

# Henley Green Medical Centre

## Quality Report

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

### Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Good	
Are services caring?		Good	
Are services responsive to people's needs?		Good	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Henley Green Medical Centre on 10 January 2017. The practice was rated as requires improvement overall, with safe rated as inadequate. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Henley Green Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was a follow up comprehensive inspection carried out on 26 September 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 10 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The practice is now rated as Good.

Our key findings were as follows:

- The practice had carried out necessary training to enable staff to carry out the duties they are employed to perform safely and effectively.
- Appropriate pre-employment checks were completed for all staff employed by the practice in line with their recruitment policy.
- Risks to the health and safety of staff and service users receiving care and treatment were assessed and effectively managed.
- Staff who acted as a chaperone had received a Disclosure and Barring Service (DBS) check and appropriate training.
- The practice had an effective programme of quality improvement activity including clinical audit.
- There was an effective system in place to enable the practice to ensure that appropriate action had been taken in relation to patient safety alerts.

# Summary of findings

- Staff had been briefed on the existence of the practice business continuity plan, business continuity arrangements and their responsibilities in relation to this.
- The practice had reviewed the decision that GPs do not carry a range of emergency medicines for use in acute situations when on home visits and had undertaken a risk assessment in relation to this. The practice will review this every three months.
- Staff had received Hepatitis B immunisation boosters.
- The practice had continued to improve the arrangements in place to monitor patients being prescribed high risk medicines and had changed the re-authorisation of these from every six months to every three months.

- The practice had encouraged patients to engage with national cancer screening programmes, especially in relation to screening for breast cancer and had signed up to take part in a Coventry-wide initiative due to take place in 2017.
- An additional GP partner had been appointed and this had enabled lead roles and governance to become more clearly defined.
- The practice had joined the local GP federation, a group of practices who worked together to improve healthcare with the locality.

However there was an area of practice where the provider should make improvements:

- The practice should continue to closely monitor data for the cervical screening programme and identify ways to increase patient take up when possible.

**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?

During our comprehensive inspection on 10 January 2017, we identified the following breaches of legal requirement:

- The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users.
- Staff employed by the practice had not received a full range of training to enable them to effectively carry out their duties. For example, not all staff had undertaken fire safety, infection control, information governance and basic life support training nor chaperone, safeguarding or mental capacity act training as appropriate to their role.
- The practice was not always following their own recruitment policy when recruiting staff and had not sought references, full employment history details or satisfactory evidence of conduct in previous employment for a recently appointed member of staff.

During our follow up comprehensive inspection on 27 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing safe services.

- The practice had carried out necessary training to enable staff to carry out the duties they were employed to perform safely and effectively.
- Staff who acted as a chaperone undertook a Disclosure and Barring Service (DBS) check and appropriate training.
- Appropriate pre-employment checks were completed for all staff employed by the practice in line with their recruitment policy.
- Risks to the health and safety of staff and service users receiving care and treatment were assessed and effectively managed.
- There was an effective system in place to enable the practice to ensure that appropriate action had been taken in relation to patient safety alerts and they were reviewed in clinical staff meetings.
- Staff had been briefed on the existence of the practice business continuity plan, business continuity arrangements and their responsibilities in relation to this.

Good



# Summary of findings

- The practice had continued to improve the arrangements in place to monitor patients being prescribed high risk medicines and had changed the re-authorisation of these from every six months to every three months.
- The practice had reviewed the decision that GPs did not carry a range of emergency medicines for use in acute situations when on home visits and had undertaken a risk assessment in relation to this. The practice had made a decision to review this every three months.
- Staff had received Hepatitis B immunisation boosters.

## Are services effective?

During our comprehensive inspection on 10 January 2017, we identified the following breaches of legal requirement:

- The practice did not have an effective programme of quality improvement activity including clinical audit.
- The practice had not carried out necessary training to enable staff to carry out the duties they were employed to perform safely and effectively.

During our follow up comprehensive inspection on 27 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing effective services.

- The practice had an effective programme of quality improvement activity including clinical audit.
- The practice had encouraged patients to engage with national cancer screening programmes, especially in relation to screening for breast cancer and had signed up to take part in a Coventry-wide initiative due to take place in 2017.
- The practice continued to closely monitor data from the Quality and Outcomes Framework (QOF). Data for 2016/17 showed patient outcomes had improved from the previous year with an attainment of 95%. This was above the 91.3% achieved for 2015/16 compared to the local CCG average of 94.5% and national average of 95.4%. The practice had introduced additional patient recall to follow-up those who failed to attend for reviews to reduce exception reporting.
- The percentage of women screened for breast cancer within six months of invitation was

76% which was above the CCG average of 72.1% and national average of 72.8%. This had increased from 45.5% at the time of our January 2017 inspection.

**Good**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

Good



- The results of the National GP Patient Survey published in July 2017 showed patients rated the practice highly for aspects of care. For example, 81% of patients who responded said the last GP they saw or spoke to was good at involving them in decisions about their care. This was similar to the Clinical Commissioning Group (CCG) average of 80% and the national average of 82%.
- Easy to understand and accessible information about services was available for patients.
- The practice identified carers and ensured they were offered an annual health check and influenza vaccination and signposted to appropriate advice and support services.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The results of the National GP Patient Survey published in July 2017 showed patients considered the practice's performance in relation to access to be higher than local and national averages. For example, 83% of patients found it easy to get through to the surgery by phone (CCG average and national average 71%) and 90% were able to get an appointment (CCG average 83% and national average 84%).
- The practice building had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

During our comprehensive inspection on 10 January 2017, we identified the following breaches of legal requirement:

Good



- The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users.
- Staff employed by the practice had not received a full range of training to enable them to effectively carry out their duties. For example, not all staff had undertaken fire safety, infection control, information governance and basic life support training nor chaperone, safeguarding or mental capacity act training as appropriate to their role.

# Summary of findings

During our follow up comprehensive inspection on 27 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing well-led services.

- The practice had an effective programme of quality improvement activity including clinical audit.
- The practice had joined the local GP federation, a group of practices who worked together to improve healthcare with the locality.
- An additional GP partner had been appointed and this had enabled lead roles and governance to become more clearly defined.
- Staff had been briefed on the existence of the practice business continuity plan, business continuity arrangements and their responsibilities in relation to this.

# 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 provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this. The practice is now rated as good for the care of older people.

- Older patients were given personalised care which reflected their needs.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions. These patients had an alert placed on their patient records to ensure clinical staff were aware.
- Over the last 12 months all patients aged 75 and over had been invited for a health check. This included blood tests, fracture assessment, frailty assessment, and checks for depression and dementia. From those checks, the practice identified patients who needed further investigation and referred them appropriately.
- Nationally reported Quality and Outcomes Framework (QOF) data for 2016/17 showed the practice had achieved good outcomes for conditions commonly found amongst older people. For example, the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients experiencing atrial fibrillation, heart failure and osteoporosis and for those requiring palliative care.
- Home visits were offered to patients who could not reach the practice.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

Good



### People with long term conditions

The provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this. The practice is now rated as good for the care of people with long-term conditions.

Good



# Summary of findings

- Patients had a named GP and a review every six to 12 months to monitor their condition and ensure they received correct medicines. The frequency of the review depended on the severity of the patient's condition.
- The practice's computer system was used to flag when patients were due for review. At the time of our previous inspection, the practice had moved towards offering patients with multiple long term conditions one fully comprehensive review whenever possible. This system had successfully continued.
- QOF data for 2016/17 provided by the practice showed that they had achieved mixed outcomes in relation to the conditions commonly associated with this population group. For example the practice had obtained 100% of the points available to them for providing recommended care and treatment for patients with chronic kidney disease, depression and epilepsy but had scored below local and national averages for chronic obstructive pulmonary disease, diabetes, hypertension and secondary prevention of coronary heart disease. However, the data for 2016/17 showed patient outcomes had improved from the previous year (2015/16) with an overall attainment of 95%. This was above the 91.3% achieved for 2015/16 compared to the local CCG average of 94.5% and national average of 95.4%. The practice had introduced additional patient recall for those with long-term conditions to follow-up those who failed to attend for reviews to reduce exception reporting.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- Longer appointments and home visits were available when needed.

## Families, children and young people

The provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this.

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

- Systems were in place to identify children and young people who might be at risk, for example, those who had a high number of A&E attendances.
- Data available for 2015/16 showed that the practice childhood immunisation rates for the vaccinations given to two year olds

**Good**



# Summary of findings

were above the national average resulting in the practice scoring 97% compared to the national average of 91%. For five year olds this ranged from 90% to 100% (compared to CCG range of 95% to 99% and national range of 88% to 94.9%).

- A total of 81% of eligible patients had received cervical screening in the last 12 months. This was in-line with the national average of 81%.
- There were appointments outside of school hours and the practice building was suitable for children and babies.
- Family planning services were available and all the practice nurses were trained to carry out contraceptive pill checks.

## Working age people (including those recently retired and students)

The provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this.

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

- The practice ensured it provided services to meet the needs of the working age population, For example, extended hours appointments were available during evenings and weekends through the local GP Federation.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- A full range of services appropriate to this age group was offered, including travel vaccinations.

Good



## People whose circumstances may make them vulnerable

The provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this.

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

- The practice supported vulnerable patients to access various support groups and voluntary organisations.
- There was a register of vulnerable patients including those with a learning disability.
- Longer appointments were available for patients with a learning disability.

Good



# Summary of findings

- The practice worked with other health care professionals to provide care to vulnerable patients, for example, the district nursing team.
- Staff could recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities to share appropriate information, record safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns identified at our inspection on 10 January 2017 which applied to everyone within this population group. The population group rating has been updated to reflect this.

The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- QOF data for 2016/17 showed 80
- The practice worked with multi-disciplinary teams to provide appropriate care for patients with poor mental health. This included patients with dementia.
- Patients were able to access on site counselling and cognitive behavioural therapy services provided by the local Improving Access to Psychological Therapies (IAPT) team.
- The lead GP was in the process of undertaking a primary care diploma in mental health.
- Patients were signposted to appropriate local and national support groups.
- Staff demonstrated a good working knowledge of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published in July 2017. The results showed the practice was largely performing in line with local and national averages for care and most results had improved since the previous inspection. 371 survey forms were distributed and 109 were returned. This represented 1.5% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 71% and the national average of 71%. This had increased from 54% of patients 12 months earlier.
- 90% 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 84%. This had increased from 75% of patients 12 months earlier.
- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 74% and the national average of 77%. This had increased from 72% of patients 12 months earlier.

## Areas for improvement

### Action the service **SHOULD** take to improve

- The practice should continue to closely monitor data for the cervical screening programme and identify ways to increase patient take-up when possible.

## Outstanding practice

# Henley Green Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

## Background to Henley Green Medical Centre

Henley Green Medical Centre provides care and treatment to approximately 4,600 patients from the Henley Green area of Coventry. The practice is part of the NHS Coventry and Rugby Clinical Commissioning Group (CCG) and operates on a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice provides services from the following address, which we visited during this inspection:

Henley Green Medical Centre

Henley Road

Coventry

CV2 1AB

The surgery is located in a purpose built building which was erected in 1989. All reception and consultation rooms are fully accessible for patients with mobility issues. An on-site car park is available and on-street parking is also available nearby. Since our January 2017 inspection, the practice has developed plans to extend the practice building and a planning application was due to be decided shortly after our inspection in September 2017.

The surgery is open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to midday then 3pm to 6pm) and from 8am to 1.30pm on a Thursday (appointments from 8.30am to midday). The service for patients requiring urgent medical attention out-of-hours and on a Thursday afternoon is provided by West Midlands Ambulance Service/Coventry and Warwickshire Partnership Trust through the NHS 111 service.

Extended hours appointments are available in conjunction with other local practices within the GP Alliance from 6.30pm until 9.45pm on weekdays and from 10am to 4pm on Saturdays and 10am to 2pm on Sundays. This offers appointments with GPs and a practice nurse.

Henley Green Medical Centre offers a range of services and clinic appointments including long term condition reviews, smoking cessation, family planning, childhood health and ante and post-natal services. The practice also offers minor surgery, spirometry and phlebotomy services.

The practice consists of:

- Three GP partners (two male and one female)
- Two salaried GPs (female)
- Two practice nurses (both female)
- Two healthcare assistants (female)
- Non-clinical members of staff including a practice manager, medical secretary, prescription clerks, an IT assistant, receptionists, a scanner and a summariser.

The practice has been a training practice since 2014 and involved in the training of qualified doctors interested in pursuing a career as a GP. The practice has also been accredited with the Primary Care Research Network (PCRN)

## Detailed findings

as a 'research ready' practice since 2011. This means that the practice is actively involved in clinical research and their patients are able to participate in clinical trials should they wish to do so.

Since our January 2017 inspection, the practice had merged with another local practice, The Crossley Practice. This was operated as a branch surgery and patients could obtain appointments at either practice. The Crossley Practice had migrated to the same computer system used by Henley Green Medical Centre. It is envisaged that the merged practices would continue to deliver services from both sites until the proposed expansion and refurbishment of Henley Green Medical Centre was completed which would not be before 2018.

Additionally, since our January 2017 inspection, the practice has joined the local GP Federation, a group of practices who work together to improve healthcare within the local area.

## Why we carried out this inspection

We undertook a comprehensive inspection of Henley Green Medical Centre on 10 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for Henley Green Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up comprehensive inspection of Henley Green Medical Centre on 27 September 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

During our inspection we:

- Spoke with the lead GP partner and practice manager.
- Reviewed information provided by the practice prior to the inspection.
- Spoke with GPs, reception and administration staff.

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. 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

At our previous inspection on 10 January 2017 we rated the practice as inadequate for providing safe services:

- The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users.
- Staff employed by the practice had not received a full range of training to enable them to effectively carry out their duties. For example, not all staff had undertaken fire safety, infection control, information governance and basic life support training nor chaperone, safeguarding or mental capacity act training as appropriate to their role.
- The practice was not always following their own recruitment policy when recruiting staff and had not sought references, full employment history details or satisfactory evidence of conduct in previous employment for a recently appointed member of staff.

During our follow up comprehensive inspection on 26 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing safe services.

### Safe track record and learning

The practice had an effective system in place for reporting and recording significant events:

- Henley Green Medical Centre had carried out a thorough analysis of significant events. All had been recorded, investigated and discussed fully with staff in a significant event and audit meeting held every three months. Lessons to be learnt had been identified and implemented.
- Staff we spoke with described the incident reporting procedure and we were shown the recording form available on the practice's computer system. 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. Since our previous inspection, the staff intranet site had been redesigned making information easier to locate for staff.

- We saw how when things went wrong during care and treatment, patients were informed of the incident, were given an explanation, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a prescribing error had been made, the matter was quickly corrected and relevant procedures reviewed.

### Overview of safety systems and processes

We saw that Henley Green Medical Centre had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. The practice held regular multi-disciplinary meetings to discuss vulnerable patients and children who Since our January 2017 inspection, all clinical and non-clinical staff had received both adult and child safeguarding training appropriate for their role.
- Chaperones were available if required and all staff who acted as a chaperone had received appropriate training or 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). All staff who acted as chaperones had received appropriate training for the role. There was a notice in the waiting room to inform patients that chaperones were available if required.
- We reviewed the arrangements for recruiting staff and found that appropriate recruitment checks been undertaken for all staff prior to employment. For example, references were sought for the most recently appointed staff members.
- There were appropriate standards of cleanliness and hygiene within the practice. We observed the premises to be visibly clean and tidy. A GP partner was the infection control clinical lead who had received

## Are services safe?

appropriate training and kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were carried out.

- There were suitable arrangements in place for managing medicines; this included high risk medicines, such as warfarin, used to prevent blood clotting. This included emergency medicines and vaccines which were kept in the practice. Processes were in place for the handling of repeat prescriptions. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Since our inspection in January 2017, the practice had sought advice about managing high risk medicines from the Clinical Commissioning Group (CCG) pharmacy team and had reduced the re-authorisation of such medicines from six-monthly to three-monthly for each patient. Also since our last inspection, the practice had become the best performing practice for prescribing in the CCG league table.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. This included forms used in computer printers.
- There were Patient Group Directions (PGDs) in place to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.

Patient safety alerts were well managed:

- Alerts were received by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE).
- The practice safety alerts protocol clearly described the process staff were to follow in responding to alerts.
- Patient safety alerts were cascaded to relevant staff for appropriate action and we saw evidence that recent patient safety alerts had been appropriately dealt with. There was a system in place to log the alerts and to ensure that appropriate action had been taken in response to them. Searches were made to identify any patients affected by alerts and if no action was required, this was also clearly recorded. We saw evidence that alerts were discussed in clinical staff meetings.
- All actioned alerts were discussed in clinical meetings.

### Monitoring risks to patients

The practice had appropriate procedures to ensure that risks to patients were comprehensively assessed and managed:

- There were processes in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed in a communal area of the practice. We saw evidence that health and safety and fire risk assessments had been carried out since our January 2017 inspection, along with monthly fire evacuation drills. All staff had also undertaken fire safety training.
- A system was in place to check staff immunity status in respect of Hepatitis B, measles, mumps, chickenpox and rubella when they were employed by the practice. Since our January 2017 inspection, all staff who required their Hepatitis B booster had received this.
- The practice had strengthened the arrangements they had in place to monitor patients prescribed high risk medicines. For example, at the time of our January 2017 inspection, the practice was authorising the repeat prescribing of some high risk medicines for six months at a time. Shortly after this inspection the practice confirmed that they had reduced this to three months to minimise risk to patients and ensure they were being appropriately and regularly monitored. We saw evidence to confirm this had continued to be carried out.

### Arrangements to deal with emergencies and major incidents

The practice had appropriate arrangements in place to respond to emergencies and major incidents:

- All staff received annual basic life support training and there were emergency medicines available, securely stored and staff knew how to access these.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. All staff had been briefed about this and what they should do in an emergency. We saw minutes of meetings to confirm this.
- The practice had a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's masks. There was a first aid kit and accident book available.

## Are services safe?

- GPs did not carry any medicines for use in an emergency when carrying out home visits. We were told that they had decided this was not necessary given their proximity to local healthcare services and pharmacies. Since our last inspection a risk assessment had been

carried out in relation to this which had identified occasions when this policy needed to be amended and appropriate changes had been made to the policy to reflect this. The practice also carried out a new risk assessment on this every three months.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection on 10 January 2017 we rated the practice as requires improvement for providing effective services: The practice did not have an effective programme of quality improvement activity including clinical audit and had not carried out necessary training to enable staff to carry out the duties they are employed to perform safely and effectively.

During our follow up focused inspection on 26 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing effective services.

### Effective needs assessment

Henley Green Medical Centre 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were 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 practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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. QOF is a system intended to improve the quality of general practice and reward good practice. We saw that since our inspection in January 2017, the practice continued to closely monitor this. Data for 2016/17 showed patient outcomes had improved from the previous year with an attainment of 95% (up from 91%) with 5% exception reporting. This was below the Clinical Commissioning Group average of 98% with 8% exception reporting and below the national average of 98% with 9% exception reporting.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients were unable to attend a review meeting or certain medicines could not be prescribed because of side effects. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. For example:

- Coronary heart disease. The practice achieved 94% with an exception rate of 0%. The overall score was just below the CCG average of 95% with a 4% exception rate.
- Hypertension (high blood pressure). The practice achieved 84% with an exception rate of 3%. This was below the CCG average of 97% with an exception rate of 3%.
- Dementia. The practice achieved 100% with an exception rate of 0%. This was above the CCG average of 95% with an exception rate of 6%.

Since our inspection in January 2017, the practice team had implemented additional measures to reduce exception reporting. This included additional patient recall to follow-up those who failed to attend for reviews to reduce exception reporting. Although some areas were still below the CCG average, a plan was in place to improve this and the practice was able to demonstrate significant improvement in some areas. This practice was not an outlier for any QOF (or other national) clinical targets.

There was evidence of quality improvement including clinical audit and a programme of clinical audit was in place. A programme of clinical audit was in place and we examined a range of audits that had been carried out since January 2017. These included audits for long-term conditions such as chronic obstructive pulmonary disease (COPD) and asthma where the improvements made were implemented and monitored. For example, the practice had introduced self-care plans for patients with these conditions as a result of the clinical audits. The practice had introduced a programme of planned scheduled audits which included repeat audits (completed audit cycles) to ensure improvements were identified and continued.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- There was a system of appraisals, meetings and reviews of developmental needs in place. Staff received training to meet their learning needs and to cover the scope of their work. We saw evidence of ongoing support and coaching. All staff had received an appraisal within the last 12 months. Staff we spoke with confirmed this.
- We reviewed staff training records and found that staff had undertaken a full range of mandatory and additional training. For example, all staff had received fire safety training, health and safety, safeguarding, infection control and information governance training. When gaps in staff training were identified, appropriate training was arranged at the earliest opportunity.
- Since our inspection in January 2017, a training matrix had been devised to assist with identifying gaps in staff training and track when refresher training was needed.
- An induction programme was in place for newly appointed staff. This covered such topics as safeguarding, infection prevention and confidentiality. New staff received a period of mentoring with an established member of staff.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training. This included an assessment of competence.
- For planned and long term GP absence, the practice used locum GPs known to the practice and had appropriate checks carried out.

### Coordinating patient care and information sharing

All information needed by staff to enable them to plan and deliver patient care was easily available to them:

- Information included care plans, medical records and investigation and test results. Patients at risk of unplanned hospital admissions (2% of the patient list) had care plans in place.
- Information was shared with other services appropriately, for example when referring patients to other services, such as for secondary health care appointments.

Practice staff worked with other health and social care professionals to meet patients' needs and to assess and plan ongoing care and treatment. This resulted in a 'joined up' package of care with other providers. For example, when patients moved between services or when they were

discharged from hospital. Regular multi-disciplinary meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- We saw that staff understood the consent and decision-making requirements of legislation and guidance including the Mental Capacity Act 2005.
- When care and treatment was provided for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Patients in need of additional support were actively identified by the practice. For example:

- Smoking cessation advice was available from the practice.
- Patients with asthma were encouraged to attend regular reviews with a practice nurse. This also included inhaler advice and technique.
- Patients who received palliative (end of life) care and carers.
- Patients with a long term condition.
- Patients who need additional support, such as dietary advice.

The practice's data for the cervical screening programme was below that for the CCG - 66%, compared to the CCG average of 79% and the national average of 72%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Systems were in place to ensure results were received and the practice followed up women who were referred as a result of abnormal results.

Since our inspection in January 2017, the practice had started to audit the records of patients who failed to attend

## Are services effective?

(for example, treatment is effective)

cervical screening and breast cancer screening to identify trends. The practice planned to join a Coventry wide campaign due to start later in 2017 to increase awareness of the importance of such screening and encourage those who had previously failed to attend to have such screening carried out.

Childhood immunisation rates for the vaccinations given were broadly similar to the CCG and national averages. For

example, childhood immunisation rates for the vaccinations given to under two year olds averaged 97% and five year olds were also 97%. This compared to a CCG average of 96% to 98%.

The practice carried out NHS health checks for patients aged 40–74 and a range of appropriate health assessments when required. 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

During our inspection of Henley Green Medical Centre we saw staff treated patients with kindness and respect at all times.

- Reception staff told us when patients needed privacy to discuss sensitive issues they were offered a private room.
- There were curtains in consultation rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Results from the National GP Patient Survey published in July 2017 showed mixed results regarding whether patients felt they were treated with compassion, dignity and respect. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 92% 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%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 86%.
- 94% 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%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

These results showed results had improved since the previous results were published in 2016 and the practice team continued to target areas for staff training and awareness.

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

Clinical staff explained how patients we spoke with told us they were involved in decisions about their care and treatment. They told us clinical staff listened to them.

Results from the National GP Patient Survey published in July 2017 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 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 81%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

We saw how the practice provided assistance to enable patients to be involved in decisions about their care:

- There was a translation service available for patients who did not have English as a first language. Notices were displayed in the reception area about this.
- Information leaflets could be made available in other languages on request.
- A wide range of information about health awareness and locally available support groups was displayed in the waiting room.
- The practice involved carers in decisions about patients' care and a procedure was in place to obtain patient consent for this.

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

Literature was available in the waiting room to publicise local and national support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers. The practice was working to identify carers who were 'hidden' through discussion, information

## Are services caring?

displayed in the waiting room and at community events. Written information was available to direct carers to the various avenues of support available to them. This included a local support group and networking.

GPs contacted families following bereavement and sent bereavement cards. Patients were also signposted to relevant support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Henley Green Medical Centre reviewed the needs of its local population and engaged with the NHS England Area Team and the Coventry and Rugby Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Since our inspection in January 2017, the practice had joined the local GP Federation, a group of practices who work together to improve healthcare within the local area. This has enabled the practice to have access to shared best practice and learning.
- Same day appointments were available for all patients when required.
- There were longer appointments available for patients with a learning disability and those initially diagnosed with diabetes. Patients who failed to attend for their annual health check were contacted by telephone.
- The practice offered telephone consultations for patients who could not attend the practice during normal working hours.
- Also since our last inspection, the practice had started to undertake insulin initiation for patients newly diagnosed with diabetes. This meant that in the majority of cases, they did not have to be referred to a secondary healthcare service.
- Since our previous inspection, the practice had introduced self-care plans for patients with Chronic Obstructive Pulmonary Disease (COPD – a collection of lung diseases) and patients with asthma. This had enabled patients to have an increased awareness of their condition and how to best manage it with assistance and advice from the practice clinical team.
- The practice had recently increased the number of minor surgery clinics it provided.
- Clinical staff made home visits to patients who were unable to reach the practice.
- Travel vaccinations were available.
- A translation service was available for patients who did not speak English as a first language.

### Access to the service

The surgery was open from 8am to 6.30pm on a Monday, Tuesday, Wednesday and Friday (appointments from 8.30am to midday then 3pm to 6pm) and from 8am to

1.30pm on a Thursday (appointments from 8.30am to midday). The service for patients requiring urgent medical attention out-of-hours and on a Thursday afternoon was provided by West Midlands Ambulance Service/Coventry and Warwickshire Partnership Trust through the NHS 111 service.

Extended hours appointments were available in conjunction with other local practices within the GP Alliance from 6.30pm until 9.45pm on weekdays and from 10am to 4pm on Saturdays and 10am to 2pm on Sundays. This offered appointments with GPs and a practice nurse.

There was also an online service which allowed patients to order repeat prescriptions and book new appointments without having to telephone the practice.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was largely above local and national averages and had significantly improved since our inspection in January 2017.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 71% and the national average of 71%.
- 90% 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 84%.

We discussed this with GPs and practice management, as although the results were above average for the locality, they had reduced since the previous National GP Patient Survey had been published in 2016. The practice was aware of this and recognised patient demand had increased. One of the reasons had been the closure of a nearby GP practice and additional patients had registered with the practice as a result. Practice management were closely monitoring this and had taken measures to tackle this, for example, by encouraging patients to telephone later in the day for non-urgent matters. Further changes were due to be made with the building development in 2018.

### Listening and learning from concerns and complaints

There was a clear and effective system in place for handling complaints and concerns.

## Are services responsive to people's needs? (for example, to feedback?)

- The practice complaints procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Then practice had designated the practice manager to handle all complaints received.
- Information about how to complain was clearly displayed in the waiting room and in the practice patient leaflet.

We looked at complaints received in the last 12 months and found they were handled in accordance with their complaints procedure and dealt with in a timely way. Patients received an appropriate explanation and apology. Complaints were reviewed annually to ensure lessons had been learnt and any errors made had not been repeated. The practice acted on concerns raised by patient complaints.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 10 January 2017 we rated the practice as requires improvement for providing well-led services: The practice was not comprehensively assessing, monitoring and improving the quality and safety of services nor mitigating risks in relation to the health, safety and welfare of service users. The practice had also not carried out necessary training to enable staff to carry out the duties they are employed to perform safely and effectively.

During our follow up focused inspection on 26 September 2017 we found that the practice had taken action to address the areas identified in the January 2017 inspection. The practice is now rated as good for providing well-led services.

### Vision and strategy

Henley Green Medical Centre had a clear direction and vision. The practice had values which were understood by staff and used in patient literature. This included the aim to provide a high standard of medical care and be patient centred.

Since our January 2017 inspection, the practice has developed plans to extend the practice building and a planning application was due to be decided shortly after our inspection in September 2017. A public consultation evening had been held to share the vision and plans with patients and other interested parties and a stakeholders meeting for the other local healthcare services involved. This had enabled service users to discuss and give feedback on the new building.

Also since our last inspection, the practice had started a programme of refurbishing and standardising the equipment available in each of its clinical rooms.

### Governance arrangements

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

- A programme of clinical audit was in place and we examined a range that had been carried out since January 2017. The practice had introduced a programme of planned scheduled audits which included repeat audits (completed audit cycles) to ensure improvements were identified and continued.

- An additional GP partner had been appointed and this had enabled lead roles and governance to become more clearly defined.
- The practice had joined the local GP federation, a group of practices who worked together to improve healthcare with the locality.
- The practice continued to closely monitor data from the Quality and Outcomes Framework (QOF). Data for 2016/17 showed patient outcomes had improved from the previous year with an attainment of 95%. This was above the 91% achieved for 2015/16 compared to the local CCG average of 95% and national average of 95%. The practice had introduced additional patient recall to follow-up those who failed to attend for reviews to reduce exception reporting.
- Appropriate health and safety and fire risk assessments and training had been carried out.
- All staff who acted as chaperones had received appropriate training and had DBS checks.
- Policies and procedures were tailored to the practice and were available to all staff. They were reviewed annually and staff were informed of any changes.
- A comprehensive understanding of the performance of the practice was maintained and changes were made when concerns were identified. For example, with concerns raised in the National GP Patient Survey.
- There were clear arrangements for identifying, recording and managing risks. All concerns were raised and fully discussed in staff meetings.

### Leadership and culture

We saw how the partners of Henley Green Medical Centre and its management team had the necessary experience and skills to run the practice and provide appropriate high quality care to patients. Staff we spoke with told us the partners were fully approachable and listened to staff ideas and concerns. The management team described their culture of openness and encouraged open discussion about the practice and its management. This included informal discussion as well as formal meetings such as:

- Practice development and strategy meetings.
- Performance management meetings.
- Risk management meetings.

# Are services well-led?

Good 

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

- Regular team briefings.
- Vision sharing meetings for patients and stakeholders.

There were 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. The partners encouraged a culture of openness, approachability and honesty. Staff we spoke with confirmed this. There were appropriate systems in place at the practice to ensure that when things went wrong with care and treatment:

- Patients affected were supported, given an explanation and a verbal and written apology.
- There was a clearly defined management structure in place and staff were supported. Staff told us there was a culture of openness within the practice.
- Staff told us the practice held regular team meetings and we saw minutes of meetings to confirm this. Staff told us they could raise any issues at team meetings.
- Staff we spoke with told us felt valued and supported. All staff were involved in discussions at meetings and in appraisals and were invited to identify opportunities to improve the service offered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. -managed and do senior leaders listen, learn

- The practice had a Patient Participation Group (PPG) who met on a twice yearly basis.
- The practice gathered and used feedback from staff through staff meetings, appraisals and discussion.
- The practice actively recorded all compliments received and shared these with staff.

## Continuous improvement

The practice team was forward thinking and took part in local pilot schemes and initiatives to improve outcomes for patients in the area. For example since our inspection in January 2017, the practice had:

- Joined the local GP Federation, a group of practices who work together to improve healthcare within the local area. This has enabled the practice to have access to shared best practice and learning. Developed plans to extend the practice building and a planning application was due to be decided shortly after our inspection in September 2017. This included plans to purchase additional land to extend the practice car park.
- Merged with another local practice, The Crossley Practice. This was operated as a branch surgery and patients could obtain appointments at either practice. The Crossley Practice had migrated to the same computer system used by Henley Green Medical Centre. It is envisaged that the merged practices would continue to deliver services from both sites until the proposed expansion and refurbishment of Henley Green Medical Centre was completed which would not be before 2018.

The practice had also obtained Research Ready accreditation with the Royal College of General Practitioners. (This means the practice has demonstrated they are aware of, and have met, the necessary regulatory requirements for research.) As a result the practice was actively involved in clinical research and their patients were able to participate in clinical trials should they wish to do so.

As a training practice, Henley Green Medical Centre aimed to share best practice and also learn from the students based there. Staff development and training was also linked to the staff appraisal scheme and staff we spoke with told us they were fully supported within the practice and if problems occurred in their personal lives.