

Govind Health Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Govind Health Centre on 12 July 2017. Overall the practice is rated as good but required improvement for providing safe services.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined systems to minimise risks to patient safety, although the system for recording actions taken following safety alerts did not demonstrate that these had all been addressed. However, the practice reviewed this promptly and submitted evidence that demonstrated no patients had been at risk.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey published in July 2017 showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and we saw that complaints had been addressed appropriately within the appropriate timescales. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they had not found difficulty in making an appointment. They told us the practice offered a triage system which allowed the GP to assess whether they needed to see patients which made urgent appointments available the same day.
- The practice had good 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 sought feedback from patients although members of the Patient Participation Group (PPG) told us that the PPG meetings had been less frequent.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients, specifically to monitor the system for managing safety alerts to ensure the process is consistent and embedded in practice.

The areas where the provider should make improvement are:

- Re-establish meetings with the PPG and continue to seek views of patients regarding the services offered.
- Introduce more structured and formal recording of all practice meetings to demonstrate actions and outcomes.

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 requires improvement for providing safe services.

Requires improvement



- The practice had an effective system for reporting and recording significant events and we saw that lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had introduced most systems, processes and practices to minimise risks to patient safety, although the system for recording actions from safety alerts did not demonstrate actions from all alerts had been taken. The practice took prompt action to review this and provided evidence to demonstrate that no patients had been at risk.
- The practice had comprehensive recruitment policies and procedures.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable with the CCG and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice told us they carried out appraisals and had personal development plans for all staff and staff we spoke with confirmed this.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey published in July 2017 showed patients' satisfaction with the caring aspects of the practice were generally comparable with the CCG and national average.
- Survey information we reviewed showed that 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 accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they did not experience difficulty in getting an appointment as the practice operated a GP triage system which allowed them to be assessed and seen by a GP on the same day if necessary.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available We looked at the three complaints they had received in the last two years and saw the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure which was continuing to develop in response to the needs of the practice. Staff felt supported by management. The practice had policies and procedures to govern activity and told us they held regular meetings where governance was discussed, however, these were not always formally recorded to demonstrate actions and outcomes.

Good



Summary of findings

- A governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff told us they received inductions and annual performance reviews as set out in the human resource policy. Staff attended meetings and had training opportunities available to them.
- The provider was aware of the requirements of the duty of candour. In the three complaint examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients via the Patient Participation Group (PPG) although members reported that meetings had become less frequent. The practice was exploring joint meetings with the other two practices run by the provider but following feedback from the individual groups this was not well received. The practice accepted the PPG view regarding this.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and the practice was a training practice which trained GPs and medical students.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice used a risk stratification tool to identify patients who may have been at risk of hospital admission and had developed care plans and a contact card to facilitate a fast response if they experienced a deterioration in their condition.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible; for example, the shingles vaccine.

People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The overall practice achievement of QOF points for diabetes during 2015/16 was 86% which was comparable with the CCG and national average of 90%.
- Housebound patients and those who were unable to attend the practice were visited at home and received an annual review of their condition there.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- The practice had appropriate systems 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 accident and emergency (A&E) attendances and we saw evidence of this.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health clinics.
- The practice had a GP triage system in place and could assess acutely ill children, young people and acute pregnancy complications.
- The practice offered and promoted chlamydia screening and meningitis vaccinations for teenage patients.

Good



Working age people (including those recently retired and students)

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- 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.
- The health care assistant offered smoking cessation support for patients wanting to stop smoking.

Good



Summary of findings

- The practice had introduced GP telephone triage to assist patients who needed a health consultation but had work commitments to determine if a visit to the practice was necessary.
- The practice advertised and encouraged the abdominal aortic aneurysm (AAA) screening for male patients who met the criteria for screening.
- NHS health checks were offered to patients who were not identified as having a long term condition to promote health and identify any potential health problems early.

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.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with the fire service and encouraged patients to take up the offer of a free fire check in their home.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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



- The practice had engaged in a pilot scheme which involved identification, diagnosis and treatment of dementia in the community to prevent the need for hospital attendance. The practice carried out advance care planning for patients living with dementia.

Summary of findings

- 57% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the 12 months, during 2015/16 which was below to the national average of 83%. However, unpublished data provided by the practice showed that this had improved to 95% during 2016/17.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. The practice monitored patients attendance for injectable anti-psychotic medicines and contacted the mental health support team when patients did not attend to ensure the patients medicine could be organised.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The overall achievement of mental health indicators in the QOF during 2015/16 was 61% which was lower than the national average of 90%. However, the unpublished data provided by the practice showed that this had improved to 87% for 2016/17.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed 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 were published on 7 July 2017. The results showed the practice was performing in line with local and national averages in most areas. There were 273 survey forms distributed and 123 were returned. This represented a response rate of 45% and represented 4.5% of the practice's patient list.

- 78% of patients described the overall experience of this GP practice as good compared with the Clinical Commissioning Group (CCG) average of 78% and the national average of 79%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.

- 68% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received two comment cards, both of which contained positive comments regarding the care received from GPs and staff at the practice, although one expressed dissatisfaction with the triage system that had been introduced.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients, specifically to continue to monitor the system for managing safety alerts to ensure the process is consistent and embedded in practice.

Action the service **SHOULD** take to improve

- Re-establish meetings with the PPG and continue to seek views of patients regarding the services offered.
- Consider more structured and formal recording of all practice meetings to demonstrate actions and outcomes.

Govind Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Govind Health Centre

Govind Health Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 2,700 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. The practice has a ramp and electronically operated automatic doors to allow access for patients with mobility aids and there is a lift to allow patients easy access to the first floor for consultations. The practice population has a higher than average number of patients aged over 50 years and those over 85 years and a lower than average number of patients aged 0-25 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. The practice is one of three practices which form a larger organisation and staff records and organisational policies and procedures are maintained centrally. The practice is a teaching practice providing support and tuition to medical students and qualified doctors who are training to be GPs.

The practice have allocated GPs and staff to each location. There are three GP partners, two male and one female and

one of the GPs is the lead for this location. They currently employ two salaried GPs, two practice nurses, one of whom is a nurse prescriber, a health care assistant and a practice manager who are supported by a team of reception and administration staff.

The practice is open on Monday, Tuesday, and Friday from 8am until 6.30pm, Thursdays from 8am until 1pm and on Wednesdays from 8am until 8pm. Appointments are available between these times. The practice offers a GP triage service which allows patients to be assessed by a GP to determine if an urgent appointment is necessary. 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.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before inspecting, we reviewed a range of information we hold about the practice and asked other organisations such as the local CCG to share what they knew. We carried out an announced inspection on 12 July 2017. During our inspection we:

- Spoke with a range of staff including the GPs, nurse, practice manager, administration and reception staff and spoke with patients who used the service.
- Observed how patients staff assisted patients in the reception area.
- Reviewed a sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a paper recording form available which staff completed and passed on to the practice manager for investigation. 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 of significant events that had taken place and noted that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems for recording and taking action in response to safety records, incident reports, and patient safety alerts. However, whilst there was a system for recording action from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts, we found three alerts where we could not determine that actions had been taken for all patients. These alerts were from 2016 prior to the registration of the provider to this location. The system we reviewed had commenced in January 2017. The practice took prompt action to review this and provided evidence to demonstrate that no patients had been at risk. They had carried out searches and audited patient records to ensure all appropriate actions had been taken. They had also made a decision to purchase additional software for the clinical system to ensure this process was more robust in the future.
- Staff told us that outcomes of significant events were discussed with them and we saw from the significant events forms this was the case. We saw that the practice had carried out a thorough analysis of the significant events and saw evidence of actions that had been taken as a result. For example, we saw in reception there was

an additional checking and recording procedure to ensure that specimens had been labelled correctly. We also saw that staff had had additional training in equality and diversity in response to a significant event.

- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. One of the GPs was the lead member of staff for safeguarding. The GPs had weekly clinical meetings where vulnerable patients and those at risk were discussed with all clinical staff involved, such as the health visitor.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- Notices were displayed throughout the practice that advised patients that chaperones were available if required. Staff told us that 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who had received infection control training and kept up to date with best practice.

Are services safe?

There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw there was an alert on patients' records who were taking medications which required regular monitoring. We checked to ensure that the system was working effectively and saw that patients on high risk medicines had been appropriately monitored. The practice had introduced a designated hub and team to deal specifically with repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We noted that prescribing of certain medicines such as antibiotics and hypnotics was lower than the local and national average. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Personnel files were held centrally at the provider's main practice. The practice manager told us that all relevant employment checks were carried out as indicated in the recruitment policy. This included, for example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS and we saw evidence to demonstrate this.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and had carried out a fire drill. There were designated fire marshals within the practice. There was a copy of the fire evacuation plan on the back of each door in the practice which set out all directions of what to do in the event of a fire.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available in the reception area and oxygen with adult and children's masks was available in the nurses room. There was a first aid kit and accident book available in the reception area.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan 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 GPs and all clinical staff had access to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Any new guidelines were discussed at the weekly clinical practice meeting.

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 from 2015/16 showed the practice had achieved 89% of the total number of points available compared with the Clinical Commissioning Group (CCG) average of 94% and national average of 95%. Unpublished data provided by the practice showed that their achievement for 2016/17 had increased to 92%.

The practice exception reporting rate was 5% which was lower than the CCG and national averages of 9% and 10% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- The overall performance for diabetes related indicators was 86% which was comparable to the CCG and national average of 90%. For example, the percentage of patients with diabetes, on the register, who had a blood pressure reading (measured in the preceding 12 months) within the recommended range was 76% compared with the CCG and national averages of 77% and 78% respectively.

- The overall performance for mental health related indicators was 61% which was lower than the CCG and national average for 2015/16 of 90%. However, the practice had addressed this and focussed on clinical areas where achievement had been below average. Unpublished data for 2016/17 demonstrated that the practice had increased this to 87%.

There was evidence of quality improvement including clinical audit:

- There had been three clinical audits commenced in the last two years, one of these was a completed audit where the practice demonstrated a reduction in prescribing errors. Two other audits had been carried out and were scheduled for a second cycle to be carried out in 2017. For example, one of these had involved identifying patients at increased risk of developing diabetes and providing lifestyle advice which will be reviewed to determine the effectiveness of the intervention in September 2017. Information about patients' outcomes was used to make improvements.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice used the services of a recruitment company for policies and procedures regarding recruitment of new staff. We saw the practice had an induction programme for all newly appointed staff. This covered such topics as training, 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 nurse we spoke with had received training in cardio pulmonary resuscitation in 2017 and had achieved a diploma in asthma, a certificate in diabetes and management of long term conditions.
- 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 practice nurse had attended updates in cervical screening every three years.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff we spoke with told us they had received an appraisal within the last 12 months and expressed that it was a positive experience and they were able to identify development opportunities.
- Staff told us they had received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We saw that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw that the practice faxed information to the out of hours provider and ambulance service for patients who did not require resuscitation or who had complex needs.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

- We saw that clinical staff had undertaken training in the Mental Capacity Act 2005 and understood the relevant consent and decision-making requirements of legislation.
- When providing care and treatment for children and young people, 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice used written consent forms for invasive procedures and we saw evidence of this. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition. The health care assistant was trained in smoking cessation and had achieved local awards in recognition of high levels of success in smoking cessation rates.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG and the national average of 81%. Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 87% to 100% and five year olds from 94% to 100%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme. For example, the practice nurse maintained their own record of attendance and contacted any patients who had an abnormal result to ensure they were aware of the importance of attendance for follow up and allay anxieties. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. The uptake rate

Are services effective?

(for example, treatment is effective)

for females aged 50-70 years screened for breast cancer in last 36 months was 68% compared to the CCG average of 71% and national average of 72%. Uptake rates for patients aged 60-69 years screened for bowel cancer in last 30 months were 59% compared to the CCG and national average of 58%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. We noted how reception staff assisted patients and directed them to the appropriate staff.

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

We received two patient Care Quality Commission comment cards which were positive about the clinical care they received. 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 three patients including a member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was generally in line with the CCG and national averages in most areas of for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 94% 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%

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 95% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 90% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 94% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared with the CCG average of 85% 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. We saw that care plans were personalised.

Children and young people were treated in an age-appropriate way and recognised as individuals and staff were aware of.

Results from the national GP patient survey 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
- The NHS E-referral Choose and Book service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. For

example, regarding support for patients living with Alzheimer's disease, stroke services and stoma support. There was support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers which was 2% of the practice list. The practice signposted patients who were carers to support organisation such as Age UK and the dementia services as well as offering annual health checks and flu vaccinations. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, the practice sent them a sympathy card and their usual GP contacted them if appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Discussions with the lead GP demonstrated that the practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours appointments on a Wednesday evening until 8.30pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- The practice offered a range of appointments, online bookable up to four weeks in advance and pre-bookable telephone appointments as well as telephone triage appointments on the same day for children and those patients with medical problems that require same day consultation. If the GP felt the patients needed to be seen they would arrange this.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included interpretation services and access for patients using mobility aids.
- There was a lift to allow easy access to consultations on the first floor.
- There was a comprehensive amount of information available to patients throughout the practice regarding local services available, and health and social care information.

Access to the service

The practice was open between 8am and 6.30pm on Mondays, Tuesdays and Fridays, 8am until 1pm on Thursdays and from 8am until 8pm on Wednesdays. Appointments were available between these times. On Thursday afternoons when the surgery was not open calls were diverted to the Warwickshire Ambulance Service via

the NHS 111 service who also provide the out of hours service. Extended hours appointments were offered on Wednesdays from 6.30pm until 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them via the GP telephone triage system. Telephone appointments were also bookable.

Results from the national GP patient survey 2017 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 78% and the national average of 79%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 71%.
- 81% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 84%.
- 77% of patients said their last appointment was convenient compared with the CCG average of 79% and the national average of 81%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 71% and the national average of 73%.
- 65% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

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

The GP would call patients and speak to them directly if there was any doubt regarding prioritisation of home visits. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The reception staff kept complaints forms and provided these to patients on request. There was a poster in reception informing patients of the procedure.

We looked at three complaints received in the last two years and found that these had been satisfactorily handled in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had amended their documentation regarding care homes to provide more comprehensive sharing of information with care homes and relatives of patients at the end of life. Clinical staff also undertook additional training in Deprivation of Liberty Safeguards (DOLS) as a result of learning from a complaint.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The GPs had taken over the practice in July 2015 and had developed a clear strategy and supporting business plans to shape how the vision and values could be achieved. The GP partners had three locations in their organisation and had a vision to create a closer working relationship between all practices, share resources and achieve stability in the practice. They had been striving to introduce more efficient and effective skill mix and become more pro-active in long term conditions management since taking over the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care which was led by one of the GPs. This were structures and procedures that ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, there was a lead nurse for diabetes and a health care assistant who promoted and provided smoking cessation support.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Clinical practice meetings were held weekly which provided an opportunity for staff to learn about the performance of the practice. The practice had worked to improve the QOF achievement which had resulted in an increase in achievement to 92% across all areas.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw risk assessments for fire and legionella risks and appropriate actions taken.

- We saw evidence from the significant event and complaints log that lessons had been learnt and shared with staff.

Leadership and culture

On the day of inspection the lead partner for the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and were committed to streamlining services and utilising skills appropriately. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We saw evidence to demonstrate that the practice had systems 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.

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

- The practice had introduced a joint meeting with the other two practices within their organisation to develop a more inclusive and shared approach to care and services offered. This was in addition to meetings held at each practice, although these were less structured and formal and we did not see evidence of these. A range of multi-disciplinary meetings including meetings with district nurses and palliative care nurses to monitor vulnerable patients took place monthly. GPs, where required, met with health visitors and the midwife to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held weekly clinical meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any

Are services well-led?

Good 

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

issues at team meetings and felt confident and supported in doing so. The minutes from the practice meetings were not available at the time of inspection as they were held centrally at the main practice.

- Staff said 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.

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

The practice told us they encouraged and valued feedback from patients and staff. It sought feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a PPG who had met every four to six months in the past but during the last year meetings had not taken place due to other pressures in the practice. The PPG told us they had made two requests to resume meetings but these had not been acknowledged by the practice to date. The last meeting had been held in July 2016. The practice had suggested to the PPGs of all three practices within the organisation that they merge and have one PPG, however, members did not consider this a good way to reflect the views of each practice as issues would have been different in each location. They told us the practice had listened to

them and accepted their request to remain as a single PPG. The PPG told us that meetings had been attended by the lead GP who they felt listened to them. Some changes had been made such as improvement to the practice décor, new flooring and they had placed a poster in the waiting room advertising the PPG and inviting patient feedback.

Feedback from staff was sought generally through staff meetings, appraisals and discussion. 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 to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was a teaching practice and had plans to develop their training and offer post training employment to develop and maintain skills within the practice.

The practice had reviewed their systems regarding prescribing and had introduced a prescribing hub at the practice in a separate room with dedicated staff who dealt with all repeat prescriptions across all the three practices, which they reported had reduced prescribing errors.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. In particular:</p> <p>The system for recording actions from safety alerts did not demonstrate that actions from all alerts had been taken.</p> <p>Regulation 12(1).</p>