

# Coventry Road 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



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Coventry Road Medical Practice on 19 August 2016. Overall the practice is rated as good.

During our previous inspection of the practice on 15 October 2015 the practice was rated requires improvement for the safe domain. The practice was issued with a two requirement notices for breaches in regulation 12 (Safe care and treatment) and regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This inspection was to review the action taken by the provider to meet the regulatory requirements where we had identified breaches and to report on the action taken. For this reason we have only rated the location for the safe domain. The report should therefore be read in conjunction with the full inspection report published in March 2016.

At this inspection we found the practice had made changes since their previous inspection in October 2015. We found that sufficient action had been taken regarding

the issues identified and that the practice was now meeting the requirements of the breaches identified. This meant that the practice was now rated as good in safe domain. All other domains were previously rated as good.

Specifically we found that since the last inspection, the practice had:

- The practice had ensured the recruitment policy was being properly implemented to make certain that all necessary employment checks for staff such as evidence of satisfactory conduct in previous employment were being carried out. We saw evidence to demonstrate that these processes were being followed.
- The practice had fully assessed the decision to not keep some nationally recommended emergency medicines at the practice. Alternative arrangements with a local pharmacy were in place.
- The practice had carried out a risk assessment related to the decision not to carry emergency medicines when undertaking home visits. Alternative formal arrangements with a local pharmacy were in place.
- Risks to patients were assessed and well managed. A legionella risk assessment had recently been completed and the practice were in the process of implementing the recommendations.

# Summary of findings

**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?

- Risks to patients were now assessed and well managed including pre-employment checks relating to evidence of satisfactory conduct in previous employment.
- We saw evidence to demonstrate that risks related to not having some nationally recommended emergency medicines at the practice had been discussed and alternative arrangements with local pharmacy were in place.
- We saw evidence to demonstrate that risks related to not carrying emergency medicines for home visits had also been assessed and alternative arrangements with local pharmacy were in place.

Good



# Coventry Road Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our focussed inspection was carried out by a CQC Inspector.

## Background to Coventry Road Medical Centre

- Coventry Road Medical Centre provides primary medical services to approximately 5200 patients in the local community and is the largest of four registered practices under the provider known as Heathford Group.
- The site works closely with its three other locations two of which are located less than a mile away and patients are able to attend one of the other practice locations if necessary..
- The practice has a General Medical Services (GMS) contract. The GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.
- The practice has four male GP partners, three female salaried GP's, two practice nurses, a practice manager and an administration and reception team. Most reception staff are also trained as healthcare assistants (HCA).
- Coventry Road Medical Centre is an approved training practice for trainee GPs. The practice has three qualified GP trainers who provide training to newly qualified doctors at the practice. The practice also provides medical education for Foundation Year Two (FY2)

doctors. FY2 doctors undertake a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist and general practice training. The practice also provides training opportunities for student nurses wanting to gain experience of general practice.

- The practice is open between 8.45am and 6pm Monday to Friday except for Thursday afternoons when the practice closes at 12.30pm. Appointments take place from 9am to 12.30am every morning and 3pm to 6pm (or 12.30pm on a Thursday) daily.. Extended hours are not offered at this practice although patients are able to visit one of the other locations which does offer extended hours once a week from 6.30pm to 9.30pm. In addition to pre-bookable appointments that can be booked up to one week in advance, urgent appointments are also available for people that need them.
- The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances.
- The practice's patient profile is much younger than the national average with higher numbers of the patients aged 18 years or under and less numbers of patients aged 65 years or older.
- Data from Public Health England shows that the practice is located in an area where income deprivation is at the highest level.

# Detailed findings

## Why we carried out this inspection

On the 15 October 2015 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. We published a report setting out our judgments which identified some concerns which included two breaches of regulation under the safe domain. We asked the provider to send a report of the actions they would take to comply with the regulation they were not meeting.

This focussed inspection was planned to check whether the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 through a review the areas which had previously led to a rating of requires improvement in the safe domain and to provide an updated rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out an announced focused visit on 19 August 2016.

During our visit we:

- Spoke with one of the GP partners.
- Reviewed relevant documentation made available to us relating to patient care and the running of the service.

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

At this focused inspection, we re-looked at the areas that had been identified at the previous comprehensive inspection within this domain. This related to recruitment arrangements and risk assessments regarding emergency medicines.

### Overview of safety systems and processes

At our previous inspection on 15 October 2015, we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse with the exception of recruitment processes. At this focussed inspection we found that the practice had ensured their recruitment policies and procedures were effectively implemented:

- We reviewed three personnel files (two practice nurses and one receptionist). We found that all appropriate recruitment checks had now been undertaken in line with the practice recruitment policy. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- Previously we saw that the practice was awaiting the results of a legionella risk assessment which had been completed by an external company. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At this inspection we found

that this had recently been received. The risk assessment had identified areas to minimise risk of legionella and the practice were in the process implementing a formal process based on the recommendations.

### Arrangements to deal with emergencies and major incidents

At our previous inspection on 15 October 2015, we found that practice had adequate arrangements in place to respond to emergencies and major incidents. However, some nationally recommended emergency medicines were not kept at the practice and in their absence, no risk assessments had been carried out. Risk assessments were also not in place for not carrying medications when undertaking home visits: At this inspection we found that:

- The practice had held a meeting to assess risks related to not having some nationally recommended emergency medicines at the practice. We saw evidence to demonstrate that these risks had been discussed at a practice meeting. We viewed a formal signed written agreement that had subsequently been developed between both the practice and a local pharmacy. This documented that the emergency medicines would be available to the practice from the local pharmacy when required. A new medical emergency policy was now in place.
- The practice had fully assessed the risks related to not carrying emergency medicines for home visits. We saw evidence to demonstrate that these risks had also been discussed and alternative arrangements with local pharmacy were in place.