

# Holbrooks Health Team

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Holbrooks Health Team	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holbrooks Health Team on 5 January 2016. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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. Events were fully investigated by the practice and learning points identified and implemented.
- The practice was a founder member of a local GP federation. This enabled learning and best practice to be shared more widely within GP practices within the local area.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff

had received training appropriate to their roles and any further training needs had been identified and planned. Training needs were also identified and actioned as a result of patient feedback.

- Information about services and how to complain was available and easy to understand. All complaints were fully investigated by the practice and learning points identified. These were also shared when appropriate within the local GP federation of which the practice was part, to enable learning to be more widely applied.
- The practice had good facilities and was well equipped to treat patients and meet their needs. A range of health care related commercial services was also available on site, for example a pharmacy and hearing centre.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- 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.

The areas where the provider should make improvement are:

- Ensure appropriate steps are taken to improve access to the service by telephone and for patients making appointments.

**Professor Steve Field CBE FRCP FFPH FRCGP**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood their responsibilities to raise concerns, and identified and reported incidents and near misses. Learning points were identified and communicated widely amongst staff to support improvement. Information about safety was recorded, monitored, reviewed and addressed. Risks to patients were assessed and well managed. Appropriate safeguarding measures were in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produced and issued clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any additional training needs were identified and planned to meet patient needs. Staff were appraised annually and had personal development plans in place. Staff worked with multidisciplinary teams to improve outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It identified and reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they were able to make an appointment with a GP and that there was continuity of care, with urgent appointments available the same day. Extended hours opening was available every weekday from 7am.

Good



# Summary of findings

The practice building was purpose built and well equipped to treat patients and meet their needs. A range of health care related community services was also available within the practice buildings, for example a pharmacy and hearing centre.

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. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. 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 governance meetings. Appropriate systems were in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings and events.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for those unable to reach the practice. GPs also made proactive telephone calls and weekly visits to five care homes where patients lived. Health checks were carried out for all patients over the age of 75 years. At the time of our inspection, the practice had started to plan its 2015-2016 flu vaccination programme.

The practice employed a patient care co-ordinator who handled telephone calls from patients who are most at risk, care homes, requested patient transport and liaised with the district nursing team, amongst other duties.

The practice offered a variety of community events to raise health awareness within this patient group. This included a 'Winter Warmers' event in conjunction with Coventry City Council to identify health and social needs with the over 70's.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. The practice used a chronic disease management system to monitor patients with chronic diseases. Patients at risk of hospital admission were closely monitored. Longer appointments and home visits were available when needed. Patients were reviewed at least annually, sometimes more frequently depending on the condition they had and its severity. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered dietary, weight management and smoking cessation advice.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances.

Good



# Summary of findings

The practice ran baby clinics and offered appointments with the midwife who was based at the practice. The practice had a policy providing same day appointments for children and appointments were also available outside of school hours. The premises were suitable and accessible for children, with changing facilities for babies. We saw good examples of joint working with midwives, health visitors, school nurses and district nurses. The practice notified Child Health Services when babies and children did not attend for their vaccinations. Walk in sessions were held for children's vaccinations on Saturday mornings and periodic child health promotion days were organised.

The practice also offered a number of online services including booking appointments and requesting repeat medicines.

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

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified. Telephone consultations were available for patients who were unable to reach the practice during the day. Extended hours opening was offered with appointments available from 7am during the week. Telephone consultations were also available with GPs and practice nurses for patients unable to reach the practice during the day.

The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this age group. The practice nurse had oversight for the management of a number of clinical areas, including immunisations. Adult health awareness days were held by the practice twice every year on Saturday mornings. These provided lifestyle advice along with weight and blood pressure checks.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability. For example, the practice had carried out annual health checks and offered longer appointments for patients with a learning disability. Homeless patients were also registered at the practice.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. Alerts were placed on these patients' records so that

Good



# Summary of findings

staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments. The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).

Staff had received training and knew how to recognise signs of abuse in adults whose circumstances made them vulnerable and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had a strong link with the local Coventry Recovery Partnership which although now an independent organisation, had been initiated by the practice in 1984 and provided advice and assistance for patients with alcohol and drug related problems.

## **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). The practice regularly worked with multi-disciplinary teams to plan care and treatment with patients who experienced poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health. The GP and practice nurse understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E). Staff had received training on how to care for people with mental health needs and dementia.

**Good**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice performance was generally below the average for the Coventry and Rugby Clinical Commissioning Group and nationally. There were 379 questionnaires issued and 111 responses which represented a response rate of 29%. Results showed:

- 53% found it easy to get through to this practice by phone which was lower than the Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 77% found the receptionists at this practice helpful compared with a CCG average of 87% and a national average of 67%.
- 75% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 89% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 49% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 42% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 38% feel they did not normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

We asked practice management and GPs about the low results for some of these areas. They outlined changes they were making with the appointment system and they telephone calls were handled to meet these concerns and told us they were keeping this under review.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 41 comment cards. Of these, most were positive about the standard of care received. Patients were very complimentary about the practice and commented that they could usually obtain appointments when they needed one. Nine patients particularly mentioned how good the staff and GPs were. Eight patients said appointments often ran late however.

We spoke with 15 patients during the inspection who were all very positive about the service they received. Six mentioned how caring and respectful GPs at the practice were. Three patients were members of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care. All patients we spoke with were overwhelmingly positive about all aspects of the practice.

We spoke with the management of three of the care homes the practice served. They confirmed that the practice provided a good service and GPs responded quickly in an emergency. None of the homes had any complaints about the service they received from the practice.

## Areas for improvement

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

- Ensure appropriate steps are taken to improve access to the service by telephone and for patients making appointments.

# Holbrooks Health Team

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Holbrooks Health Team

Holbrooks Health Team is located in the Holbrooks district of Coventry. It provides primary medical services to patients throughout Coventry, Exhall and Bedworth, a largely urban area with pockets of deprivation and a higher than average rate of unemployment. The area was primarily devoted to coal mining and industry until the 1990's and as a result there is a higher than average occurrence of long term medical conditions within the older patient group. There are also a large number of patients who do not speak English as a first language.

The practice is housed in a purpose built facility. The facilities also contain a community pharmacy, hearing centre, a pain management clinic and a dental practice. At the time of our inspection, 12,000 patients were registered at the practice. This included 225 patients in five local care homes, a large number of which have dementia and a large number who have been discharge from hospital to care home to receive end of life care. There are also homeless patients registered at the practice. Holbrooks Health Team

has an annual patient turnover of approximately 1,700 patients due to the fluid nature of the local population, partially caused by a large number of rented homes within the local area.

The practice has a Personal Medical Services (PMS) contract with NHS England. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Holbrooks Health Team has two partner GPs and seven salaried GPs, a mix of male and female. There is also a practice nurse manager, a practice nurse, two healthcare assistants and an assistant practitioner. They are supported by a chief executive officer, a practice manager and administrative and reception staff. The practice also employs a patient care co-ordinator who handles telephone calls from patients who are most at risk, care homes, requests patient transport and liaises with the district nursing team, amongst other duties.

The practice is open from 7am to 6.30pm during the week, with appointments available throughout those times. From 7am to 8am, the service is provided under an extended hours contract. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet.

Telephone consultations were also available with GPs and practice nurses when appropriate. This was particularly useful for patients who could not reach the practice during the day. Walk in sessions were held for children's vaccinations on Saturday mornings.

# Detailed findings

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

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, family planning and smoking cessation.

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection of Holbrooks Health Team we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Warwickshire North Clinical Commissioning Group (CCG) and NHS England area team to request any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 5 January 2016. During our inspection we spoke with a range of staff that included the GP, the chief executive officer, the practice manager, the practice nurse and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 15 patients, including three members of the patient participation group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice and 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 are provided for specific groups of people and what good care looks 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

We were satisfied that Holbrooks Health Team had a robust system in place for reporting and recording incidents and significant events. When a patient had been affected by a significant event, they received a timely apology and an explanation which included details of how the practice had taken steps to rectify the situation and improve on-going care. We saw records of 32 significant events that had occurred since September 2014. Each incident had been recorded, fully investigated and reviewed at a staff meeting. Key issues that arose and learning points had been clearly identified for each of these events. Action points had been discussed with all relevant staff. This included discussion and actions to prevent a re-occurrence. Significant events that involved palliative care or integrated care were discussed in multi-disciplinary meetings. It was clear that staff at the practice were fully aware of their responsibilities to raise concerns and they demonstrated during our inspection how they reported incidents and near misses. We were shown how would notify the practice manager of any incidents and there was also a recording form available. For example, when patient who had been newly admitted to a care home from hospital had been prescribed incorrect repeat medication, it was identified that incorrect information had been provided by the care home. This was discussed with the home concerned. The practice revised its procedure for issuing medications and in all such cases requested a copy of the hospital discharge information from the home before issuing medication.

We also saw that when a patient had been refused an emergency appointment and later received emergency treatment at the local hospital accident and emergency department, the practice reviewed its procedure for emergency appointments and issued revised guidelines to staff.

We were shown how the practice monitored safety using information from a variety of sources, including National Institute for Health and Care Excellence (NICE) guidance. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. As a result, staff understood risks and an accurate and current picture of safety was provided.

### Overview of safety systems and processes

Holbrooks Health Team had suitable processes and practices in place to keep patients safe. They included:

- There was a safety alerts protocol in place which was followed by all staff. Staff knew how to identify events, how to report them and were able to describe the stages in the process.
- Policies and procedures were in place for monitoring and managing risks to patients and staff. This included a health and safety policy and the latest health and safety risk assessment had been carried out in August 2015. This had highlighted some minor concerns with a torn carpet and fire extinguishers that needed to be wall mounted, points that had quickly been addressed.
- There were up to date fire risk assessments and regular fire drills were also carried out. The fire alarm was also tested weekly. There was also an emergency evacuation plan in place.
- The practice checked all electrical equipment to ensure it was safe to use (last completed in May 2015) and all clinical equipment to ensure it was accurate working properly (last completed in April 2015). There were also a range of other risk assessments in place to monitor safety of the premises such as fire safety, infection prevention and control and legionella, a term for particular bacteria which can contaminate water systems in buildings. A legionella risk assessment and test had been carried out in October 2015. Staff also had work station assessments carried out in November 2015.
- Systems were in place to ensure necessary levels of cleanliness and hygiene were consistently met and maintained. During our inspection we noted that the premises were visibly clean and tidy. The practice nurse manager was the infection control lead and liaised with the local infection prevention and control teams to keep up to date with best practice. Holbrooks Health Team had an infection control protocol in place and we saw evidence that staff had received up to date training. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in January 2015 and was due to be completed again in February 2016. The last audit had not identified any areas for action.

## Are services safe?

- There were procedures in place to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Coventry City Council. Staff told us how all policies were accessible to them and we saw how this information was clearly available for staff to refer to in the reception area. We saw how the practice recorded safeguarding cases as significant events and ensured each one was reviewed as part of this procedure to ensure the appropriate action had been taken in a timely way. Safeguarding policies listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role. Staff had also been issued guidance on helping patients who had been subjected to domestic abuse.
- Processes were in place for managing medicines. This included emergency medicines and vaccinations, to ensure patients were kept safe. This related to obtaining, prescribing, recording, handling, storing and security of medicines. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. There was a higher than average level of antibiotic prescribing due to the large number of care home patients (225) registered at the practice. The practice monitored this in conjunction with medicines advisors from the 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. Blank prescription forms were securely stored and there were systems in place to monitor their use. This included forms used in computer printers.
- Notices were displayed in the waiting room and in treatment rooms to inform patients that chaperones were available if required. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). 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 staffing levels assessment that determined the minimum staffing levels needed for the practice to operate safely. The number and range of staff on duty each day were anticipated and monitored to meet patients' needs. A rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredicted staff absences.
- During our inspection, we examined staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff 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 (DBS). The practice renewed DBS checks on all staff every three years.

### Arrangements to deal with emergencies and major incidents

The practice had an instant messaging system on the computers located in all of the consultation and treatment rooms. This alerted staff to any emergency. We saw records that demonstrated staff received annual basic life support training. There were emergency medicines and equipment available in the treatment room and we saw a first aid kit and accident book. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a defibrillator for the treatment of cardiac arrest (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and medicines to treat patients with a severe allergic reaction and low blood sugar. All the medicines we checked were in date and fit for use.

There was a business continuity plan in place to deal with a range of emergencies that might affect the daily operation of the practice. The practice had worked with other nearby practices to support each other in the event of the practice building being unable to offer a service to

## Are services safe?

patients. Risks identified included power failure, loss of telephone system, loss of computer system, and loss of clinical supplies. We saw there was a procedure in place to protect computerised information and records in the event of a computer systems failure. Part way through our inspection, the practice computer system failed and we saw first-hand how the practice put this procedure in place.

The practice were able to restore the computer system in a relatively short space of time, but some delays to patient appointments occurred. During this time, patients were offered an explanation, an apology and refreshments. An off-duty GP also held patient consultations to reduce the waiting time.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Holbrooks Health Team carried out patients' assessments and treatments in accordance with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. The practice had appropriate systems in place to ensure clinical staff were kept up to date of the latest clinical guidance and advice. Monitoring carried out by the practice ensured these clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and actioned recommendations when appropriate.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) scheme. This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 96.6% of the total number of points available, with 11.6% exception reporting. This was above the CCG average of 93.9%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. The practice was reviewing this exception rate in conjunction with the CCG.

Data from 2014-2015 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% with an exception rate of 19.4%. This was above the CCG average of 91.3% and national average of 83.82%.

- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 71% which was lower than the CCG average of 81.4% and the national average of 86%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 83%, the same as the CCG and national average.
- Performance for diabetes related indicators such as patients who had received an annual review was 92.6% which was higher than the CCG average of 90.1% and national average of 88.35%.

There was a system in place for completing clinical audits. These are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

We examined an audit that looked at cancer diagnosis, which was generally low within the area. The audit was repeated at various stages during 2015 and due to be repeated again in 2016. During this time, the practice had increased its early cancer detection rate to more than four times the average for the local area, with 82 cases having been identified within the last 12 months.

The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Some of this work was carried out under the local GP federation. This is a group of practices who worked together within the locality to improve outcomes for patients within the area. Holbrooks Health Team was involved in the formation of this federation. This included the audit of unplanned hospital admissions and compared admissions between GPs within the practice as well as with local and national referral rates. These were discussed and analysed with each GP and used an external mentor.

### Effective staffing

During our inspection we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.

# Are services effective?

## (for example, treatment is effective)

- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Practice staff received relevant training that included medical terminology for non-clinical staff, infection control, safeguarding, fire procedures and basic life support.
- Staff learning needs were identified through appraisals, meetings and reviews of practice development needs. Any personal objectives set were aligned to objectives applied to the practice, for example, to develop and maintain skills to maximise staff retention.

### Coordinating patient care and information sharing

We were satisfied that all relevant information necessary for the planning and delivery of care and treatment was available to staff in an easily accessible way through the patient record and practice intranet systems. This included care and risk assessments, medical records, care plans and test results. Appropriate information, for example, NHS patient information leaflets were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

We saw through the examination of records, how the practice staff worked with other health and social care services to understand and meet the range and complexity of people's 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. We saw examples of the minutes of multi-disciplinary team meetings held every three months. We saw from meeting minutes they included health visitors, district and community nurses and a Macmillan nurse when appropriate. Discussions had included concerns about safeguarding adults and children, as well as those patients who needed end of life care and support. These meetings were held regularly. We also saw details of child safeguarding meetings held every three months. Children at risk were discussed and actions agreed as a result. Monthly meetings were held with to discuss and determine appropriate actions for any patients who were considered to be at risk.

### Consent to care and treatment

The practice obtained patients' consent to care and treatment in line with current legislation and guidance. This included consent for minor surgery. We were shown the relevant forms. Staff we spoke with understood the Mental Capacity Act 2005 and how it related to obtaining consent within the practice. When providing care and treatment for children and young people, clinical staff carried out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear, the GP or nurse assessed the patient's capacity and when necessary, recorded the outcome of the assessment.

Clinical staff we spoke with understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

Holbrooks Health Team actively identified patients who needed additional support and met their needs when appropriate. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them if needed.

The practice offered all newly registered patients a health check with a healthcare assistant. Patients were referred to a GP if concerns were identified during this health check. Since April 2015, 58% of patients aged 40-75 had also received a health check.

A comprehensive screening programme took place at the practice. The practice's uptake for the cervical screening programme since April 2015 was 84%. This was comparable with the CCG. GPs and practice management had identified this figure was low and had taken steps to ensure this was raised at all relevant patient consultations and contacts. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to national and local averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 98% and five year olds averaged 82% which compared with CCG rates of 98.7% and 95.6% respectively. Flu vaccination rates



# Are services effective?

(for example, treatment is effective)

for the over 65s were 68% which was slightly below the national average of 73.24%. GPs told us how they faced challenges with increasing awareness of the importance of such vaccinations, particularly in communities where English was not spoken as the first language. The practice worked with health visitors and other community professionals to increase the awareness of this. As a result, walk in sessions were introduced for children's vaccinations on Saturday mornings.

Smoking cessation advice and support was also carried out at the practice. A total of 99% of patients who smoked had been given advice in the last 12 months. At the time of our inspection, the practice could not provide data of the number of patients who had stopped smoking as a result.

The practice carried out a wide range of local health initiatives which included:

- Adult health awareness days twice every year on Saturday mornings. These provided lifestyle advice along with weight and blood pressure checks.
- Child health promotion days.
- A 'Winter Warmers' event for older patients in conjunction with Coventry City Council to identify health and social needs with the over 70's.
- The practice had a strong link with the local Coventry Recovery Partnership which although now an independent organisation, had been initiated by the practice in 1984 and provided advice and assistance for patients with alcohol and drug related problems.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection, we saw that staff were polite and helpful to patients at the reception desk and over the telephone. We also saw that patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. Seven patients particularly mentioned this. Curtains were provided in consulting rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. We saw that patients could be offered a private room if they wanted to discuss something with staff away from the reception area.

Before our inspection took place, patients completed 41 comment cards. Of these, most were positive about the standard of care received. Patients said they felt GPs and staff cared about them and were helpful.

The results from the July 2015 national GP patient survey showed the practice had mixed results in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 94% 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%.

We spoke with the GP and practice management about the patient survey results. They told us how the practice had been looking at ways to increase GP availability and improve the service it offered to patients. Changes had been made to the appointment system and changes to salaried GP staffing over the last few months had improved GP availability and consistency of care.

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

Information we received from patients through the comment cards and in person demonstrated that health issues were fully discussed with them. Patients told us they felt involved in decision making about the care and treatment they received. Patients gave us mixed answers about whether they felt listened to and supported by staff and whether they were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the July 2015 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 81% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 80% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 67% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 82%.
- 90% of patients found the receptionists at this practice helpful compared to the CCG average of 85% and the national average of 87%.

We discussed these results with GPs and practice management. The practice had reviewed the patient survey results with staff concerned and had provided targeted training where appropriate. Changes to salaried GP staffing over the last few months had improved GP availability and consistency of care. Practice management told us they continued to monitor the situation and were confident improvement would be seen in the next national GP patient survey.

Patients we spoke with told us that when they had their medicines reviewed, the GP took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.

## Are services caring?

Staff told us that due to there being 191 ethnic groups identified within the practice patients and 84 different languages recorded, they often used a translation service. All staff we spoke with were very familiar with how the service worked.

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

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were actively identified, placed on a register of carers and signposted to local and national services for support. Carers were also offered health checks by the practice. The

practice also had good links with an organisation called Carer's Association. They used the practice facilities to meet patients and patients could be referred by the practice or could self-refer.

The GP and staff told us that if families had experienced bereavement the practice sent a bereavement card to the family and at times a GP telephoned them to offer support and information about sources of help and advice. Leaflets giving support group contact details were also available to patients in the waiting room.

The practice also ran a self-help group for patients who had been victims of abuse.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Holbrooks Health Team was involved with regular meetings with NHS England and worked with the local Coventry and Rugby clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area. 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. We saw evidence that the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Six-monthly or annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice employed a patient care co-ordinator who handled telephone calls from patients who are most at risk, care homes, requests patient transport and liaises with the district nursing team, amongst other duties.
- Care plans were in place for all patients in care homes, all patients with severe mental health problems, and all patients on the avoiding unplanned hospital admissions register.
- GPs also made proactive telephone calls and weekly visits to the five care homes where patients lived.
- The GP and the practice nurse made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening. This included a walk in session for children's immunisations on Saturday mornings.

- Telephone consultations were also available with GPs and practice nurses when appropriate. This was particularly useful for patients who could not reach the practice during the day.

### Access to the service

Holbrooks Health Team was open from 7am to 6.30pm during the week, with appointments available throughout those times. From 7am to 8am, the service was provided under an extended hours contract. When the practice was closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information was also available on the practice's website and in the patient practice leaflet. A dedicated hotline was available for care homes and patients most at risk to use to contact the practice. This was staffed by the patient care co-ordinator from 8am to 4pm.

Telephone consultations were also available with GPs and practice nurses when appropriate. This was particularly useful for patients who could not reach the practice during the day. Walk in sessions were held for children's vaccinations on Saturday mornings.

Home visits were available for patients who were unable to attend the practice for appointments. There was also an online service which allows patients to order repeat prescriptions and book new appointments without having to telephone the practice.

There were accessible facilities for patients with physical disabilities, a hearing loop to assist patients who used hearing aids and translation services available. Practice staff spoke a range of the languages spoken locally, so were able to translate for some patients without having to use the formal translation service. The practice also provided patient information in a large print format for those who were visually impaired.

The results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly below local and national averages. For example:

- 53% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 49% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 42% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

We discussed this with GPs and practice management and they told us how they had put measures in place to address this. Improvements had been made to the telephone and appointment system to make more appointments available. The practice had also taken a more proactive approach to encourage patients to register for on-line access to be able to book appointments on-line and also to encourage patients to telephone outside of peak times for non-urgent matters. Some of this work was carried out in conjunction with the patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. GPs and practice management told us how they continued to monitor the situation closely and we saw that it was a regular agenda item in staff meetings.

### Listening and learning from concerns and complaints

Holbrooks Health Team had an appropriate system in place for handling concerns and complaints. Their complaints

policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated team member who handled all complaints in the practice.

The procedure for handling complaints was transparent and open. Information on how to complain was clearly displayed within the patient waiting room, was included within the practice patient leaflet and was displayed on the practice website. Patients we spoke with said they knew how to make a complaint, but had never needed to do so.

During our inspection, we examined records of complaints. A total of 31 complaints had been received since January 2015. It was clear from our examination that verbal complaints were treated in exactly the same way as a formal written complaint would be. We reviewed these complaints and saw the practice had replied to patients with an apology and explanation within the timescales outlined in their complaints procedure. We saw evidence that showed lessons learned from individual complaints had been acted on. For example, following seven complaints since the start of 2015 about administrative issues including reception, we saw how staff had been given training when appropriate in response to this.

# 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

As part of our inspection, we reviewed Holbrook Health Team's statement of purpose. This clearly stated the practice's intention to provide a high quality service at all times. This was also outlined in the practice's patient leaflet and on its website. Throughout our discussions with clinical, managerial and administrative staff during our inspection, it was evident the practice aimed to provide a consistently high standard of care for its patients. This was also reflected in positive comments we received from patients who completed the patient comment cards before our inspection and from patients who spoke with us on the day.

### Governance arrangements

The practice had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that its performance was mixed. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes. The practice performance was above average for the 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. We saw evidence that the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care.  
There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting.
- Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies and dates were recorded when each policy was due for review. We saw evidence from minutes of staff meetings that policies were regularly reviewed and discussed.

- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- There was a programme of continuous clinical and internal audit in place. This was outlined in the Holbrooks Health Team Continuous Audit Strategy produced by the practice in November 2015. This monitored quality and highlighted areas that needed improvement within the services provided by the practice. Some of this work was carried out as part of the work of the GP Federation that the practice was part of and this gave a picture of audit and areas for improvement within the local health economy.

### Leadership, openness and transparency

It was clear during our inspection of Holbrooks Health Team that the GPs and management team had the experience, capacity and capability to run the practice and provide high quality care. Staff we spoke with told us the GP and management team were open and straightforward and they would have no difficulty with raising anything with them at any time. Staff said they were well supported and knew what was expected of them within their roles. We saw records to evidence that meetings of practice staff were held three times every month.

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

We saw how the practice actively encouraged and valued the feedback it received from patients about the delivery of the service. It had obtained feedback from patients through the patient participation group (PPG), patient surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We saw how the practice reviewed concerns around the availability of GP time and the mixed patient survey results. The PPG was well established and had been in existence since 1982.

## Are services well-led?

Good 

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

The practice in conjunction with the PPG also organised social events within the local community. This included an annual children's Christmas party. These events were also used to promote the practice and the services it offered.

Within the staff area of the practice was a 'what good looks like' noticeboard. This was used by staff to share ideas and examples of good care and progress made within the practice.

During our inspection we saw how the practice monitored the feedback it received through the NHS Friends and Family Test. The Friends and Family test results for the last 12 months showed that 75% of patients were extremely likely or likely to recommend the practice.