

# Dr E Cowan and Partners

## Quality Report

Allesley Park Medical Centre  
2 Whitaker Road  
Coventry  
CV5 9JE

Tel: 024 7667 4123

Website: [www.allesleyparkmedicalcentre.co.uk](http://www.allesleyparkmedicalcentre.co.uk)

Date of inspection visit: 26 May 2016

Date of publication: 22/09/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr E Cowan and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Allesley Park Medical Centre on 26 May 2016. Overall the practice is rated as good.

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

- The practice used an effective system for reporting and recording significant events.
- Information about how to complain was clearly displayed and easy to understand. Complaints and concerns were analysed and used to improve the quality of care provided.
- The practice took a transparent and open approach to safety.
- Staff effectively assessed and managed risks to patients.
- The practice used current evidence based guidance to assess patients' needs and deliver care. Training was encouraged and provided to staff to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with respect and they were satisfied with the care they had received. They commented that clinical staff were good at listening to their concerns and described reception staff as helpful and approachable.
- Patients told us that they were able to get appointments when they needed them, and could usually get an emergency appointment the same day.
- The practice had modern facilities which met patients' needs.
- The practice had a clear leadership structure and management supported staff to carry out their roles. The practice asked patients for input and was proactive in adopting changes.
- The practice was familiar with the conditions of the duty of candour and exercised an open and honest culture.

### 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.

Good



- Staff knew how to raise concerns and report incidents and near misses. Significant events were thoroughly investigated and discussed at meetings to ensure action was taken and to share lessons learned to improve safety in the practice.
- The practice had a transparent approach to dealing with errors. Patients were given a verbal and written apology providing an explanation when things went wrong and they were offered reasonable support.
- Staff we spoke with had a good understanding of their safeguarding responsibilities and knew how to report incidents. The practice had robust procedures and measures in place to keep patients safe and help protect them from abuse.
- Risks to patients were assessed and well managed. There were adequate arrangements in place to respond to emergencies and major incidents.
- The practice received safety alerts from external agencies which were circulated to staff and followed up to ensure any required actions were taken.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were in line with or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance. The practice had a system to update clinical staff with new guidance as it arose.
- Clinical audits demonstrated quality improvement and monitoring. The practice also collaborated with other local practices and participated in local benchmarking.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. GPs in the practice had lead roles across a range of areas and training was monitored and updated consistently. Staff communicated well as a team to deliver personalised care to patients.
- There was evidence of appraisal and personal development plans for all staff. Staff we spoke with expressed confidence in using appraisal as an opportunity to progress.

# Summary of findings

- There was a commitment to collaborating with healthcare professionals from external services both formally and informally to understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Patients said they were satisfied with the service the practice provided and thought staff were person centred and involved them in decisions about their care.
- Results from the National GP Patient Survey published in January 2016 showed that patients were happy with how they were treated and that this was broadly in line with Clinical Commissioning Group (CCG) and national averages.
- 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 patient and information confidentiality.
- Staff at two local care homes described the service the practice provided as very good, and were pleased to have a dedicated weekly visit. We were told that the GPs were responsive to visit requests and offered proactive person centred care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice offered telephone consultations and appointments outside normal hours to assist those unable to attend at these times. Longer appointments were available for patients who required these and a number of same day appointments were provided for children and urgent cases.
- Patients told us that they were able to get appointments when they needed them, but could wait up to two weeks to see their preferred GP. They also commented that they could usually get an emergency appointment the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised. Learning from complaints was shared with staff.

# Summary of findings

## Are services well-led?

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

- The practice had a clear vision to deliver safe, high quality services providing excellence at all times. The partners described their core values as offering a family doctor service. Staff we spoke with displayed a commitment to team working and providing a service in line with these values.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice effectively implemented the requirements of the Duty of Candour. The practice manager and GP partners encouraged an open culture.
- There were systems in place to manage notifiable safety incidents and share these with staff.
- The practice was proactive in acting on feedback from patients and its patient participation group (PPG). The practice also welcomed feedback from staff through appraisals, meetings and informal discussion.
- Staff were encouraged to undertake training and professional development. Specific areas for improvement were assessed at annual appraisals.

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.

Good



- The practice recognised that it had a steadily increasing population of older people and offered proactive, personalised care to meet their needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had patients who lived in two local care homes. Both described the service the practice provided to people as very good, and were pleased to have a dedicated weekly visit. We were told that the GPs were responsive to visit requests and offered proactive person centred care.
- The practice maintained care plans and had designated GPs for those older people at high risk of hospital admission and reviewed these every three months as a preventative measure.
- The practice had consistently low emergency admission rates. Most recently published data for the year 2014 to 2015 showed that the practice had seven emergency admissions per 1,000 patients for 19 Ambulatory Care Sensitive Conditions, compared with the national average of 15. Ambulatory Care Sensitive Conditions (ACSCs) are conditions where effective management by primary medical services can help to prevent the need for hospital admission.
- The practice worked with the recently established Integrated Neighbourhood Teams aimed at supporting frail and vulnerable patients.
- The practice had adopted the Gold Standards Framework for end of life care and held frequent palliative care meetings with district and Macmillan nurses.

### People with long term conditions

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

Good



- Practice nurses offered dedicated chronic disease management appointments.
- Performance for diabetes related indicators were similar to the national average range. 82% of patients with diabetes had blood glucose levels and cholesterol within an acceptable

# Summary of findings

range, compared with the national average of 78%. 94% of patients on the register had had a foot examination and risk classification in the previous 12 months, higher than the national average of 88%.

- Longer appointments and home visits were available when needed.
- The practice offered phlebotomy sessions three times each week to improve convenience for patients who needed regular blood tests.

## Families, children and young people

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

- Immunisation rates were relatively high for all standard childhood immunisations. The practice used an alert system to flag any children who had missed immunisations.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- There were children's toys available in reception and baby changing facilities.
- Patients told us that GPs were good at dealing with their children.
- QOF 2014/2015 indicators showed that the practice's patient uptake of cervical screening was in line with national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice liaised appropriately with midwives and health visitors, and the practice had appointed lead GPs for post-natal checks.

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 practice had considered the needs of its working-aged patients, including students and those recently retired, and offered extended hours to assist them.
- Evening appointments were offered daily until 7.30pm on Mondays and Wednesdays; 8pm on Tuesdays and Thursdays, and 6.30pm on Fridays. The practice also offered early morning appointments on Mondays from 7am to 8am.
- Telephone appointments were available to provide additional flexibility.

Good



# Summary of findings

- Patients could register with the online booking service to book appointments, order repeat prescriptions, view coded medical records and provide feedback at a time that was convenient for them. The practice also offered an electronic prescription service allowing patients to collect prescriptions at a location convenient to them.
- The nursing team offered clinics for travel advice and vaccinations for patients planning to travel abroad.
- The practice offered a range of screening and health promotions to meet the needs of working age people.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and older patients at high risk of hospital admission.
- The practice had no travellers or homeless people on their patient list at the time of our visit, but explained they would provide urgent clinical care to these groups as required. The practice followed local guidance to direct homeless patients to a walk in centre in the area, but was able to register them as patients if they preferred. The practice also had a process in place to register travellers under a temporary address.
- 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 patients living in circumstances that made them vulnerable, including the drug and alcohol advisor and the Integrated Neighbourhood Teams.
- The practice informed patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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).

Good





# Summary of findings

- Clinical staff at the practice liaised with local multi-disciplinary teams to provide continuity of care to patients experiencing poor mental health, including those with dementia.
- The practice maintained a mental health register, and the practice nursing team carried out annual mental and physical health checks for those patients with complex needs.
- The practice performed in line with the national average in Quality Outcomes Framework 2014/2015 mental health related indicators. For example, 90% of patients on the practice register with poor mental health had a comprehensive agreed care plan documented in the past 12 months, compared with 88% nationally.
- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations. For example, Improving Access to Psychological Therapies counsellors held clinics at the practice.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 413 survey forms were distributed and 100 were returned. This represented a 24% completion rate and 0.5% of the practice's patient list. Since the inspection visit we have also reviewed GP patient survey results published in July 2016, which showed that some results had improved.

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%. The practice results published in July were in line with this, at 81% compared to the CCG 73% and the national 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. This result had improved significantly by July 2016, at which time 82% were able to get an appointment to see or speak to someone the last time they tried, compared to the CCG average of 83% and the national 85%. The practice felt this improvement was due to the appointment of a new GP, a nurse practitioner and their trialling a new triage appointment system.
- 88% of patients described the overall experience of this GP practice as good compared to the national

average of 85%. Results published in July 2016 were slightly higher for the practice at 91% compared to the CCGs average of 84% and the national average of 85%.

- 83% 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%. This figure had improved by the July 2016 results, at which time 88% of patients said they would recommend this GP practice to someone new to the local area. This compared well to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards which were all positive about the standard of care received. Patients commented that clinical staff were good at listening to their concerns and described reception staff as helpful and approachable. A number of patients also commented that they could experience a long wait for an appointment with their preferred GP.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were caring and involved them in decisions about their care.

# Dr E Cowan and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and a practice manager specialist advisor.

## Background to Dr E Cowan and Partners

Dr E Cowan and Partners, known as Allesley Park Medical Centre, serves the Allesley Park area on the west side of Coventry. It operates under a General Medical Services (GMS) contract with NHS England. A GMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice was first established in 1955 and is currently based within the recently constructed Allesley Park Neighbourhood Centre where it shares modern purpose build facilities with a range of other local services. The building has accessible facilities for patients with disabilities. Allesley Park Medical Centre has a patient list size of 8,171 including some patients who live in two local care homes.

The practice has two registered locations which are linked for data collection purposes. The second location, the University of Warwick Health Centre, has a student population of 9,076. Due to the large number of students registered at the second location the overall data results for Dr E Cowan and Partners reflects a younger population. The patient population demographics attending Allesley Park Medical Centre appear to be broadly in line with national averages. Levels of social deprivation are lower

than the national average. The practice has expanded its contracted obligations to provide some enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, extended hours access, patient online access and facilitates timely diagnosis and support for people with dementia.

The clinical team is shared across both Allesley Park Medical Centre and the University of Warwick Health Centre and includes five GP partners (three male and two female), two salaried GPs (both female), one male trainee GP, five nurse practitioners, four practice nurses and one healthcare assistant. The team is supported by a practice manager, a business development manager, two administrative teams, two reception teams and two prescribing medicine coordinators.

Allesley Park Medical Centre offers appointments between 7am and 7.30pm on Mondays; 8.30am and 8pm on Tuesdays and Thursdays; 8.30am and 7.30pm on Wednesdays and 8.30am and 6.30pm on Fridays.

There are further arrangements in place to direct patients to out-of-hours services provided by NHS 111 when the practice is closed.

## 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice, and asked other organisations to share what they knew. We carried out an announced visit on 26 May 2016. During our visit we:

- Spoke with staff and patients.
- Reviewed patient comment cards.
- Reviewed the practice's policies and procedures.
- Carried out visual checks of the premises, equipment, and medicines stored on site.

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 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 an effective system in place for reporting and recording significant events.

- Staff we spoke with were aware of the procedure for reporting incidents and had access to a policy and recording form on the practice's computer system. They told us they would inform the practice manager of any incidents. 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.
- The practice recorded 17 significant events from May 2015 to May 2016. We reviewed the practice's significant event log, which included a summary of each event and the actions taken, as well as any further action required. We saw that each of these had been analysed and appropriate action taken by the practice.
- Significant events and complaints were discussed during weekly clinical staff meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident and received a verbal and a written apology.

The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The nurse practitioner had been identified as the practice lead for safety alerts, and received and circulated the alerts by emailing staff to ensure they were aware of them. Any required actions were identified and details saved to a folder on the practice computer system. The practice administrator followed these up to ensure actions were taken.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse 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. There was a lead member of staff for safeguarding. Staff

demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses had completed level three safeguarding training in respect of child protection.

- The practice offered chaperoning to patients. A notice in the waiting room advised patients that a chaperone was available if required. 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 saw that the premises were visibly clean and tidy. One of the practice nurses was the infection control lead and had completed appropriate training for the role. There was an infection control policy and a recent audit carried out in December 2015 provided evidence that action was taken to address any areas identified for improvement. Staff spent time with the practice nurses to learn about their infection control responsibilities during their induction and there was a hand washing policy in place with hand washing posters displayed above sinks. We did not see a record of formal infection control training for staff other than the infection control lead at the time of our visit. The practice sent us details of training that had been arranged following our visit. Staff we spoke with on the day had a good understanding of their infection control responsibilities.
- The arrangements for managing medicines in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) kept patients safe. This included the arrangements for emergency medicines and vaccines.
- The practice had applied processes for dealing with repeat prescriptions, and had trained two non-clinical staff specifically as prescribing clerks. There was also a system in place for monitoring the use of high risk medicines. The practice used frequent audits of medicines to ensure its prescribing followed best practice guidelines for safety.

## Are services safe?

- GPs stored blank prescription forms and pads securely and monitored their use. The practice had adopted Patient Group Directions to let nurses administer medicines in line with legislation.
- The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed a number of staff recruitment files and found appropriate recruitment checks had been undertaken before employment. For example, proof of identity; references; and for clinical staff qualifications and registration with the appropriate professional body. All clinical staff had the appropriate checks through the Disclosure and Barring Service (DBS) every three years. The practice had previously checked all staff members' DBS status in 2012, and continued to conduct the check for all new members of staff when they joined the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used rigorous procedures to detect and minimise risks to staff and patient safety. A suitable health and safety policy was available. The practice had records of recent fire risk assessments and told us they carried out regular fire drills. The practice's last fire drill took place in April 2016 and staff had received training in fire safety in January 2016. Frequent checks were carried out to ensure electrical equipment was safe to use and clinical equipment was working effectively. Portable Appliance Testing had been carried out in November 2015 and equipment was last calibrated in January 2016. The practice used a variety of risk assessments to monitor the safety of the premises, including control of

substances hazardous to health, legionella, and infection control. There was a legionella management policy in place and quarterly water hygiene testing was conducted by an external company.

- The practice had made arrangements to ensure the number and mix of staff on duty met patients' needs. Annual leave was arranged several weeks in advance to ensure adequate numbers of clinical and non-clinical staff were always available to patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all of the practice computers which alerted staff to any emergency. There was also a panic button installed under the reception desk and on clinicians' desks to allow staff to call for urgent assistance.
- All staff received basic life support training.
- The practice had a defibrillator and oxygen available on the premises. A first aid kit and accident book were available.
- The practice held a sufficient range of emergency medicines which were easily accessible to staff in a secure area of the practice. All staff knew the location of emergency medicines and those we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Three hard copies of the plan were kept off site so that the information was always available.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed patients' needs and delivered care 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 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 Coventry and Rugby Clinical Commissioning Group awarded the practice the InSpire Award for Excellence in Prescribing in 2015.

### 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. The QOF is a system intended to improve the quality of general practice and reward good practice. The most recently published results (2014/15) showed the practice had achieved 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was similar to the national average performance. 82% of patients with diabetes had blood glucose levels and cholesterol within an acceptable range, compared with the national average of 78%. 94% of patients on the register had had a foot examination and risk classification in the previous 12 months, higher than the national average of 88%.
- Performance for mental health related indicators was also similar to national performance. For example, 90% of patients experiencing poor mental health had a comprehensive agreed care plan documented within the last 12 months. This was 2% above the national average. 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 93%. This compared favourably with the national average of 90%.
- Exception reporting was 9% overall, in line with the CCG average of 8% and the national average of 9%.

There was evidence of quality improvement resulting from clinical audits and benchmarking.

- There had been six clinical audits completed in the last year. Four of these were completed audit cycles where the improvements made had been implemented and monitored.
- Findings were used by the practice to improve services. For example the practice had analysed data on visit requests from a local care home and as a result instigated a dedicated weekly GP visit. The practice found that making regular visits to the care home had consolidated their medical input time and improved patients' continuity of care.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff which covered such topics as infection prevention and control, fire safety and health and safety.
- The practice could demonstrate how they ensured staff had completed role-specific training and updates by using a log to track this.
- Staff taking samples for the cervical screening programme had undertaken an appropriate training update every three years.
- The practice provided staff with suitable training for the scope of their role. Ongoing support was provided via annual appraisals which were used to identify learning needs.
- Mandatory training was also provided to staff to ensure they were equipped to deal with a variety of situations. For example child and adult safeguarding, fire safety, basic life support and information governance. Staff were also encouraged to complete e-learning training modules.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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 and computer systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services promptly, 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. The practice actively engaged with the wider primary care team and clinical staff told us they maintained good working relationships with the district nurses, midwives, health visitors, community dementia nurses, alcohol concern team and Macmillan cancer support nurses.

### Consent to care and treatment

Staff sought patients' consent to care and treatment 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 (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Written consent for children's vaccinations and minor surgery was recorded.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

The practice maintained registers of specific patient groups to monitor treatment and direct them to the relevant services. The practice's registers included carers, patients with COPD, diabetes, depression and learning disability. Patient recalls were carried out to encourage patients to attend for reviews.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a system for administrative staff to flag patients who did not attend for their cervical screening test to the nurse team for follow up. The practice told us they encouraged patients to make an informed decision about the cervical screening programme by making information available in different languages where required, and using NHS materials to assist those with a learning disability. They also ensured a female sample taker was available.

72% of the practice's female patients aged between 25 and 64 had attended for cervical screening within the target period, in line with the CCG average of 73% and the national average of 74%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend the national screening programme for breast and bowel cancer, and uptakes were similar to CCG and national averages. For example, 67% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the previous 30 months, which was higher than the CCG uptake of 59% and the national uptake of 58%. 76% of female patients aged 50 to 70 had been screened for breast cancer in the previous 36 months, compared to the CCG average of 71% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 92% to 100%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged over 40 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

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- The practice had installed curtains in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Clinical staff closed consultation and treatment room doors during patient consultations, and conversations taking place in these rooms could not be overheard.
- Reception staff told us that they were able to offer patients a private room to discuss their needs if required.

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that clinical staff were good at listening to their concerns and described reception staff as helpful and approachable. A number of patients also commented that they could experience a long wait for an appointment with their preferred GP.

We spoke with five patients during the inspection, two of whom were members of the Patient Participation Group. All five patients said they were satisfied with the care they received and thought staff were caring and involved them in decisions about their care. The two members of the Patient Participation Group (PPG) we spoke with told us they felt valued and respected by the practice. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. It was particularly commented that the practice manager was always eager to hear any suggestions for improvements.

We spoke with staff at two local care homes. Both described the service the practice provided to people as very good, and were pleased to have a dedicated weekly visit. We were told that the GPs were responsive to requests for home visits or advice and offered proactive person centred care.

Results from the National GP Patient Survey published in January and July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. The result published in July was similar at 87%, compared with the CCG and national averages of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%. In the July results this figure had dropped to 81%, whereas the CCG and national averages remained similar at 87%.
- 95% 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%. By July this had dropped to 92% whereas the CCG and national averages remained the same.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. In July this the practice's result had lowered to 80% while the national average remained static.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%. The July result was similar at 83%, compared with 90% in the CCG and 91% nationally.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%. The July result was similar at 84%, the CCG average was 86% and the national average remained the same.

The practice met to discuss the results following publication and considered ways to improve patient experiences.

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

Patients told us their GP listened to them and respected their wishes. They described how they had been given options to involve them in decision making about their

## Are services caring?

care and treatment. Some patients said that they could wait one to two weeks to see their preferred GP. Feedback given via patient comment cards we received was also very positive.

Results from the National GP Patient Survey published in January 2016 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:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%. The practice result published in July was unchanged.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. By July this result had improved to 80% for the practice, which was similar to the CCG average of 81% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%. By July this result was similar at 80%, five percent below the CCG and national averages.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A number of information leaflets were available.

- There was a suggestions box and Friends and Family Test feedback questionnaire in the patient waiting area.

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

Patient information leaflets and notices were available in the patient waiting area. These told patients how to contact support groups and organisations for a variety of long term physical conditions and mental health services.

The practice asked new patients if they were a carer, and also collected carers' information during reviews with patients who were treated for mental health and learning disabilities. Any patients the practice wrote to following an unplanned admission to hospital were also asked if they were carers. The computer system alerted GPs if a patient was also a carer. The practice had identified 30 patients as carers (less than 1% of the practice's patient list). The practice explained their data was affected by the inclusion of the university practice's performance information, as the student population were less likely to be carers. The practice supported carers by referring them to a local nurse team focused directly on supporting carers. Written information was available to direct carers to the various avenues of support available to them and practice staff also signposted this information to carers during consultations.

Staff told us that when a patient or the near relative of a patient died their GP contacted the family. GPs continued to support patients through consultations and by offering information about support services, including in-house counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a range of extended hours daily between 7am and 8pm daily to assist working patients and those who could not attend during normal opening hours.
- There were longer appointments available for carers and patients with a learning disability.
- Home visits were available for older patients, carers and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments could be booked over the telephone, face to face and online. The practice also offered telephone consultations with a GP at times to suit patients.
- Same day appointments were available for children and those patients with medical problems that required an urgent consultation.
- There were facilities to assist patients with physical disabilities, a hearing loop for patients who used hearing aids and translation services were available for patients who did not speak or understand English with confidence.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes.
- The practice maintained care plans and had named GPs for those older people at high risk of hospital admission and reviewed these every three months as a preventative measure.
- The practice works with the recently established Integrated Neighbourhood Teams aimed at supporting frail and vulnerable patients.
- The practice had adopted the Gold Standards Framework for end of life care and held frequent palliative care meetings with district and Macmillan nurses. The Gold Standards Framework (GSF) encourages clinicians to focus on providing high quality, coordinated care to people nearing the end of their lives. Patients could register with the online booking service to book appointments, order repeat prescriptions, view coded medical records and provide

feedback at a time that was convenient for them. The practice also offered an electronic prescription service allowing patients to collect prescriptions at a location convenient to them.

- The nursing team offered clinics for travel advice and vaccinations for patients planning to travel abroad.
- Improving Access to Psychological Therapies counsellors held clinics at the practice.

### Access to the service

Allesley Park Medical Centre offered appointments between 7am and 7.30pm on Monday; 8.30am and 8pm on Tuesday and Thursday; 8.30am and 7.30pm on Wednesday and 8.30am and 6.30pm on Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, on the day and emergency appointments were also available for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours, the same as the national average of 78%.
- 83% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, but could wait up to two weeks to see their preferred GP. They also commented that they could usually get an emergency appointment the same day.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- A complaints policy and procedures were in place in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager and a GP were designated as responsible for handling all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. This was displayed on a noticeboard in the patient waiting room, and it was also printed in the practice leaflet and published on the website.
- We saw evidence that the practice had responded to complaints in writing and invited people to discuss these face to face. This reflected the practice's willingness to be accountable to patients.

We looked at seven complaints received in the last 12 months and found that they were dealt with in a satisfactory and timely way. Actions and learning points from complaints were recorded and the practice told us these were discussed at practice meetings every two months.

# 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 safe, high quality services providing excellence at all times. The partners described their core values as offering a family doctor service. Staff we spoke with displayed a commitment to team working and providing a high standard of service delivery in line with these values. Staff worked in a way that supported the ethos of the practice.

The practice shared its clinical staff with its site at the University of Warwick Health Centre. Due to a growing student population and also the closure of another GP surgery local to Allesley Park Medical Centre, the practice faced the challenge of an expanding patient list. To combat this the practice planned to take on a new GP partner and potentially a further salaried GP.

### Governance arrangements

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

- Practice staff had a clear understanding of their own remits and felt supported by the wider team in meeting these.
- Staff were able to locate the practice's policies and showed understanding of how to use them.
- The practice monitored its performance and carried out frequent auditing to identify areas for improvement.
- Each of the GP partners had lead roles and specific areas of interest and expertise. These roles included leadership for safeguarding, diabetes, minor surgery, and family planning.
- Clinical meetings were held at two weekly intervals.
- We saw that the practice was aware of the legal requirements about protecting patients' confidential information. Staff induction training included confidentiality and information governance. Medical records were kept securely.

### Leadership and culture

The practice partners had the experience and capability to run the practice and ensure a good quality care. They told

us they prioritised safe, responsive care and courtesy to patients. Staff we spoke with told us the practice manager and partners were very approachable and always made time to discuss any concerns and support their team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a specific legal requirement that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

The practice had a system for dealing with sudden or accidental safety incidents:

- The practice provided reasonable support, information and a verbal and written apology to the people affected.
- The practice kept records of serious events and discussed and revisited these at staff meetings to consolidate learning outcomes.

Staff felt supported by management and the practice's well defined leadership structure reinforced this:

- Staff told us they felt confident in actively participating in meetings and raising issues with the rest of the team.
- Staff told us that the practice manager and partners were approachable, and there was an open culture within the practice.
- Staff said they felt appreciated and respected in their roles. Staff members had opportunities to put forward ideas for improvement and contribute to the development the practice.

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

The practice actively sought to engage with and obtain feedback from patients, the public and staff.

- The practice had an active Patient Participation Group (PPG) which aimed to represent patient views and contributed to a quarterly practice newsletter for patients. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, it had recently recommended the practice create a privacy zone to improve confidentiality at the reception desk. As a result the practice had marked a line on the floor for patients to queue behind.

# Are services well-led?

Good 

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

- The practice used the feedback generated by complaints to resolve underlying issues. For example, the practice had changed their laboratory reports process to ensure that on Fridays these were processed the same day to avoid patients' having to wait longer than 48 hours.
- The practice had welcomed feedback from staff through appraisals, meetings and informal discussion. Staff told us they would feel confident giving feedback and discussing any issues or concerns with colleagues and management. Staff told us they felt able to help improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. As a training practice there were two GP trainers and one trainee in post at the time of our visit. The practice had also trained its most recently recruited GP in house. The practice recognised the value in collaborative working and participated in information sharing and local and national benchmarking.

The practice recognised its future challenges and was proactive in their approach to these. The surgery had an increasing patient list and planned to recruit more medical staff.