

Clay Lane Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Clay Lane Medical Centre on 4 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that verbal complaints are logged to enable trends or learning needs to be identified.

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 we spoke with understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned from incidents that occurred. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There was enough staff to keep patients safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff received training appropriate to their roles. Staff we spoke with confirmed further training needs were identified and appropriate training was planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked in partnership with other professionals involved in providing care and treatment to patients. The practice participated in a Dementia Harmonisation scheme to support the increase in dementia diagnosis.

Good



Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients commented that staff were helpful, caring and respectful 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. Services were planned and delivered to take into account the needs of different patient groups and the practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients felt that there was continuity of care with urgent appointments available the same day. The practice had four urgent appointments available in the morning and three urgent

Good



Summary of findings

appointments in the afternoon available for patients. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Verbal complaints were not logged and this was highlighted during the inspection.

Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported, valued and respected by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients and acted on this. The practice had developed a patient participation group (PPG). Staff had received induction training, regular performance reviews and attended staff meetings. There was a strong focus on continuous learning and improvement at all levels within the practice.

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 and had a range of enhanced services and local incentive schemes for example; all patients over the age of 75 received a medication review. 100% of patients over 75 had been offered the flu vaccine. The practice offered a direct access phone number for all patients who were frail. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Practice nurses had lead roles in chronic disease management such as diabetes and patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Such patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver the care and treatment people needed.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had systems to identify and follow up children living in disadvantaged circumstances and those who were at risk. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Appointments were available outside of school hours and the premises were suitable for children and babies. Any patient who requested an appointment of a child aged 10 and under was assessed on the day. We saw good examples of joint working with school nurses and health visitors.

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 the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered

Good



Summary of findings

to ensure these were accessible, flexible and offered continuity of care. Extended hours were offered from 6.30pm to 7.45pm on Mondays. The practice was developing online services as well as a full range of health promotion and screening services that reflected the needs for this age group.

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 homeless people, travellers and those with a learning disability. The practice carried out annual health checks for patients with a learning disability. It offered longer appointments for people with a learning disability.

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.

Good



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 in the case management of people experiencing poor mental health, including those with dementia. It carried out advanced care planning for patients living with dementia. The practice also participated in a Dementia Harmonisation scheme to support the increase in dementia diagnosis. Any patients considered at risk of having dementia were offered a full assessment.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was performing in line with local and national averages. There were 103 responses. The total number of patients at the time of the inspection was 2700 patients.

- 69% found it easy to get through to this practice by phone compared with a CCG average of 74% and a national average of 73%.
- 78% found the receptionists at this practice helpful compared with a CCG average of 86% and a national average of 87%.
- 93% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 57% and a national average of 60% (the practice is a single-handed practice).
- 80% 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%.

- 85% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 71% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 60% and a national average of 65%.

- 69% feel they did not normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

The practice was below average in the following area:

- 58% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards from patients which gave a positive picture of their experiences. Patients told us they were happy with the services they received and included all staff groups within the practice team in their praise.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that verbal complaints are logged to enable trends or learning needs to be identified.

Clay Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. An expert by experience is a member of the inspection team who has received care and experienced treatment from a similar service.

Background to Clay Lane Medical Centre

Clay Lane Medical Centre is located close to the centre of Coventry. Car parking for patients with disabilities is available at the rear of the building. Pay-and-display parking is available opposite the practice. There is a ramp for wheelchair access at the rear of the building. The practice shares the premises with two other practices.

The practice has waiting areas, consultation and examination rooms and toilets on the ground floor.

The practice has a lead GP and a long standing locum GP. The lead GP is male and the locum GP is female providing patients with a choice of who they prefer to see. The practice has two part time practice nurses. The clinical team are supported by a practice manager, an assistant manager and two receptionists.

The practice has a newly formed patient participation group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

The practice carries out minor surgery such as joint injections and tag removals.

The practice has a General Medical Services (GMS) contract with NHS England.

Data we reviewed showed that the practice was achieving results that were in line with national or Clinical Commissioning Group (CCG) averages in respect of most conditions and interventions.

The practice provided information about the telephone numbers to use for out of hours GP arrangements provided by NHS 111 on their leaflet. The website is being developed by the new practice manager.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme 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 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included Coventry and Rugby Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. We carried out

Detailed findings

an announced visit on 4 August 2015. We sent CQC comment cards to the practice before the visit and received 40 completed cards giving us information about those patients' views of the practice.

During the inspection we spoke with four patients and a total of five staff including the practice management and support team, the GP and a practice nurse.

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)

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice informed people affected by significant events and they received a full apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. The lead GP was able to share examples of recent significant events that had been recorded and followed up. The lead GP discussed the significant events with staff at their appraisals.

Lessons were shared to make sure action was taken to improve safety in the practice. We saw incident reports and minutes of meeting where significant events were discussed. For example, following a challenging encounter with a patient the reception staff received training in dealing with difficult behaviours.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- The practice had systems in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly referenced whom to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the safeguarding lead for both adults and children. The deputy safeguarding lead was the practice nurse and therefore staff could always escalate situations to one of them. The lead GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The practice had clear systems to highlight patients who may be living in circumstances that made them vulnerable. Patients on

the unplanned admissions register were given a direct telephone number to contact the practice should they need to. The practice gave us an example of a child's well-being they were concerned about. This was reported through the appropriate multi-agency safeguarding arrangements to social services and the child was seen immediately by a specialist.

- A chaperone policy was in place which all staff were fully aware of. A chaperone is a person who acts as a witness to safeguard patients and health care professionals during medical examinations and procedures. Signs were displayed in treatment rooms and reception to inform patients that chaperones were available. All staff carrying out this role had a disclosure and barring service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of persons barred from working in roles where they will have contact with children or adults who may be vulnerable. Staff we spoke with confirmed they had been trained and understood what they were expected to do.
- The practice had procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and this was updated in July 2015. The practice had up to date fire risk assessments and regular fire drills were carried out every three months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice manager was the lead for this and in their absence the assistant manager took on this role. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella.
- Sufficient standards of cleanliness and hygiene were followed. The practice was visibly clean and tidy. Patients we spoke with told us they were happy with the cleanliness of the practice. The practice nurse was the infection control clinical lead. The practice liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any problems identified as a result. For example, the last infection control audit which took

Are services safe?

place in January 2015 showed that paper towels were not always replaced in the dispensers in a timely manner. Following the audit the practice nurse spoke with the cleaning company to ensure this was acted upon. This had improved since the audit. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

- A sharps injury policy was available and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for minor surgery were single use.
- A contract was in place for the collection of clinical waste and the practice had suitable locked storage for this and sharps. We saw that this contract was in date. The practice nurses were responsible for emptying bins daily. All transfer of waste from the practice to an authorised contractor was supported by the required documentation.
- The practice had policies in place for the safe management of medicines, including emergency medicines and vaccinations. Regular medicine audits were carried out by the practice nurse to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use.
- The two nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We saw sets of PGDs that were all up to date in August 2015. We saw evidence that practice nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD. They attended regular training days and staff kept themselves updated by reading publications on the internet. The practice nurses also kept a file of updated information with them for each of their specialist areas. For example the practice nurse who specialised in asthma had the latest Asthma Prescribing Guidelines to refer to. The staff monitored

the temperatures of vaccines to ensure that they were stored within the required temperature range and kept records of this. Staff were able to explain the process they would follow if the temperature recorded was outside the expected range. We checked a sample of the vaccines and found they were in date. The nurses checked the expiry dates of medicines each month.

- Recruitment checks were carried out and all the files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice manager was looking to put this information on the computer system as well as keeping the staff files. Staff covered for each other's annual leave and felt there were adequate staffing levels.

Arrangements to deal with emergencies and major incidents

There was a panic alarm on all the computers which alerted staff to any emergency. All staff received annual basic life support training. This was last completed in March 2015. The practice did not have a defibrillator available on the premises. However, the practice had carried out a risk assessment and were arranging with the other two practices in the building to purchase a defibrillator and keep this at the front of the building so that it could be used in an emergency for a patient of any of the three practices. The practice shared oxygen between the three practices with adult and children's masks. The oxygen was kept in one of the practice nurse's room. All members of staff had access to this. The practice nurse was responsible for this and checked it on a monthly basis.

There was a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have a paediatric oximeter (to measure a child's oxygen saturation); this was highlighted during the inspection.

The practice had a developing business continuity plan in place for major incidents such as power failure or building damage. This was updated in June 2015. The practice manager kept this off site. We highlighted the importance of keeping a copy at the practice and the practice manager

Are services safe?

immediately acknowledged this and put plans in place to share a copy with the GP. The business continuity plan

included some of the emergency contact numbers of staff. The practice manager was updating this to include all emergency contact numbers and was going to share this at the next practice meeting.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Our discussions with the lead GP and practice nurses showed that the practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet patient needs. The lead GP kept up to date with good prescribing in order to deliver effective treatment and care to patients. The lead GP kept abreast of current prescribing data by using online resources. The lead GP attended a group most weeks with between 10 and 15 other GPs to share and learn from good practice.

Management, monitoring and improving outcomes for people

The GP was single handed and therefore was the named GP to every patient. The practice participated in both the local enhanced service (LES) for avoiding unplanned hospital admissions also underpinned by the local incentive scheme (LIS) for reducing unplanned admissions. The practice updated their records to add next of kin and carers details so that they could offer correct support for their patients.

As part of the LIS all patients over the age of 75 received an annual review. Patients over the age of 75 had a personalised care plan developed with the patient, their carer (if applicable) and the GP. All of these patients were offered the flu vaccine if they had not yet been vaccinated.

The practice had signed up to the new enhanced service to provide the Proactive Care Programme for at least 2% of the adults on the practice list with the most complex needs.

Patients identified with a long term condition that would benefit from receiving care under the unplanned admissions scheme were included on the 'at risk' register and had personalised care plans. As part of the LIS patients who were on eight or more medicines had a medicine review. All patients who had a long term condition were offered an annual review at the practice.

Structured annual reviews were also undertaken for people with long term conditions such as diabetes and chronic obstructive pulmonary disease (COPD). The practice nurse received annual training updates in each of these areas. This also ensured the latest prescribing evidence was used. The practice also participated in the learning disability enhanced service offering comprehensive reviews from the specialist nurse who had undertaken the relevant training.

Both clinical and non-clinical staff were invited to the CCG wide training events that covered areas such as mental health and the referral processes and closer working arrangements with the specialist service. There was a dedicated referral service to the mental health team. Patients who were at risk and presented with a long term mental illness were discussed with consultants at the local hospital for urgent assessment.

In August 2015 the practice was awarded the most improved prescribing practice by the CCG. This was because the GPs kept up to date with current prescribing and best practice.

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system 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 were 96.9% of the total number of points available.

Data from 2013 to 2014 QOF showed;

- Performance for diabetes related indicators was 91% which was 0.6% below the CCG average and 1.1% above the national average
- The percentage of patients with hypertension having regular blood pressure tests was 96% which was 6.9% above the CCG average and 7.7% above national average
- Performance for mental health related indicators was 85% which was 4.3% below the CCG average and 5.2% below the national average
- The dementia diagnosis rate was 0.16% which was below the CCG average of 0.39% and below the national average of 0.46%.

The practice participated in a Dementia Harmonisation scheme to support the increase in dementia diagnosis.

Are services effective?

(for example, treatment is effective)

Data had been analysed in order to identify any patients who might be at risk of dementia and they were offered a full assessment. This also identified any potential coding errors where dementia diagnosis should be recorded.

Clinical audits are a process by which practices can demonstrate on-going quality improvement and effective care. We saw evidence that the GP and practice nurses had been carrying out clinical audits.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. There had been two clinical audits completed in the last two years. One was an audit of cervical cytology practice. This was a completed cycle and resulted in the cervical screening leaflet being made available in 18 different languages to promote awareness for more patients.

Another audit compared the number of Urology (diseases of the urinary organs) referrals with previous years. The number of referrals had decreased.

Effective staffing

The practice team had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff which covered individual areas of responsibility and general information about how the practice operated. The practice manager was the lead person for training.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. All staff had received an appraisal within the last 12 months. Staff told us there was an open door to raise issues with the practice manager or GPs at any time. Staff interviews confirmed they had protected training time and they felt supported by the practice.

- Staff at the practice received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice manager was looking to recruit an extra receptionist.

Coordinating patient care and information sharing

All staff were able to access the patient record system and intranet system in order to deliver effective care and treatment. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. The administration team ensured there was safe and effective document handling.

The phlebotomy (blood taking) service was provided at the hospital and microbiology (organisms that can only be seen under a microscope) samples were collected at 9.30am each day.

Coventry and Rugby clinical commissioning group (CCG) informed us that the practice fully engaged with them.

The practice worked with a range of health and social care professionals for patients with different circumstances. This included when people moved between services, such as when they were referred to, or after they were discharged from hospital. The practice held monthly multi-disciplinary team meetings which included representatives from external organisations such as district nurses. Care plans were routinely reviewed and updated.

Information was available for all staff to access on the shared drive of the practice's computer system. All of the staff we spoke with knew this and gave us examples of information they might look for such as policies and procedures and safeguarding information.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP and practice nurse we spoke with showed that they were knowledgeable of Gillick competence

Are services effective?

(for example, treatment is effective)

assessments of children and young people. 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.

Decisions about or on behalf of people who lacked mental capacity to consent to what was proposed were made in the patient's best interests in line with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves. All practice staff were up to date with MCA training. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. All the consent forms were recorded in the patient records.

Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and smoking cessation. Patients were then signposted to the relevant service. Smoking cessation advice was available from the practice nurse. The practice offered NHS health checks to all patients aged 40 to 75 years old. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The lead GP attended an annual meeting with the CCG to discuss referral rates, medicines management and health promotion.

The practice nurses were responsible for the practice's cervical screening programme. The practice's uptake for the cervical screening programme was 85.3% which was 12% below the CCG average and national average. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Flu vaccination rates for the over 65s was 70% compared with the national average of 73%
- Flu vaccination rates for the at risk groups was 61% compared with the national average of 53%.
- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 100% and five year olds from 80% to 100%.

This practice had struggled to meet targets for the flu vaccinations last year. As such the practice manager was looking to recruit a healthcare assistant for three months per year to work across the three practices to promote the flu vaccination campaign.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed staff who worked in the reception area and other staff as they received and interacted with patients. Their approach was seen to be considerate, understanding and caring whilst remaining professional and respectful. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

36 out of the 40 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and respectful. Patients commented that the lead GP put them at ease. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff treated patients with compassion and were approachable.

Results from the national GP patient survey in January 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. There were a few areas where the practice scored higher than the national averages and a few areas just under.

For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 92% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 78% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%

Care planning and involvement in decisions about care and treatment

Patients we spoke with explained that they felt involved in their care and treatment. They also told us staff listened to them and gave them enough time. They were satisfied with the level of information they had been given.

The national GP patient survey results we reviewed demonstrated patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 88% 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%.

- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Translation services were available for patients who did not have English as a first language. One member of the reception team spoke Polish, Spanish, Portuguese, Slovakian and Czech and was able to help patients needing assistance who spoke these languages.

A member of staff explained a time when a patient presented and was unable to speak any English. An interpreter was booked immediately and the patient seen the same morning.

The practice demonstrated that they were culturally sensitive. One member of staff explained that the nasal flu vaccine contained gelatine which some patients may not wish to use for religious reasons. The member of staff had put together an information leaflet about this medicine so patients could have the choice.

Are services caring?

Patient/carers support to cope emotionally with care and treatment

The practice had notices in the patient waiting room which directed people to a number of local and national carers' organisations and information about respite care services. The practice had leaflets regarding bereavement services in the waiting areas. Staff we spoke with recognised the importance of being sensitive to patients' wishes.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who

were carers and 2% of the practice list had been identified as carers. They were being supported, for example, by offering health checks. Written information was available for carers to ensure they understood the various avenues of support available to them.

If families had suffered bereavement, the Lead GP contacted them and this was followed up with a consultation. Staff recognised the importance of being sensitive to people's wishes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Information we obtained before the inspection from the NHS England Area team and Coventry and Rugby Clinical Commissioning Group (CCG) provided a picture of a GP who engaged positively with these organisations. They had a good understanding of the wider picture of health provision in the local area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice participated in a Dementia Harmonisation scheme which involved making an opportunistic offer of assessment for dementia to patients considered to be at risk of the disease. This involved an initial screening and offer of referral to a memory clinic where appropriate. The practice then offered on-going reviews for those patients.
- The lead GP used a text based service which enabled reminders to be sent out to patients for example to complete blood pressure readings at home and for these to be submitted to the practice.
- The practice offered extended hours on a Monday evening until 7.45pm for working patients who could not attend during normal opening hours.
- Home visits were offered to support patients and carers and there was the provision for patients to have a telephone consultation with the GP or nurse if they preferred. Patients over the age of 75 were offered appointments on the same day. If the practice received any discharge letters from hospital regarding patients over the age of 75 the GP reviewed the care plan with the patient.
- Urgent access appointments were available for those with serious medical conditions. The practice gave a direct access phone number for patients with serious medical conditions.
- The practice offered same day appointments for children under the age of ten. The GP called the family to assess whether they needed to attend on the day. The practice offered six weeks checks and follow ups

and they actively targeted children who had missed their immunisations by arranging home visits. The practice had direct contact with midwives, health visitors and school nurses. The midwifery service was delivered from the first floor of the practice. The practice offered telephone appointments, online appointments and prescriptions could also be ordered online.

- The practice had a lead male GP and female GP locum available, which gave patients the ability to choose to see a male or female GP if they had a preference.
- There were disabled facilities, hearing loop and translation services available.
- The practice was receptive to registering patients from all aspects of the community including patients with no fixed address.

Access to the service

The practice was open between 8.30am and 6pm daily except Thursday when the practice closed for a half day. Appointments were from 8.30am to 11.30am and 2.30pm to 5.30pm. An out of hour's agency covered the phone on Thursday afternoons and at lunchtime when the practice closed for an hour. Extended hours surgeries were offered from 6.30pm to 7.45pm on a Monday. In addition to pre-bookable appointments, urgent appointments were also available for patients who needed them on the day. The practice had four urgent appointments available in the morning and three urgent appointments in the afternoon available for patients.

Results from the national GP patient survey in January 2015 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours which was in line with the CCG average and national average of 75 %.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 65%.

It was below local and national averages for the following areas:

Are services responsive to people's needs?

(for example, to feedback?)

- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 58% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.

The practice manager told us about plans to review the opening times to see if this improved access for patients.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and the practice manager held the lead responsibility for complaints handling.

There were also complaints and compliments leaflets available in the reception area. The leaflets provided patients with the name and contact details of the practice manager. The leaflet did not contain details of whom to contact if they did not wish to contact the practice directly or details of the advocacy services available to patients. The practice manager told us they would update the leaflets. There were no posters informing patients of how to complain and this was being addressed by the practice manager. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice did not have any complaints recorded for the last 12 months. However, when we spoke with staff they were able to share examples of verbal complaints they had dealt with both in person and over the phone. The practice told us they would begin keeping a log of all verbal complaints that they received so any trends or learning needs could be identified.

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. Staff knew and understood the values and all staff we spoke with felt there was an open door policy to the lead GP and the practice manager. The practice manager and lead GP shared their vision of the three practices at Clay Lane Medical Centre joining up in the future. The practice manager worked at all three practices and this was a plan they were working towards. The practice manager shared their improvement plan and this was reviewed on a monthly basis. This had also been discussed with the other two practices.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on their computers and in hard copy in the reception area.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks and issues.

Leadership, openness and transparency

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP was visible in the practice and staff told us that both the lead GP and the practice manager were approachable and always took the time to listen to all members of staff. Staff explained that the lead GP encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. They said that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff told us they were confident in doing so and

felt they would be supported if they did. For example, a member of the administration team highlighted the need to provide more emergency appointments and suggested the four appointments in a morning and three in an afternoon. This was then implemented.

Staff said they felt respected, valued and supported, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice nurse was able to share development opportunities they had been given such as training in new updates for vaccinations for school leavers.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice had recently developed a patient participation group (PPG). The practice was actively trying to encourage new members to join the group by providing leaflets in reception and adding this information to the newly formed website. One patient attended the last PPG meeting but seventeen members have since joined. We met with two members of the PPG during the inspection and they were looking forward to this group developing and expanding further.

The practice shared the results of the Friends and Family survey for this year and most patients who completed the survey were extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, one member of staff told us that they had to sometimes deal with difficult situations in their day to day role. As such they asked for some training in dealing with difficult behaviours and this was supported by the team and learning shared with other colleagues.

There was a strong focus on continuous learning and improvement at all levels within the practice.