

Kensington Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

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 Kensington Road Surgery on 24 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 which staff were aware of.
- Risks to patients were assessed and well managed, and the practice had systems in place to manage safety alerts.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Some training for reception staff was outstanding in areas such as safeguarding, infection control and information governance. However, the practice had plans in place to ensure this took place.

There was also some inconsistency in the approach from the GPs regarding recording actions from pathology results and an agreed more robust system was required.

- Levels of patient satisfaction with the practice were high. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain were available on the practice website. There was also information in reception regarding services, but there was no information about how to complain. However, patients we spoke with told us they would know how to make a complaint if they needed to.
- 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 adequate facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice engaged well with staff and sought feedback from both 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 areas where the provider should make improvement are:

- Review and introduce a robust system and policy for dealing with pathology results consistently
- Review the recall process for management of long term conditions and consider appropriate exception reporting and the practice view regarding care plans to reflect a more accurate position of effectiveness of care.
- Ensure every member of staff is aware of all items of emergency equipment.
- Ensure update training is completed in line with practice plan regarding safeguarding and fire.
- Ensure that more two cycle audits are undertaken to demonstrate improvement.
- Ensure the complaints procedure is updated and made available for patients to view in the practice.
- Consider ways of increasing the number of carers identified on the register.

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 and staff were aware of this.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Although some reception staff had not yet completed safeguarding training updates they were able to demonstrate an understanding of safeguarding and provided a good example of where they had followed the safeguarding guidance with a good outcome.
- Risks to patients were assessed and generally well managed. We noted that the recommendations of the health and safety and fire risk assessments had yet to be implemented due the fact they had only been completed immediately prior to our inspection. However, the practice had an action plan with dates for completion.

Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the local and national averages. The practice had achieved 86% of the overall QOF points for 2014/15 which was below the CCG and national averages of 94% and 95% respectively. Discussions with the practice demonstrated a knowledge of and commitment to good clinical care, although the practice did not routinely exception report patients from clinical domains which impacted on the practice reported achievement. The recall system for long term conditions did not appear to always be effective, specifically in diabetes and mental health. We noted that the practice were exploring ways of changing their system.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- The practice had systems in place for sharing clinical information to ensure good care, although the system in place for dealing with pathology results was inconsistent between the GPs and posed a potential risk. We checked the system and reviewed some pathology results and whilst we did not see any evidence of harm to patients or that patients had been disadvantaged, the system needed to be more robust to remove any potential risk.
- Clinical audits demonstrated quality improvement and we saw audit had reassured the practice of its appropriate management of high risk medicines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of past appraisals and a schedule of appraisals for the current year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw evidence of meetings with the health visitor, midwife and palliative care team.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others in all aspects of care. For example, 90% of patients reported the last GP they saw was good at explaining tests and treatments, compared to the CCG and national averages of 85% and 86% respectively.
- Patients we spoke with told us the practice delivered services of an excellent standard and that they consistently provided caring and compassionate care. They told us they were involved in decisions about their care and treatment and were always treated with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice provided information for carers and signposted to the local Coventry Carers Group. They had identified 55 carers which represented under 1% of the practice population.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Good



Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice engaged in local enhanced services such as providing ward rounds at local care homes.

- 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 adequate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website but there was no information on the practice notice boards to inform patients of this process. Patients we spoke with told us they would know what to do if they needed to complain. 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. The GPs told us continuity of care and delivering good clinical care was a priority and all staff we spoke with confirmed this was the priority. Staff we spoke with 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 regular meetings. There was evidence of good communication in the practice both from informal discussion and formal meetings.
- There was an governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 met twice yearly and reported that the practice engaged well with the group.

Good



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 provided flu vaccinations at home for those patients who were housebound.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had committed to the enhanced service which required the practice to carry out weekly ward rounds at local care homes to address any health issues.
- The GPs had regular contact with the community matron and district nursing team regarding older patients.

People with long term conditions

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

Good



- The nurse had a lead role in asthma and chronic obstructive pulmonary disease and patients at risk of hospital admission were identified as a priority. The practice manager was actively exploring ways of increasing uptake of review of long term conditions such as diabetes by amending the recall system.
- Diabetes outcomes appeared lower than the Clinical Commissioning Group and national averages, although discussions with the GPs showed that the GPs did not routinely exception report patients which impacted on the reported outcome figures. However, review of the recall system for long term conditions appeared to be necessary to increase achievement.
- Longer appointments and home visits were available when needed.
- 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 and practice nurse worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with long term conditions were encouraged to attend for flu vaccinations and those who were housebound were visited by the practice and received these at home.

Summary of findings

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, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were slightly above average. For example, the percentage of women aged 25-64 years whose notes recorded that a cervical screening test had been performed in the preceding five years (01/04/2014 to 31/03/2015) was 84% compared to the Clinical Commissioning Group (CCG) and national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The GPs offered post-natal checks and contraceptive advice and a full range of contraceptive methods, including intrauterine contraceptive device (IUCD) fitting and long acting reversible contraceptive implants (LARC).
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had engaged in the C-Card system which allowed young people to collect barrier methods of contraception without the need for explanation at reception.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group such as NHS health checks.
- The practice encouraged patients to attend for national screening programmes such as for bowel and breast screening

Summary of findings

and had higher than average uptake for both of these. For example the number of patients aged 60-69 years, screened for bowel cancer in the last 30 months was 64% compared with the CCG and national averages 58 and 59% respectively.

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.
- The practice offered longer appointments for patients with a learning disability.
- The health care assistant had recently undertaken training in learning disability checks and had shared this with the practice. They had plans to implement a system to invite all patients with a learning disability for health checks.
- 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 and we saw information in the waiting area for patients regarding these groups.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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



- 67% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 82% and 84% respectively. The practice were continuing to review their system to capture more patients.
- 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 groups and voluntary organisations.

Summary of findings

- The practice hosted sessions from the Improving Access to Psychological Therapies (IAPT) and Cognitive Behavioural Therapy (CBT) services twice weekly to help support patients in this group. They also referred to councillors when necessary.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding 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 published in July 2016 showed the practice was performing above the local and national averages in all areas. There had been 263 survey forms distributed and 125 returned, which represented approximately 2% of the practice's patient list and a response rate of 47%.

- 91% of patients found it easy to get through to the practice by phone compared to the Clinical Commissioning Group (CCG) and national average of 73%.
- 89% 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 the national average of 85%.
- 92% of patients described their overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 88% 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 the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards which were all positive about the standard of care received and two cards whilst being satisfied with the care added comments regarding difficulty getting appointments at times.

We spoke with five patients during the inspection. All patients told us they were satisfied with the care they received and thought staff were approachable, committed and caring. Some patients had been with the practice for many years and told us the care had been consistently good over that time. Patients commented on GPs by name and that the staff were helpful and friendly.

Areas for improvement

Action the service **SHOULD** take to improve

- Review and introduce a robust system and policy for dealing with pathology results consistently
- Review the recall process for management of long term conditions and consider appropriate exception reporting and the practice view regarding care plans to reflect a more accurate position of effectiveness of care.
- Ensure every member of staff is aware of all items of emergency equipment.
- Ensure update training is completed in line with practice plan regarding safeguarding and fire.
- Ensure that more two cycle audits are undertaken to demonstrate improvement.
- Ensure the complaints procedure is updated and made available for patients to view in the practice.
- Consider ways of increasing the number of carers identified on the register.

Kensington Road Surgery

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 Kensington Road Surgery

Kensington Road Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 6,700 patients living in Earlsdon and the surrounding areas in Coventry. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a two storey building and patients are seen on the ground floor and first floor. Administration staff and the practice manager operate from the first and second floors. The practice has a ramp and electronically operated automatic doors to allow access for patients with disabilities. The practice population has a higher than average number of patients aged 25 to 35 years and those over 85 years. National data indicates that the area is one that does not experience high levels of deprivation. The practice population is made up of predominantly white British patients with small numbers of patients of Asian and Eastern European ethnic origin.

There are two GP partners, both of whom are male. They employ a salaried female GP, a practice nurse, a part time practice manager who also works part time as a health care assistant and a business manager who are supported by a team of reception and administration staff.

The practice is open on Monday, Tuesday, Wednesday and Friday from 8.30am until 6pm and Thursdays from 8.30am until 1pm. When the surgery is not open during core hours, calls are diverted to the Warwickshire Ambulance Service via the NHS 111 service who also provide the out of hours service. This is a locally agreed contract. Appointments are available from Monday to Friday from 8.30am until 10.30am and Monday 3pm until 5pm, Tuesdays and Wednesdays 3.30pm until 5.30pm and Fridays 2pm until 4pm.

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 inspecting, 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 24 August 2016. During our inspection we:

- Spoke with a range of staff including GPs, the nurse and health care assistant, practice manager and we spoke with patients who used the service.
- Observed how staff assisted patients when they attended the practice and talked with family members

Detailed findings

- 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. These were printed off when an incident occurred and discussed with the GPs and investigated as appropriate. The practice kept a summary sheet which contained a review date to allow the practice to revisit the event to determine if actions had been effective and were being maintained. 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 reasonable support, a written apology and 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, Medicines and Healthcare products Regulatory Agency Safety Alerts (MHRA) and patient safety alerts and staff told us these were discussed and gave examples of actions they had taken. The practice manager showed us the system in place for recording safety alerts and actions taken which was appropriate. For example, we saw that there had been an alert regarding a specific piece of equipment and a patients had been contacted and advised of actions required. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw a process had been introduced to improve the system of recording tests following a significant event when information had been destroyed.

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. All consulting rooms had laminated posters stating who to contact with safeguarding concerns. There was a lead GP for safeguarding who attended safeguarding meetings monthly and we saw evidence of meetings which had taken place. Staff demonstrated they understood their responsibilities and all clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. However, some reception and administration staff had not received update training. The practice manager had arranged for the staff to carry out online training which was in progress. They had also sourced update training in September 2016 for all staff. GPs and the practice nurse were trained to child safeguarding level 3.
- A notice in the waiting rooms and consulting rooms advised 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). The practice had a chaperone policy which reflected this. Staff we spoke with demonstrated a clear understanding of the role of the chaperone.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and had undertaken infection control training in March 2016 and we saw evidence of this training. There was an infection control protocol in place. The reception and administration staff had not received formal infection control training but the infection control lead told us they talked to staff regarding handwashing techniques and specimen handling following their training. We saw the practice had carried out an infection control audit in August 2016 and that actions had been taken to address some of the issues identified with a plan for completion of other issues. The nurse had a system in place to clean their own equipment following use, such as the spirometer

Are services safe?

and ear syringing equipment. The practice employed an external contractor to carry out cleaning of the practice and there were systems in place to monitor the quality and standard of this.

- 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). Processes were in place for handling repeat prescriptions. We saw the practice had systems in place for the review of high risk medicines and had carried out audits to ensure this was effective. 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. The practice had adopted Patient Group Directions to allow the nurse to administer medicines in line with legislation and the Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription. A Patient Specific Direction is a written instruction from a doctor or dentist or other independent prescriber for a medicine to be supplied or administered to a named patient.
- The practice had recently commissioned the services of an external human resource (HR) company who were supporting the practice to update and develop their HR procedures. This included the introduction of new recruitment procedures. 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 with a poster in the reception office which identified the local health and safety representative. The practice had an up to date fire risk assessment which had been completed during the week of the inspection. The practice was making plans to address actions from the assessment such as carrying

out regular fire drills. We noted that some staff had not had recent fire training. However, the practice manager told us they had arranged training for all staff to take place on 16 November 2016 and staff were aware of what to do in the event of a fire. We saw from minutes of staff meetings that fire checks had been discussed and staff alerted to fire meeting points and fire alarm testing. All electrical equipment was checked in December 2015 to ensure the equipment was safe to use and clinical equipment was checked in July 2016 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 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and staff provided cover for each other during times of annual leave. We saw minutes of meetings where staff cover had been discussed and the practice did not allow more than two staff to be off at any one time. When GPs were on leave for longer periods then locum cover was sought.

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 had received annual basic life support training. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were available and easily accessible to staff in the nurses treatment room. Staff knew of their location with the exception of two reception staff who knew the location of the oxygen and defibrillator but not of the emergency medicines. The practice had also ensured that adrenaline was available in every clinical room for emergency use. All the medicines we checked were in date and stored securely.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Whilst there was no formal process for receiving and discussing NICE guidance, the practice had online access via their computers to keep all clinical staff up to date and care and treatment was delivered according to NICE guidance, was appropriate and met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits and 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 showed the practice had achieved 86% of the total points available, compared to the Clinical Commissioning Group (CCG) and national averages of 94% and 95% respectively. Exception reporting overall was 5% which was below the CCG and national averages of 8% and 9% respectively. (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 an outlier in the QOF for some diabetes and mental health clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower than the CCG and national averages. The practice achieved 74% of the total overall points available for diabetes compared to the CCG and national average of 89%.

- Performance for mental health related indicators was lower than the CCG and national average. The practice had achieved 56% of the total overall points available for mental health compared to the CCG and national averages of 90% and 93% respectively.

Discussions with the GPs revealed that they did not routinely exception report patients and had a preference to keep the alerts on the system to remind staff if patients still required procedures or tests to be undertaken. This approach impacted on the practice total achievement and exception reporting where it was relevant would have increased the reported achievements in most areas. The GPs, nurse and practice manager were all involved in the QOF. They had been discussing reviewing their system regarding recall for long term conditions specifically for diabetes and were considering changing how patients were recalled. For example, the current system involved a full review at the same time patients attended for their retinal screening. However, the practice had acknowledged that if patients did not attend their retinal screening they missed their whole review. They acknowledged that a more systematic approach may improve outcomes.

Patients' records contained a profile of the patient, their condition and treatment rather than care plans using templates. Development and adoption of more bespoke templates would provide a clearer view of current care.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, where the improvements made were identified, implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation.
- Findings were used by the practice to improve services. For example, they had reviewed their patients receiving high risk medicines to ensure they had been appropriately monitored. They had also monitored the process for intrauterine device fitting and told us about their plans for future audits. Insufficient time had elapsed to re-audit therefore these were single cycle audits.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This had been recently introduced using the human resource service commissioned by the practice. This covered all areas of the practice and included receipt of a staff handbook which included comprehensive information for staff. The practice manager was incorporating training for new staff in this process on topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse was trained in spirometry and attended a number of update sessions on topics such as travel, diabetes, cervical screening and immunisation. They attended a regular local forum with other practice nurses in the Clinical Commissioning Group (CCG) where they could access clinical supervision and engage in general discussion regarding changes in practice.
- 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. The health care assistant had attended training to enable them to carry out learning disability checks as they had identified a gap in knowledge in this area. This information had been cascaded to other staff in the practice. Staff told us they received good support from the GPs and had received appraisal in the past, although they had not had an appraisal in the last year due to a change of practice manager. The new practice manager showed us their schedule of appraisals which were due to be completed by the end of September. Staff told us they could go to the practice manager or GPs at any time if they identified training needs or if they had any issues.

- Staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance, although update training was due and was being sourced by the practice manager. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was on the whole available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system, with the exception of handling of pathology results. We noted that the system for handling pathology results was not consistent across the practice. Whilst we could see that the results had been actioned appropriately we saw that one GP relied on receiving paper copies rather than on the online system allowing the potential for a short delay in waiting for receipt of hard copies. We also saw that the other GP recorded very clear messages on the results detailing plans and actions but the information did not reach the computer record which left a gap in information for other staff in the GPs absence which posed a potential risk.

All other relevant information was shared with other services in a timely way, for example when referring patients to other services. We saw evidence of good information sharing 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 monthly with other health care professionals such as the community matron to discuss complex patients and those with long term conditions when care was routinely reviewed and updated for patients with complex needs.

The practice maintained regular contact with the local community psychiatric team and liaised with the community crisis team when necessary to ensure the needs of patient experiencing mental health were being met.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Staff had received training regarding the MCA.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff demonstrated a sound knowledge and an awareness of links to child sexual exploitation which could be revealed by under age requests for family planning.
- 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.
- Staff recorded on the patient's computer record that consent was sought for cervical smears and that a chaperone had been offered. There was a formal written process for consent to minor surgery which we saw and was appropriate.

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 appropriate services such as the Coventry Carers Group, Improving Access to Psychological therapies (IAPT) and Cognitive Behavioural Therapy (CBT) for patients suffering with anxiety and mental health issues.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical

screening test. The practice encouraged its patients to attend national screening programmes and the practice uptake for bowel and breast cancer screening was above the CCG and national average. For example:

- The number of females, aged between 50-70 years, screened for breast cancer within 6 months of invitation was 75% compared to the CCG and national averages of 71% and 73% respectively.
- The number of patients aged between 60-69 years screened for bowel cancer within 6 months of invitation was 65% compared to the CCG and national averages of 57% and 55% respectively.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 98% which was comparable to the CCG average of 82% to 98% and five year olds from 98 % to 100% which was comparable to the CCG average of 93% to 98%.

The practice offered flu vaccinations and shingles vaccines for those patients who were eligible as well as blood pressure monitoring, smoking cessation and healthy lifestyle advice for all patients.

Chlamydia screening was available for patients aged between 15 and 24 years of age.

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice were also starting to actively call patients for learning disability health reviews and had invitation letters and booklets which clearly explained the process in pictorial format to assist understanding and encourage uptake.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Patients we spoke with told us that they felt the staff were always friendly and assisted them in every way they could.

- We saw that consulting rooms had keypad locks to prevent admission during consultation. Curtains were also 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 and 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 40 patient Care Quality Commission comment cards we received contained positive comments and patients expressed high levels of satisfaction. They referred to the GPs by name and highlighted how they had been particularly supportive during times of dealing with difficult health issues. Patients also commented on the GPs flexibility when they had encountered problems and had arrived late. There were many comments referring to how patients valued the GPs and nurse's listening skills. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients and a member 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 published in July 2016 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 in almost all areas. For example:

- 88% 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%.
- 88% 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%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 92% 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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

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 above the CCG and national averages. For example:

- 90% 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 the national average of 82%.
- 97% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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 support groups was also available on the practice website.

The practice had identified 55 patients as carers (0.8% of the patient list) and offered flu vaccinations and health checks and referral to the Coventry Carers Group. There was a carers board in the reception area providing details

of friendships group and how to access the Coventry Carers Centre and other information to help carers. Written information was available to direct carers to the various avenues of support available to them. There were many posters in the waiting room informing patients about where they could get more information and support regarding certain conditions such as Alzheimer's.

Patients we spoke with and comment cards we reviewed highlighted how they appreciated the 'traditional family GP' approach of the practice and felt the GPs knew them and supported them well regarding their long term conditions. The GPs had a significant number of patients who had been registered with the practice for many years and who attended the surgery regularly and could generally see their regular preferred GP. Staff told us that if families had suffered bereavement, their usual GP would either contact them by phone or visit the family if they felt it appropriate.

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. For example, the practice had participated in a local enhanced service, which involved weekly ward rounds at a local care home by the GP and health care assistant to review patients and prevent exacerbation of long term conditions and prevent unnecessary admission to hospital.

- There were longer appointments available for patients any patients who needed them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and all patients with medical problems that require same day consultation. Patients we spoke with on the day had called that morning and were being seen.
- Patients were able to receive travel vaccinations available on the NHS .
- There were disabled facilities and translation services available including access to a sign language interpreter.
- Patients with mobility difficulties were seen on the ground floor and an alert was on their computer record to inform staff of this.
- The community midwife attended the practice on Tuesday and Wednesday mornings weekly.
- The practice offer a full range of contraception services including intrauterine contraceptive device fitting (IUCD), and long acting contraceptive implants (LARCs) by a female GP.
- The practice engaged in the C-Card campaign which allowed young people to attend the practice and obtain barrier methods of contraception without the need to explain to reception staff the reason they were attending.

Access to the service

The practice was open on Monday, Tuesday, Wednesday and Friday from 8.30am until 6pm and Thursdays from 8.30am until 1pm. When the surgery was not open during core hours, calls were diverted to the Warwickshire Ambulance Service via the NHS 111 service who also

provided the out of hours service. This was a locally agreed contract for the Clinical Commissioning Group (CCG). Appointments were available Monday to Friday from 8.30am until 10.30am and Mondays 3pm until 5pm, Tuesdays and Wednesdays 3.30pm until 5.30pm and Fridays 2pm until 4pm. In addition to pre-bookable appointments that could be booked up to a week in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 86% and the national average of 87%.

People told us on the day of the inspection that they were able to get appointments when they needed them and generally did not have difficulty in getting appointments. The practice had a system in place to assess whether a home visit was clinically necessary. They operated a GP triage which involved a telephone consultation where a GP would decide whether the patient should receive a home visit, appointment on the day or whether it was non-urgent. 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.

The practice had a complaints policy and procedure in place which in the main was in line with recognised guidance and contractual obligations for GPs in England, but there were some omissions. There was no reference to acknowledging the complaint within 3 working days or information about who to go to if they were not satisfied with the response. The practice manager was the designated responsible person who handled all complaints in the practice. We noted that whilst there was information on the practice website regarding how to complain, there was no information displayed in the waiting areas advising patients of this. Patients we spoke with told us they would know what to do if they wanted to complain.

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

The practice told us they received very few complaints and were fortunate to mainly receive positive feedback. Comment cards and views of patients we spoke with aligned with this. We looked at two complaints received in the last 12 months and found that these had been handled appropriately and dealt with openness and transparency. The staff at the practice told us they would always try to assist patients and diffuse any dissatisfaction by listening to patients and prevent the need to complain. Lessons were learnt from individual concerns and we noted that the

practice addressed any areas of concern at practice meetings. For example, we noted that the practice manager had reminded staff of the need to answer the telephone within three rings to promote customer satisfaction and prevent frustration. We also saw from meeting minutes that customer services had been discussed, such as always greeting patients politely and keeping patients informed when they were holding on the telephone. The practice kept a book in reception to record verbal complaints.

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 was a long established practice whose vision was to provide high quality care and promote good outcomes for patients and continuity of care. The service focussed on putting patients at the centre of care. Staff we spoke with told us they felt the practice always put patients first.

The practice had experienced a change in key staff in recent months and appointed a new practice manager and their priority was to allow staff to settle into new roles and look at ways of dealing with an increasing list size as a result of local GP closure.

Governance arrangements

The practice had an a 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 staff were aware of their own roles and responsibilities. The practice had appointed a new practice manager and had also recruited the support of an experienced business manager to assist them and support them in their new role.
- Since their appointment they had created a comprehensive assessment and action plan of all areas which required attention in the practice which contained completion dates.
- Practice specific policies were implemented and were available to staff on the practice computer system. Some of these required updating, however, the new practice manager had already identified this and was working through these to update them systematically and this was included in their action plan.
- The GPs and management team had an understanding of the performance of the practice and was monitoring this and considering ways of implementing new systems to improve the reported performance.
- Clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, there had been a recent fire assessment, health and safety assessment, and infection control audit.

Leadership and culture

During our inspection the senior partner in the practice demonstrated they had the commitment, experience, and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. When an area of potential improvement was highlighted the GP was receptive and demonstrated a commitment to review of systems to achieve improvement. Staff spoke very positively about the GPs and told us they were approachable, supportive 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). 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 reasonable support, information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence in the reception.

Staff told us they felt supported by management and could go to any of the partners at any time or the practice manager if they had any issues or concerns. Communication in the practice was good and we saw that staff held regular team meetings. They told us they could bring any issues to the meeting for discussion.

Many of the staff had worked at the practice for many years and told us they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice manager was working with external agencies to learn how to extract and analyse their information and data more effectively and develop improved systems for managing recall for long term conditions.

Are services well-led?

Good 

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

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 been proactive in gaining the views of all patient groups. The patients participation group (PPG) had representation from all population groups including, young families, ethnic groups and those new to the NHS, carers and patients with disabilities, working men, retired and older patients and working mothers. The PPG had approximately 12 members. We met with a member of the PPG who told us they met with the practice approximately twice a year. They told us that the practice engaged well with them and a GP always attended as well as other staff from the practice. The feedback from the PPG was positive and they told us the practice listened to their views and responded appropriately. Patient satisfaction

was high but the practice continued to address any areas of concern. For example, they were exploring changing the telephone system in response to how easy it was to get through to the practice by phone. In the interim they had introduced a three ring policy to alert staff for the need to answer promptly. They were also discussing whether they would be able to provide extended hours sessions in response to patient feedback.

The practice had gathered feedback from staff through general staff meetings, appraisals and discussion, although appraisals had not been carried out in the last 12 months due to the departure of the previous manager. However, a programme of appraisal had been produced to be completed by the end of September. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice.