 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 46 comment cards, all of which were positive about the standard of care received. Feedback included that staff were extremely caring, approachable, helpful and always listened to patients. A number of comments included that patients had been registered at the practice for many years and named individual staff as providing a highly effective service. We also received some mixed feedback from 3 patients who stated that it could be difficult to get an appointment at times and 1 patient stated they found 1 member of staff could be abrupt.

The practice's results from the NHS Friends and Family test showed that since April 2016, 135 patients would recommend the practice to their friends and family and 1 was unlikely to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Persons employed must receive appropriate training as necessary to enable them to carry out the duties they are employed to perform. This includes training of nursing staff in the Mental Capacity Act 2005 and the implementation of a formal training programme for staff to include: infection control, chaperone training and safeguarding for non clinical staff.

Action the service **SHOULD** take to improve

- Improve systems regarding the structure of staff meetings and document recording of them.
- Ensure all staff are aware of business continuity arrangements that are in place.

Walsgrave 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 adviser.

Background to Walsgrave Health Centre

Walsgrave Health Centre is based in Walsgrave-on-Sowe, a village which is located approximately 3 miles north-east of Coventry in the West Midlands.

There is direct access to the practice by public transport from surrounding areas. There are some limited parking facilities on site as well as public parking on streets near by.

The practice currently has a list size of 5249 patients.

The practice holds a Personal Medical Services (PMS) contract which is a locally agreed contract between NHS England and a GP to deliver care to the public. The practice provides GP services commissioned by NHS Coventry and Rugby Clinical Commissioning Group (CCG). 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.

The practice is situated in an area with lower levels of deprivation. The practice has a higher than national average number of younger children, adults in their 30s and older age adults. A higher number of patients registered at the practice are in paid work or full time education (70%) compared with the local CCG and national averages (63%).

The practice is currently managed by two GPs (male). They are supported by one female nurse practitioner, one female practice nurse and a female healthcare assistant. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is open on Mondays to Fridays from 7.30am to 6.30pm. Appointments are available Mondays to Fridays from 7.30am to 12pm and from 1pm to 6.30pm.

The practice has started to operate extended hours services through the GP alliance it is affiliated with. Practice patients could therefore be seen at three other named practices each weekday evening from 6.50pm up until 9.10pm and both weekend mornings from 9am to 11.40am by pre-booking an appointment. Outside of this cover, out of hours service is provided by Coventry and Warwickshire Partnership Trust. Patients can also contact NHS 111.

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.

Detailed findings

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 25 August 2016.

During our visit we:

- Spoke with a range of staff (GPs, nursing staff, community midwife, practice manager, administrative and clerical staff) and spoke with members of the patient participation group. (PPG)
- 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.

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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and patient safety alerts including those from the Medicines and Healthcare products Regulatory Agency (MHRA). There was a system in place to receive and disseminate these alerts and we found they were actioned appropriately.

Whilst the practice staff held regular discussions regarding any incident reporting, we found that meetings were only documented on an ad-hoc basis. We discussed this with practice management who told us that they would immediately strengthen their recording systems in place.

We saw that lessons were shared and action was taken to improve safety in the practice. For example, an incident involved a delay in a member of clinical staff reviewing patient care information which had been sent to the practice. The practice took immediate action to improve the systems and processes in place to prevent recurrence.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

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. We were informed that recent changes in health visiting staff had impacted on the practice's ability to hold regular meetings, but plans were in place to address this. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones 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 noted that staff had not received formalised training to undertake this role but found there was awareness amongst staff of the responsibilities involved within chaperoning. When we discussed this area with practice management, we were advised that training would be implemented. Following our inspection, we were informed that an e-learning training programme had been purchased for staff completion.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and we were informed that staff had received up to date training. We were informed that training delivered previously had been informal but plans were in place to improve recording in relation to this. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit was undertaken in May 2016. Actions taken included a patient couch being replaced because of a tear.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Are services safe?

Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that appropriate monitoring was in place.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDS) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. PGDS are documents which permit the supply of prescription-only medicines to groups of patients without individual prescriptions.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had received training. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to

ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were informed that staff worked set hours and overtime or flexible working time was offered if any additional hours were required to be covered. We were advised that the practice GPs covered for each other's work when leave commitments arose.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice held an agreement with another local medical centre to use its premises if their building became unfit for use. The plan included emergency contact numbers for staff. We were told a copy of the plan was held off site by the practice GPs. One of the GPs we spoke with however, told us he was unaware of the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 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 recently published 2015/16 results showed the practice had obtained 100% of the total number of QOF points available. The CCG average was 94%. The practice recorded 8.5% overall exception reporting which was the same as the CCG average and below the national average of 9.8%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for overall diabetes related indicators was 100% which was above the CCG average and national averages of 90%. The percentage of patients with diabetes with a record of a foot examination and risk classification was 92% which was above the CCG average of 89% and national average of 88%. Exception reporting was 5% which was lower than the CCG average of 6% and national average of 8%.
- 91% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis.

This was the same as the CCG average and above national average of 89%. The practice had not exception reported any patients. This was better than the CCG average of 8.7% and national average of 9.2%.

- 100% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above the CCG average of 84% and the national average of 83%. Exception reporting was 20% which was lower than the CCG average of 23.2% and national average of 22%.
- 95% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 86% and above the national average of 89%. Exception reporting was 21.4% however which was above the CCG average of 10.4% and above the national average of 12.7%.

The practice management told us that they were proactive in generally keeping exception reporting lower than local and national averages. For example, the practice had implemented a notification form for patients which was attached to their prescriptions. The form advised the patient on the course of action they were required to take to arrange for a review of their medicines. If contact was not made by the patient, the practice would contact them and then reduce the prescription to a one week period until a review took place. The practice also told us they would contact patients by telephone to arrange appointments which they considered to be an effective approach in ensuring exception reporting was kept at low levels.

There was evidence of quality improvement including clinical audit.

- We were provided with some examples of clinical audits completed within the last two years. We reviewed a full cycle hypnotics prescribing audit which was undertaken to assess whether the practice could further reduce its prescribing in this area. Outcomes included the stopping of treatment for 25 patients prescribed with hypnotics. As a result of the completed audit, the practice was recorded as having the lowest hypnotics prescribing in 26 practices within the CCG locality.
- The practice provided minor surgery to its patient population and had audited its effectiveness of

Are services effective?

(for example, treatment is effective)

procedures and joint injections undertaken. Outcomes included that all patients who participated in the audit considered the treatment received to be good or very good.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as fire safety, health and safety and confidentiality. We were informed that safeguarding training and infection control were not formally included in the induction programme for administrative staff. Our discussions with a staff member of the reception team showed that they had an understanding of safeguarding and had reported a concern to a member of staff previously. We were told that discussions around safeguarding took place in practice meetings and therefore all staff were aware of safeguarding matters. Reception staff told us that whilst they had not received formal training for infection control they had been informed about use of antibacterial hand gel and the use of spillage kits for body fluids.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The nurse practitioner had updated her skills in diabetes and attended regular CCG protected learning time training events.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: fire safety awareness, basic life support and information governance. Safeguarding training was formally provided to clinical staff but not administrative staff. Staff had access to and made use of in-house training when this was provided.

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.

The practice told us they had utilised innovative specialist software to enable new ways of sharing information with other providers. This involved information regarding patients close to the end of their life.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw documented meeting records which supported discussions were held.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance, although we noted an exception in relation to the absence of training of nursing staff in relation to the Mental Capacity Act.

- GPs understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We found that nursing staff working within the practice had not yet undertaken training in the Mental Capacity Act

Are services effective?

(for example, treatment is effective)

2005. Our discussions held with one of the nurses showed that they did not have a clear understanding of the principles to be applied if a patient presented and lacked capacity to make a decision for themselves.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When consent was obtained, it was recorded in patient records. We were provided with templates used to record patient consent, for example, when contraceptive implants were fitted.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service. For example:

- In house services were provided for those who wanted to stop smoking.
- The practice referred patients at risk of diabetes (and those already diagnosed) to an education and self management training programme.
- Those patients who required specialist help from a dietician were referred by the practice.
- Patients who required support for mild to moderate mental health problems were referred to a psychological therapies programme. (IAPT) The practice also promoted the use of a mobile phone App for those who had panic attacks or stress and worry.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 81% and same as the national average. The practice contacted any patients who did not attend for their test by letter. If a patient chose not to have the procedure, written confirmation was obtained. The practice ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 66% which was above the CCG average of 59%. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 72% which was similar to the CCG average of 71%.

Childhood immunisation rates for the vaccinations given were similar to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% within the practice. The CCG rates varied from 82% to 98%. Five year old vaccinations ranged from 94% to 100% within the practice. The CCG rates ranged from 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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. A number of the comment cards made reference to individual staff and their professional attitudes.

We spoke with 2 members of the patient participation group (PPG). 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 responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% 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%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comment cards we reviewed showed that patients felt involved in decision making about the care and treatment they received. Comments showed that these patients also felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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

- 89% 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%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

The practice told us they regularly analysed feedback and had calculated that in 30% of questions asked in the national survey, they had scored at least 10% above the CCG and national averages. The latest survey results also showed that the practice scores were all equal to or above these averages.

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

Are services caring?

- The practice told us they welcomed all patients and had placed a welcome sign close to the practice entrance which could be read in a number of different languages.
- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice's website was able to be translated by patients in a number of different languages.
- The practice had developed a welcome pack in polish for patients who spoke this as their first language.
- Health screening information was available for female patients in different languages.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about counselling offered within the practice was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.2% of the practice list). The practice advised us that when new patients joined, they were asked about any carers responsibilities and then signposted to a local carers service. Information was also available on the practice's website.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. The practice told us they included information about bereavement support services as well as practical information they would require. The practice also told us staff had attended patient funerals when invited.

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.

- The practice offered extended hours appointments from 7.30am to 6.30pm on weekdays to benefit those patients of working age and those who preferred appointments outside of normal working hours.
- A range of appointments were provided by the practice to suit the needs of its patient population. This included GP led telephone triage for those who required an urgent appointment and could not wait for the next available face to face appointment; telephone consultations for those who preferred this option and face to face appointments for those who required a routine appointment.
- Same day appointments were prioritised for children and those patients with medical problems that require same day consultation.
- The practice worked in a GP Alliance and was also able to offer evening and weekend pre-bookable appointments at three other practices within Coventry.
- 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.
- A range of clinics were provided for those patients with long term conditions such as chronic obstructive pulmonary disease (COPD), asthma and diabetes.
- A well man and well woman clinic was provided for patients who required general health checks and routine screening.
- The practice offered minor surgery, such as the removal of skin lesions and joint injections to those patients who would benefit.
- A range of contraceptive services and family planning options were available.
- A child health surveillance clinic was provided by the practice on a weekly basis. The clinic was led by one of the practice GPs and a health visitor. Childhood immunisations were also provided to all children who were registered.

- The practice clinicians could refer its patients who would benefit to a counselling service which was located on site.
- Patients were able to receive travel vaccinations available on the NHS. For vaccinations only available privately, patients were signposted to the relevant provider.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 7.30am to 6.30pm Mondays to Fridays. A range of appointments were available Mondays to Fridays from 7.30am to 12pm and from 1pm to 6.30pm. Pre-bookable appointments could be booked without any time limited restriction. Appointments could also be pre-booked at three other practices in Coventry if patients required an appointment with a GP or nurse during weekday evenings or weekend mornings.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.
- 80% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.

The practice had undertaken its own patient survey to obtain feedback. We reviewed a survey undertaken in September 2015 which included questions regarding patient satisfaction with telephone triage. The results showed that 94 out of 123 patients had used the telephone triage system and of those 94, 93 of those patients rated their experience as either excellent, very good or good. The practice told us that they aimed to respond to requests for telephone triage within 30 minutes of the patient requesting this service.

Comment cards we received on the day of the inspection showed that patients were able to get appointments when they needed them.

The practice had a system in place to assess:

Are services responsive to people's needs?

(for example, to feedback?)

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

Patients who contacted the practice to request a home visit were placed into the telephone triage system whereby one of the GPs made telephone contact with the patient to discuss their needs. The GP then made an informed decision and prioritised the home visits according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included the practice's information leaflet and on their website.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, the practice implemented a new procedure as a result of a complaint received. The new procedure clarified arrangements regarding the appropriate action to be taken by the practice if a patient did not attend for a medicines review when requested.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice's objectives included the delivery of safe, high quality services providing excellence at all times. The practice aims were to ensure that patients and their carers had a positive experience. The practice's statement of purpose was available to read on their website. Staff we spoke with knew and understood the practice values.
- The practice had a strategy and supporting business plan which reflected the vision and values and were regularly monitored. We reviewed the business plan for 2016-19 which identified continuous engagement with the CCG and Practice Alliance, the sharing of skills and expansion of services.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported through one to one sessions, training and appraisals.
- Practice specific policies were implemented, reviewed and were made available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. This was reflected in the practice's high QOF attainment which was also consistent in previous years; quarterly reports provided by the CCG which showed the practice was usually within the top five organisations in the CCG for its effective prescribing and other locality benchmarking data.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Whilst we were provided with a small number of clinical audits

undertaken, a completed prescribing audit identified improved patient outcomes. Patients involved in the audit had received a review of their medicines and these were reduced accordingly.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had systems in place for the reporting of significant events and complaints. It took appropriate action to manage the risks which had been identified. We found areas which could be strengthened however, such as documented recording of practice meetings and aspects of training including infection control, safeguarding for non-clinical staff and chaperone training. We were given assurance that recording systems would be strengthened.

Leadership and culture

The practice was part of a federation of 64 practices. One of the GP partners also had a role as a clinical director for the CCG. On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners told us they prioritised safe, high quality and compassionate care. Staff we spoke with told us the partners and practice manager were approachable and always took the time to listen to all members of staff.

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 set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal or written apology when appropriate.
- The practice kept written records of correspondence which was reviewed annually to ensure corrective measures had been effective.

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

Are services well-led?

Good 

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

- Staff told us the practice held team meetings although these had been ad-hoc and not always documented. We were advised that more regular meetings would be planned.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The practice offered performance incentives to its staff.
- Practice staff were given promotional opportunities when these arose. For example, the current practice manager had started work for the practice as a typist and the healthcare assistant had started work as a receptionist. We were informed that six staff had taken NVQ qualifications since their employment had commenced.
- The practice had received a CCG Reception award in 2012 for being the most welcoming and well organised reception.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, reviewed patient surveys and submitted

proposals for improvements to the practice management team. For example, discussions had taken place regarding limited car parking on site and the practice had taken measures to improve this. This had included line marking car parking spaces and notices to advise members of the public that parking was for practice patients only.

- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they felt involved and engaged in how the service was delivered.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a CCG led prescription ordering direct (POD) scheme which enabled patients to order their prescriptions directly from trained prescribing clerks and clinical members of the Medicines Management team at the CCG. The aim of the scheme was to reduce unnecessary wastage of medicines and we were informed that savings had already been identified.

The practice had worked alongside a local university in clinical research. They had participated in projects involving the effects of physical activity in patients with dementia, antihypertensive research (medicines used to treat high blood pressure) and a study in chronic headache education and self management (CHESS). Whilst the practice did not hold records relating to patient outcomes, a number of their patients had participated in studies held.

This section is primarily information for the provider

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity must receive such appropriate support, training, professional development and supervision to enable them to carry out the duties they are employed to perform. We identified gaps in training provision relating to nursing staff who had not undertaken Mental Capacity Act 2005 training and practice staff who had not received formal training in areas including infection control, safeguarding and chaperone training. (Regulation 18)
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	