

Gosford Green Surgery

Quality Report

Clay Lane Health Centre
5 Clay Lane
Coventry
CV2 4LJ

Tel: 024 7643 7080

Website: www.gosfordgreensurgery.nhs.uk

Date of inspection visit: 16/05/2017

Date of publication: 23/06/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Gosford Green Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Gosford Green Surgery on 16 May 2017. Overall the practice is rated as good.

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

- There was a suitable policy and an incident reporting form which all staff were able to access on the practice's computer system. All incidents were discussed during monthly practice meetings and learning outcomes were recorded. The practice had only recorded three significant events during the previous 12 months.
- The arrangements to safeguard children and vulnerable adults from abuse met local requirements and current legislation. Staff we spoke with were aware of their safeguarding responsibilities and knew how to access policies and escalate concerns about patients' welfare.

- The GP did not always review discharge letters, but had a member of non-clinical staff operating as a prescription clerk to make any prescription changes directed by the hospital.
- The practice's emergency medicines box did not contain one essential emergency medicine. The practice had ordered this prior to the inspection and explained that there had been a supply issue, and an alternative medicine had been stocked as an interim measure. We also noted that some of the practice's intubation equipment and some of the dressings in the first aid kit had passed expiry date or the packaging did not show any expiry date.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above CCG and national averages, except for in breast and bowel cancer screening where they were lower.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had received a combination of external, in-house and online training.

Summary of findings

- Results from the national GP patient survey published in July 2016 were mixed. The practice was in line with or above averages for its satisfaction scores in some areas, but below average for clinical consultations. Patient feedback we gathered during the inspection described the practice as friendly and helpful, and the GP as approachable and professional.
- The practice offered extended hours appointments until 8pm every Monday, and telephone consultations daily for patients who had difficulty in attending the practice during opening hours.
- The practice had led an awareness campaign to reduce appointment wastage and make the appointment system more efficient. This resulted in a significant reduction of appointments not attended.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- The practice governance arrangements supported the delivery of its future plans and inspired good quality care. We observed that staff worked well together and they told us they felt valued by the practice and able to contribute to its development.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Take action to ensure that all proposed changes to prescriptions directed by the hospital are reviewed by the GP prior to prescriptions being issued.

In addition the provider should:

- Ensure that emergency equipment such as dressings and intubation is fit for use.
- Ensure the supply of emergency medicines is maintained.
- Encourage patients to engage with national breast and bowel cancer screening programmes.
- Continue to encourage reporting of incidents and significant events.
- Continue to review patient satisfaction results for consultations with GPs and nurses and take measures to improve these.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services, as there are areas where improvements must be made.

- The GP did not always review discharge letters, but had a member of non-clinical staff operating as a prescription clerk to make any prescription changes directed by the hospital. The practice implemented a change in this process with immediate effect following the inspection, as CQC emphasised the importance that the GP review all changes to prescriptions. The practice also updated its procedure to reflect this and shared it with staff.
- There was a suitable policy and an incident reporting form which all staff were able to access on the practice's computer system. All incidents were discussed during monthly practice meetings and learning outcomes were recorded. The practice had only recorded three significant events during the previous 12 months.
- The arrangements to safeguard children and vulnerable adults from abuse met local requirements and current legislation. Staff we spoke with were aware of their safeguarding responsibilities and knew how to access policies and escalate concerns about patients' welfare.
- The practice used a number of processes to monitor and manage risks to patient and staff safety.
- The practice's emergency medicines box did not contain one essential emergency medicine. The practice had ordered this prior to the inspection and explained that there had been a supply issue, and an alternative medicine had been stocked as an interim measure. We also noted that some of the practice's intubation equipment and some of the dressings in the first aid kit had passed expiry date or the packaging did not show any expiry date.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above CCG and national averages, except for in breast and bowel cancer screening where they were lower.

Good



Summary of findings

- There was evidence of quality improvement including clinical audit. The practice participated in benchmarking with the other two practices on the premises, and also attended shared clinical governance meetings with them every six months to share best practice and learning.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. All staff had received a combination of external, in-house and online training that included basic life support and children and adults safeguarding.
- Clinicians liaised with healthcare professionals from other services to fully understand and meet the complexity of patients' needs.
- Staff were aware of their obligations and had appropriate systems in place for gaining consent and protecting confidentiality.

Are services caring?

The practice is rated as good for providing caring services.

Good



- During the inspection we observed that staff members were helpful to patients and treated them with dignity and respect.
- Results from the national GP patient survey published in July 2016 were mixed. The practice was in line with or above averages for its satisfaction scores in some areas, but below average for clinical consultations.
- Patient feedback we gathered during the inspection described the practice as friendly and helpful, and the GP as approachable and professional.
- The practice provided facilities to help patients be involved in decisions about their care and treatment.
- Staff told us that if families had suffered bereavement, the practice sent a condolence card and made a courtesy telephone call to offer support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 extended hours appointments until 8pm every Monday, and telephone consultations daily for patients who had difficulty in attending the practice during opening hours.

Summary of findings

- The practice had led an awareness campaign to reduce appointment wastage and make the appointment system more efficient. This resulted in a significant reduction of appointments not attended, from 11% in the autumn of 2014 to 3% in autumn 2015. The practice carried out a re-audit in June 2017 which showed that the number of appointments not attended remained low at 4%.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages.
- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We reviewed details of three complaints received within the previous year and saw evidence that the practice had responded to complaints appropriately and within a reasonable timescale.

Are services well-led?

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

- The practice had a mission statement setting out its aims to improve the health, well-being and lives of the patients they provided care for by working in partnership with patients and staff to provide the best service possible.
- The practice governance arrangements supported the delivery of its future plans and inspired good quality care.
- There were monthly whole practice meetings where staff discussed significant events and complaints. There were also six monthly clinical governance meetings to discuss new guidance and monthly multidisciplinary team meetings.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour.
- The practice encouraged feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

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



- Annual medicine reviews were available for patients aged over 75.
- The practice provided home visits and urgent appointments for older patients who needed them.
- Clinicians worked with the local multidisciplinary team to personalise individual care for older people.
- The practice offered older patients the flu vaccination and the pneumococcal vaccination to help maintain their health.
- Appointments were pre-bookable up to two weeks in advance.

People with long term conditions

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

Good



- The practice was working with its two neighbouring GP practices which it shared premises with to organise open evening events to enhance the care of patients with long term conditions, for example diabetes. The practice maintained an awareness of the challenges this group of patients faced, for instance the GP offered to adjust Muslim patients' medicine during Ramadan.
- Longer appointments and home visits were available to patients with long term conditions when needed.
- Performance for diabetes related indicators was similar to the national average performance. 78% of patients with diabetes had a blood glucose reading within the target range in the previous 12 months, in line with the CCG average of 79% and the national average of 78%. 80% of patients with diabetes had a blood pressure reading within the acceptable range, which was higher than the CCG average of 77% and the national average of 78%.
- Performance for other long term conditions was within the average range. For example, the percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 92%. This was in range of the CCG average of 91% and the national average of 90%.

Summary of findings

- The practice offered an annual review to patients with a long term condition. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- Children and babies could access appointments on the same day. Appointments were also available outside of school hours and the premises were suitable for children and babies.
- Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice achieved an overall score of 9.7 out of 10, compared with the national average score of 9.1. The mumps, measles and rubella vaccinations given to under five year olds ranged from rates of 96% to 100%, compared with the national average rates which were between 87% and 94%.
- The GP held quarterly multidisciplinary team meetings and exchanged information with other care professionals including midwives, health visitors and the palliative care team.
- All staff were trained to the appropriate child safeguarding level.
- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. 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. Fraser guidelines related specifically to contraception, sexual health advice and treatment.

Good



Working age people (including those recently retired and students)

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

- The practice encouraged working aged patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2015/2016 showed that the practices performance was lower than local and national averages, and there was no specific action plan in place to improve this.

Good



Summary of findings

- The practice offered extended hours appointments until 8pm every Monday, and telephone consultations daily for patients who had difficulty in attending the practice during opening hours.
- Patients could access online appointment booking services for their convenience.
- NHS health checks were available for those aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

People whose circumstances may make them vulnerable

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

- Patients with a learning disability were offered longer appointments, as well as to those with complex needs.
- Appointments could be arranged on the same day vulnerable patients.
- The practice had no travellers or homeless people on their patient list at the time of our inspection but explained they would register people from these groups as needed. The practice was also able to direct homeless patients and asylum seekers to specialised local services available in Coventry.
- The assistant practice manager had completed training in IRIS (Identification and Referral to Improve Safety), and the learning from the course had been disseminated to staff within the practice to help improve awareness of domestic violence. All staff had received safeguarding training and knew how to recognise signs of abuse in children and adults.
- Patients with a learning disability were offered longer appointments, as well as to those with complex needs.
- The practice conducted annual health and medicine reviews for the patients on its additional needs registers, for example those with long term conditions, older people and patients with learning disabilities and mental health issues.
- The practice had newly designed disabled access facilities for patients who needed them. There was a hearing loop for patients with a hearing impairment.

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

- The practice hoped to organise a dementia awareness clinic and invite guest speakers to help both staff and patients better understand the illness.
- Performance for mental health related indicators were in line with or above local and national performance. For example, 94% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was higher than the CCG and national averages of 89%.
- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly higher than the CCG average of 81% and the national average of 84%. This reflected eight patients with dementia who the practice provided care to.
- 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.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice also participated in a Dementia Harmonisation scheme to support the increase in dementia diagnosis. Data has been analysed in order to identify any patients who maybe be at risk of dementia and offer full assessment and also to identify any potential coding errors where Dementia diagnosis should be recorded.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 357 survey forms were distributed and 67 were returned. This represented 3% of the practice's patient list and a 27% completion rate.

- 76% of patients found it easy to get through to this practice by phone compared to the CCG and national averages which were both 73%.
- 86% of patients 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 average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, 46 of which were positive about the standard of care received. Six patients also commented that it could be difficult to get an appointment. One patient made only negative comments and these related to appointment availability. Patients described the service they had received as friendly and helpful.

We spoke with two patients during the inspection who were members of the Patient Participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice team to improve services for patients and the quality of care. Both patients said they were happy with the care the practice provided and found reception staff caring and clinical staff professional.

Areas for improvement

Action the service **MUST** take to improve

- Take action to ensure that all proposed changes to prescriptions directed by the hospital are reviewed by the GP prior to prescriptions being issued.

Action the service **SHOULD** take to improve

- Ensure that emergency equipment such as dressings and intubation is fit for use.
- Ensure the supply of emergency medicines is maintained.

- Encourage patients to engage with national breast and bowel cancer screening programmes.
- Continue to encourage reporting of incidents and significant events.
- Continue to review patient satisfaction results for consultations with GPs and nurses and take measures to improve these.

Gosford Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team also included a GP specialist advisor and a shadowing Defence Medical Services specialist advisor.

Background to Gosford Green Surgery

Gosford Green Surgery is a GP practice located close Coventry city centre. 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 operates from modern accessible premises it has occupied since 2013. It is operated by an individual GP (a practice with one GP who has managerial and financial responsibility for running the business) and has a patient list size of 3,001.

The catchment area for Gosford Green Surgery experiences higher than average levels of ethnic diversity and social deprivation, and a significantly larger than average proportion of the population belong young family age groups. The practice has expanded its contracted obligations to provide 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 extended hours access, minor surgery, and rotavirus and shingles immunisation.

The clinical team includes one male GP, one female practice nurse and one female healthcare assistant. The practice also uses two regular locum GPs (one male and

one female) to support continuity of care for patients. The clinical team is sustained by a practice manager, an assistant manager, and five reception and administrative staff.

Gosford Green Surgery is open from 8.30am to 6.30pm on weekdays. The practice also offers appointments to patients during extended hours from 6.30pm to 8pm every Monday. From 8am to 8.30am there are arrangements to divert call to a service provided by West Midlands Ambulance Service which refers urgent cases to the on-call GP. Outside of the practice's core opening hours of 8am to 6.30pm there are arrangements in place to direct patients to out-of-hours services provided via NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection visit on 16 May 2017.

During the inspection we:

Detailed findings

- Spoke with staff including the GP, the practice nurse, the practice manager and other non-clinical staff.
- Observed how patients were being cared for and spoken to.
- Reviewed comment cards where patients shared their views and experiences of the service.

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.

- We spoke with staff during the inspection and all were able to demonstrate their understanding of the practice's procedure for reporting incidents. There was a suitable policy and an incident reporting form which all staff were able to access on the practice's computer system. Staff reporting an incident completed the form themselves and escalated details to the assistant manager or the practice manager for investigation.
- All incidents were discussed during monthly practice meetings and learning outcomes were recorded. We saw meeting minutes that confirmed this.
- We were shown evidence of three significant events the practice had recorded during the previous year, and were satisfied they had been managed and resolved appropriately. There were records of what action had been taken and the learning outcomes agreed following discussion at a team meeting.
- If a patient was affected by an incident, the practice manager made contact with them to discuss it and offered a verbal apology. The outcome of the discussion was confirmed in writing. The practice manager understood the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The practice received patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). New alerts were received by the practice manager and GP by email. The practice manager printed the alerts and gave them to the relevant clinical staff members to review. The GP signed and dated the printed alert, and made a written record of what action had been taken as necessary before returning it to the practice manager who retained this. The practice manager had a regular appointment with the GP twice every week, during which any new alerts were discussed. We checked a sample of recent alerts and saw that these had been actioned.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example:

- The arrangements to safeguard children and vulnerable adults from abuse met local requirements and current legislation. Staff we spoke with were aware of their safeguarding responsibilities and knew how to access policies and escalate concerns about patients' welfare. The GP was the lead member of staff for safeguarding and liaised with other agencies such as local health visitors. Non-clinical staff had completed level one training in safeguarding, while the GP, nurse and practice manager had achieved level three in child protection and level two in safeguarding vulnerable adults.
- There was a poster in the reception area informing patients that chaperones were available. A chaperone is a person who serves as a witness for both the patient and the clinician during a medical examination or procedure. All patients have the right to request a chaperone if they are undergoing an intimate examination or procedure. It was the practice's policy for the practice nurse to act as a chaperone if she was available, but one member of non-clinical staff had also received training for the role in the event that the nurse was not available. We spoke with the member of non-clinical staff who acted as a chaperone and were satisfied that she was aware of her responsibilities. All staff 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. If neither member of staff was available to act as a chaperone due to absence, it was possible to use a chaperone from one of the other two practice's based within the same premises, as the practice manager was shared between all three and able to verify that suitable training and DBS checks had been undertaken for chaperones at all practices.
- Policies and procedures were used to maintain standards of cleanliness and hygiene. The premises were visibly clean and tidy on the day of the inspection. The practice nurse had been appointed as the lead member of staff for infection control. Infection control training had been incorporated into the induction for all staff members, and included for example hand hygiene,

Are services safe?

personal protective equipment and dealing with body fluid spillages and clinical waste disposal. Annual infection control audits were carried out and we saw evidence of a recent audit conducted on 27 April 2017. Areas for improvement had been identified and there was a record of the actions taken to address these and the dates they were completed. Kits for dealing with spillages of body fluid were available and non-clinical staff had received training in how to use these. Staff we spoke with demonstrated understanding of their infection control responsibilities.

- The practice had systems to ensure prescription security. Prescription stationery was stored securely before and during use and serial numbers were recorded to track their usage. Repeat prescriptions awaiting collection by patients were monitored, and any that were not picked up were escalated to the GP for review. Where a patient had reached their maximum number of repeat prescriptions all requests were passed to the GP for review. The GP did not always review discharge letters, but had a member of non-clinical staff operating as a prescription clerk to make any prescription changes directed by the hospital. The practice implemented a change in this process with immediate effect following the inspection, as CQC emphasised the importance that the GP review all changes to prescriptions. The practice also updated its clinical post pathway procedure to reflect this and shared it with staff.
- Clinical rooms were kept locked when they were not in use and staff removed computer access cards when computers were unattended. Paper patient records were securely stored in locking cabinets in an area that was not accessible to the public.
- We discussed the monitoring arrangements for patients who were prescribed high risk medicines. The GP monitored these patients frequently to ensure it was safe to issue repeat prescriptions. The GP also checked secondary care monitoring results which were provided electronically by the hospital for those patients who also received treatment from specialists in their particular illness under shared care agreements.
- The practice logged fridge temperatures daily to ensure they remained within the correct range for medicines that required cold storage. We checked a sample of the medicines in the fridge and saw that these were in date had been rotated appropriately. The fridge was kept

locked and two members of staff were responsible for ordering and monitoring these. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.

- The practice nurse used Patient Group Directions (PGDs) to safely administer medicines in line with legislation. We reviewed the PGDs currently in use and found that these had been signed at the time of adopting them. The practice also used Patient Specific Directions (PSDs) to allow the healthcare assistant to administer vaccinations to specific patients under the instruction of the GP.
- We reviewed documentation contained in three staff files. These verified that appropriate recruitment checks had been made prior to employment, including references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice used a number of processes to monitor and manage risks to patient and staff safety. For example a health and safety premises risk assessment had been carried out on 20 July 2016, there was an up to date fire risk assessment dated 17 August 2016, and all staff had completed fire safety training. Fire drills were conducted twice a year and the practice kept a record of the time the evacuation had taken to ensure the procedure remained efficient. Fire alarms were tested weekly to ensure they were in working order and the building's fire extinguishers had recently been checked on 3 February 2017.
- The practice had arranged for the equipment it used to be tested to ensure it was safe. All portable appliances had been tested on 11 May 2017. We checked a sample of appliances which confirmed this date. Clinical equipment had also been calibrated on 11 May 2017 to make sure it was working correctly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Non-clinical staff were multi-skilled and able to cover one another's work during periods of absence and

Are services safe?

annual leave. The practice manager coordinated annual leave to ensure adequate numbers of clinical and non-clinical staff were always available to patients and were able to meet the needs of 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 a panic button on the instant messaging system on all the practice computers which could be used to alert staff in the event of an emergency. The same instant messaging system was shared with the other two practices within the same premises, so that staff and patients had the benefit of additional assistance from these teams when they needed it.
- All staff had completed training in basic life support within the last year. The practice kept a supply of oxygen with both adult and children's masks on the premises, as well as a defibrillator with adult and children's pads. A first aid kit and accident book was also available. We noted that some of the practice's intubation equipment and some of the dressings in the first aid kit had passed expiry date or the packaging did not show any expiry date. The practice informed us that they had discussed this with their first aid trainer recently and had been advised that as these were in sterile sealed packaging

and were not perishable, it was not necessary to replace them. Nevertheless the practice decided to replace these following the inspection and provided evidence that new equipment had been ordered.

- The practice held a suitable range of emergency medicines which were easily accessible to staff in a secure area of the practice. The practice's emergency medicines box did not contain Hydrocortisone for injection (a medicine for the treatment of acute severe asthma, and severe or recurrent anaphylaxis) during the inspection. The practice manager informed us that there had been a supply issue with this medicine, and the practice had Depo-Medrone (an injection containing the same type of steroid medicine as Hydrocortisone) as an alternative. The practice had also ordered Hydrocortisone prior to the inspection and was awaiting the delivery of this. We were provided with photographic evidence that this had been placed in the emergency medicines box on the day following the inspection. Staff we spoke with knew the location of emergency medicines and those we checked were in date and stored securely.
- The practice manager had devised a comprehensive business continuity plan for use by all three practices within the premises. This included planning for major incidents such as power failure or building damage, and emergency contact numbers for staff and relevant local services. Copies of the plan were kept off site by the GPs and the practice manager for use in the event that the premises could not be accessed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed 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. Staff had online access to up to date guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff discussed relevant updates during monthly practice meetings and six monthly clinical governance meetings with the GPs from neighbouring practices.

Management, monitoring and improving outcomes for people

Information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes was used by the practice to monitor patient outcomes. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results for 2015/2016 showed the practice had achieved 99% of the total number of points available, compared with the CCG average of 94% and the national average of 95%.

The practice's exception reporting was 5% overall, in line with the CCG average of 5% and the national average of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was similar to local and national average performance. For example, 78% of patients with diabetes had a blood glucose reading within the target range in the previous 12 months, in line with the CCG average of 79% and the national average of 78%. Exception reporting was 9%, lower than the CCG and national averages of 12%. 80% of patients with diabetes had a blood pressure reading within the acceptable range, which was higher than the CCG average of 77% and the national average of 78%. Exception reporting was 10%, similar to the CCG average of 8% and the national average of 9%.

- Performance for mental health related indicators were in line with or above local and national performance. For example, 94% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was higher than the CCG and national averages of 89%. Exception reporting was 0%, significantly lower than the CCG average of 8% and national average of 10%. 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was significantly higher than the CCG average of 81% and the national average of 84%. The practice's exception reporting was 12%, higher than the CCG average of 6% and the national average of 7%. This figure appeared inflated due to the practice having a small number of patients with a dementia diagnosis, and in fact only reflected one patient having been exception reported.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 92%. This was in range of the CCG average of 91% and the national average of 90%. The practice's exception reporting for this was 5%, lower than the CCG average of 11% and the national average of 12%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year, one of which was a completed audit where the improvements made were implemented and monitored.
- The practice participated in benchmarking with the other practices on the premises, and also attended shared clinical governance meetings with them every six months to share best practice and learning.
- The GP held quarterly multidisciplinary team meetings and exchanged information with other care professionals including midwives, health visitors and the palliative care team.
- The practice actively made changes to improve services for patients. For example, the practice received visits from a CCG pharmacist, who they discussed prescribing audit results with to benchmark themselves against other practices and identify areas for improvement.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- There was an induction programme which all newly appointed staff completed as part of the practice's recruitment process. This covered such topics as fire safety, information governance, health and safety and infection control. It was the practice's policy for new members of non-clinical staff to work under the supervision of the assistant practice manager for their probation period of three months, during which only limited access to the clinical system was provided.
- The practice manager conducted recruitment checks for locum GPs in the same way as for a newly recruited clinical staff member to ensure they were suitable for the role.
- The practice manager conducted annual checks of clinical registration statuses for the practice nurse and GP, and the locum GPs the practice frequently used. The practice also supported the revalidation of registrations for clinical staff.
- The practice used annual appraisals and an e-learning training package to identify staff training needs, as well as monthly meetings and informal discussions. All staff had received an appraisal within the last 12 months.
- The practice nurse took samples for the cervical screening programme and carried out immunisations and we saw evidence that she had undertaken appropriate training updates within the previous three years.
- All staff had received a combination of external, in-house and online training that included basic life support and children and adults safeguarding.

Coordinating patient care and information sharing

Staff were able to access the information they needed to plan and deliver care effectively through the clinical computer system.

- This included patient records such as test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff liaised with other health and social care professionals to recognise patients' needs and adapt care and treatment

as required, including when patients were discharged from hospital. The practice held quarterly multidisciplinary team meetings with other health care professionals to discuss and update care plans for patients with complex needs.

Consent to care and treatment

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

- Clinical staff demonstrated an awareness of consent and best interest decision-making requirements in accordance with current legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff carried out assessments of capacity to consent in line with relevant guidance such as Gillick competence and Fraser guidelines when they provided care and treatment for children and young people. Staff understood why these needed to be considered when providing care and treatment to young patients under 16. 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. Fraser guidelines related specifically to contraception and sexual health advice and treatment.
- If a patient's mental capacity to consent to care or treatment was unclear the clinician conducted an assessment of capacity and recorded the outcome.
- The practice used a standard form to record written consent for treatments such as minor surgery and joint injections.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- The practice maintained registers of carers, patients nearing the end of life, those with a learning disability, patients with mental health issues and long-term conditions. Patients on these registers were offered medicine reviews and health checks at the appropriate intervals to monitor their health.
- The practice offered health promotion clinics on smoking cessation and diabetes for patients who needed them.
- The practice encouraged health promotion by providing information and referrals to support services.

Are services effective?

(for example, treatment is effective)

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed:

- The practice's uptake for the cervical screening programme was 79%, similar to the CCG average of 81% and the national average of 81%. The practice encouraged the uptake of the screening programme by offering appointments on a variety of dates and times with the practice nurse. The practice nurse was the only female sample taker available and carried out audits to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2015/2016 showed that the practice was lower than local and national averages. For example:

- 62% of women aged 50 to 70 had been screened for breast cancer in the past three years, which was lower than the CCG average of 70% and the national average of 72%.

- For bowel cancer, 39% of patients aged 60 to 69 had been screened over two and a half years, whereas the CCG average was 57% and the national average 58%.
- The practice was aware that screening uptake in these areas required improvement and explained that it could be difficult to encourage attendance since these were conducted externally. The practice assured us that clinicians spoke to patients about breast and bowel screening to emphasise the importance of this.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice achieved an overall score of 9.7 out of 10, compared with the national average score of 9.1. The mumps, measles and rubella vaccinations given to under five year olds ranged from rates of 96% to 100%, compared with the national average rates which were between 87% and 94%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74. The practice followed-up the outcomes of health assessments and undertook further checks where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that staff members were helpful to patients and treated them with dignity and respect.

- The practice had curtains in consulting rooms to maintain privacy and dignity during patient examinations and treatments.
- The doors to consultation and treatment rooms were kept closed when they were not in use, and we were not able to overhear conversations that took place in these rooms from outside.
- There was a notice on display in the patient waiting area advising patients that they could ask the receptionist for a private room if they needed to discuss something of a personal nature. Reception staff also told us that if a patient appeared upset or distressed they would offer to speak with them in private.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards, 46 of which were positive about the standard of care received. One patient made only negative comments and these did not relate to the care received. Patients described the service they had received as friendly and helpful, and said that staff treated them with dignity and respect.

The two members of the PPG we met with told us they found on-clinical staff very kind and caring and felt the GP was approachable and professional. The PPG told us they felt their input was appreciated by the practice.

Results from the national GP patient survey published in July 2016 were mixed. The practice was in line with or above averages for its satisfaction scores in some areas and below average in others. For example:

- 83% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 92%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice was aware that its satisfaction scores for GPs and nurses were lower than average, but felt that this data reflected the previous year since which clinical staffing changes had been made. The individual GP had joined the practice during 2015 and the current practice nurse had been recruited in August 2016. The practice had reviewed its NHS Friends and Family Test feedback for 2016 and highlighted a number of positive comments about consultations with clinical staff. Although there was not a large volume of responses to the NHS Friends and Family Test feedback by patients was predominantly positive.

Care planning and involvement in decisions about care and treatment

The PPG members we spoke with and the comment cards we received indicated that clinical staff involved patients in decisions about their care and treatment. Patients felt that they were given enough time and that care and treatment was properly explained, which enabled them to reach an informed decision.

Results from the national GP patient survey showed patients' satisfaction with their involvement in planning and making decisions about their care and treatment was lower than average. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national averages of 85%.

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

Are services caring?

- The practice had access to interpreter services to accommodate the diverse patient population which spoke a range of different languages. Interpreters could attend for appointments in person or provide services over the telephone as required. This service was explained in the practice's information leaflet in several different languages.
- A large number of information leaflets were available providing patients with information about health and support services. Information was also displayed in a television screen in the patient waiting area.
- The premises were equipped with a hearing loop to assist patients with a hearing difficulty.

Patient and carer support to cope emotionally with care and treatment

A variety of information leaflets and posters were displayed in the patient waiting area to help direct patients to relevant support groups and organisations.

The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 34 patients as carers (1.1% of the practice list). The flu vaccine and health checks were available to carers, and staff directed carers to relevant support services they could access locally. There was a dedicated display board for carers in the patient waiting area and information was also included in the practice leaflet and on the practice website which asked patients to inform reception if they were a carer.

Staff told us that if families had suffered bereavement, the practice sent a condolence card and made a courtesy telephone call to offer support. Bereaved patients were also invited to local bereavement evening events which were organised through the CCG in partnership with PPGs across Coventry.

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 extended hours appointments until 8pm every Monday, and telephone consultations daily for patients who had difficulty in attending the practice during opening hours.
- Patients could access online appointment booking services. Appointments were pre-bookable two weeks in advance.
- The practice offered older patients the flu vaccination and the pneumococcal vaccination to help maintain their health.
- Patients who could not speak the English language with confidence or to the level needed to communicate with the clinician could access interpretation services organised by the practice.
- The practice facilitated sessions with a local Improving Access to Psychological Therapies counsellor.
- Patients with a learning disability were offered longer appointments, as well as to those with complex needs.
- The practice conducted annual health and medicine reviews for the patients on its additional needs registers, for example those with long term conditions, older people and patients with learning disabilities and mental health issues.
- The practice was working with its two neighbouring GP practices which it shared premises with to organise open evening events to enhance the care of patients with long term conditions, for example diabetes. The practice maintained an awareness of the challenges this group of patients faced, for instance the GP offered to adjust Muslim patients' medicine during Ramadan.
- The practice hoped to organise a dementia awareness clinic and invite guest speakers to help both staff and patients better understand the illness.
- Same day appointments were available for children, vulnerable patients and those with medical problems that required an urgent consultation.
- The practice had no travellers or homeless people on their patient list at the time of our inspection but

explained they would register people from these groups as needed. The practice was also able to direct homeless patients and asylum seekers to specialised local services available in Coventry.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Travel vaccination clinics were available to patients, including those only available privately for a fee as well as those provided by the NHS.
- The practice had newly designed disabled access facilities for patients who needed them. There was a hearing loop for patients with a hearing impairment.

Access to the service

The practice opened from 8.30am to 6.30pm on weekdays. The practice also offered appointments to patients during extended hours from 6.30pm to 8pm every Monday. From 8am to 8.30am there were arrangements to divert call to a service provided by West Midlands Ambulance Service which referred urgent cases to the on-call GP. Outside of the practice's core opening hours of 8am to 6.30pm patients were directed to out-of-hours services provided via NHS 111.

In addition to pre-bookable appointments two weeks in advance, urgent appointments were also available for people that needed them. Reception staff we spoke with knew how to identify calls from patients requiring immediate medical assistance and escalate these to the emergency services.

The practice had led an awareness campaign to reduce appointment wastage and make the appointment system more efficient. After experiencing high rates of patients who did not attend appointments booked in advance, the practice analysed how appointments were used. The practice altered its booking system as a result, so that 70% of appointments were bookable on the same day with only 30% bookable in advance. The practice audited the number of appointments not attended over the space of a year, and noted a significant reduction from 11% in the autumn of 2014 to 3% in autumn 2015. The practice carried out a re-audit in June 2017 which showed that the number of appointments not attended remained low at 4%. The practice had also designed a poster to be used throughout

Are services responsive to people's needs?

(for example, to feedback?)

the CCG to raise patient awareness of the cost of unattended appointments, which was displayed in the patient waiting area along with a running total of the number of appointments not used by month.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was broadly in line with or higher than local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG and national averages which were both 73%.
- 81% of patients described their experience of making an appointment as good, compared with the local average of 72% and the national average of 73%.
- 63% of patients usually waited 15 minutes or less after their appointment time to be seen, compared with the local average of 61% and the national average of 66%.

Of the 47 patient comment cards we collected, seven patients commented that it could be difficult to make an appointment. The PPG members we spoke with on the day of the inspection told us they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

All home visit requested were referred to the GP for triage. In cases where the urgency of need was so great that it

would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the lead member of staff for dealing with complaints in the practice. There were records of verbal as well as written complaints
- Information was available to help patients understand the complaints system. Information about how to complain was included in the practice leaflet displayed in the patient waiting area. Details of how to complain were also available on the practice website.

We reviewed details of three complaints received within the previous year and saw evidence that the practice had responded to complaints appropriately and within a reasonable timescale. Lessons were learned from each individual complaint and these had been discussed with the practice team during monthly practice meetings to help improve processes and services. For example, following a complaint relating to a particular staff member, the patient had received an apology. The practice manager had discussed the events with the staff member individually to reflect on the situation, and the scenario was also discussed with the whole team at a practice meeting to share learning about how the situation could have been handled to better satisfy the patient.

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 mission statement setting out its aims to improve the health, well-being and lives of the patients they provided care for by working in partnership with patients and staff to provide the best service possible. Staff we spoke with during the inspection described how their work supported this vision and demonstrated their commitment to it.

The practice recognised the future challenges its growing and rapidly diversifying patient population presented in terms of workload and space constraints. The practice had found it difficult to recruit a GP partner to support the work of the individual GP at the practice but was planning to merge with the two other practices within the premises. The practice was also a member of a GP federation which also supported the evolution and protection of primary care in the Coventry area.

Governance arrangements

The practice governance arrangements supported the delivery of its future plans and inspired good quality care.

- Staff we spoke with demonstrated their understanding of their roles and understood the system of escalation and delegation for various circumstances.
- The practice's policies were accessible to all staff and they were familiar with how to use them.
- There were monthly whole practice meetings where staff discussed significant events and complaints. There were also six monthly clinical governance meetings to discuss new guidance and monthly multidisciplinary team meetings.
- The practice monitored its performance and used this information to make improvements. Clinical audit was used to monitor quality and to implement changes.
- There were processes in place for managing risks and protecting staff and patients from harm.

Leadership and culture

The GP and the practice manager demonstrated that they had the knowledge and experience to run the practice and provide good quality care. The staff we spoke with told us they felt supported and found the leadership team approachable.

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 set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. There were systems to ensure that when things went wrong with care and treatment any patients affected were offered reasonable support and a formal apology.

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

- Staff described the culture of the practice as friendly and democratic.
- All staff were able to contribute items to the agendas for monthly practice meetings, to ensure everyone had a chance to raise anything they wished to discuss. The meetings were minuted and circulated to staff for transparency and to consolidate learning.
- We observed that staff worked well together and they told us they felt valued by the practice and able to contribute to its development.
- The practice manager told us about various action that was taken to support the wellbeing of staff and show appreciation for individual and team work. The practice manager aimed to offer an open door policy and a no blame culture to staff.

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

The practice encouraged feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The patient participation group (PPG) met with the practice twice a year and suggested ways services for patients could be improved. The PPG told us the practice was eager to follow up on ideas from the PPG and that all staff went the extra mile. For example, following the suggestion of the PPG the practice had begun offering extended hours appointments.
- The GP was available to speak to staff and listened to suggestions. Appraisals were held annually and provided staff with an opportunity to give formal feedback to the practice.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users of receiving care and treatment by:</p> <ul style="list-style-type: none">• The GP did not always review discharge letters, but had a member of non-clinical staff operating as a prescription clerk make any prescription changes directed by the hospital. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>