

Priory Gate Practice

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Requires Improvement 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced inspection at Priory Gate Practice on 4 August 2022. Overall, the practice is rated as Good.

The ratings for each key question:

Safe – Good

Effective – Requires improvement.

Caring - Good.

Responsive - Good.

Well-led – Good.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews in person and on the phone
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Good overall

We found that:

- The service had good systems to ensure patients received safe and mainly effective care and treatment.
- We observed staff dealt with patients with kindness and respect.

Overall summary

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The practice operated effective systems and processes to ensure good governance in accordance with the fundamental standards of care. The provider were aware of areas which required strengthening; such as medicines management and actions were ongoing.
- The practice team demonstrated a commitment to learning and improvement at all levels of the organisation.
- There was an effective system to identify and safeguard people from abuse. Clinical staff received regular updates, training and took steps to ensure they were familiar with the most recent clinical guidelines.

However we also found that:

- The practice was not routinely using data to monitor or drive the effectiveness of national screening and immunisation programmes. In particular, childhood immunisation and cervical screening uptake was below national expected levels. A plan to enable a clear understanding of the practice data and actions to improve the uptake of national programmes; in particular cervical screening had not been established. Following our inspection the practice engaged with local stakeholders to better understand the discrepancies with their data which showed lower rates than the provider expected.

In response to these findings the provider should:

- Improve the effectiveness of systems and processes to ensure good governance regarding demonstrating how they continuously use data to drive improvement.
- Continue action to improve the uptake of childhood immunisations and cervical screening.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team consisted of a CQC lead inspector and a second CQC inspector who carried out a site visit and spoke with staff using video conferencing and on the telephone. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Priory Gate Practice

Priory Gate Practice provides a range of primary medical services to the residents of Coventry.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice delivers General Medical Services (GMS) to a patient population of about 8,595. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices known as a primary care network (PCN). The PCN consists of 12 local practices in total who work collaboratively to provide additional services to patients.

The practice population is predominantly white British (58%) and Asian (26%) patients. Information published by Public Health England shows that deprivation within the practice population group is in the second from lowest decile (two out of ten). The lower the decile, the more deprived the practice population is relative to others.

The practice is led by two GP partners and one salaried GP (one male and two female). The practice has a team consisting of a physician associate, a practice nurse and a nurse associate. The GPs are supported at the practice by the practice manager, an administration manager and a team of reception, secretarial and administration staff. Also on site there is a pharmacist, physiotherapist, midwife and weight management consultant working for partner organisations. There are also care coordinators and social prescribers available off site.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, most appointments were telephone consultations. The practice is open 8am to 6.30pm Monday to Friday and is closed at weekends.

When the practice is closed out of hours services are provided by the NHS 111 service.