

# Dr Manmohan Singh (George Eliot 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 carried out an announced comprehensive inspection at Dr Manmohan Singh (also known as George Eliot Medical Centre) on 27 September 2016. Overall the practice is rated as good.

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

- The practice had an appropriate system for reporting and recording significant events. We saw evidence that lessons were learned from incidents, and that learning was discussed to ensure improvements were implemented.
- A number of risk assessments and processes ensured that patients were kept safe and safeguarded from abuse.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were lower than CCG and national averages in the uptake of cervical, breast and bowel cancer screening. Following the inspection the practice provided evidence of improvements in these areas.
- The outcomes of patients' care and treatment were not always monitored regularly.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Training was monitored and updated consistently.
- The practice performance in patient satisfaction was mixed, with results slightly lower than average for GP consultations. The patients we interviewed and comment cards we reviewed told us they felt included in making decisions about their care and the treatment they received. They also said GPs were good at listening to them and gave them enough time and information to reach decisions.
- The practice was responsive to the needs of the local population. GP and non-clinical staff at the practice spoke a number of different languages to accommodate the diverse patient population, including Gujarati, Hindi, Punjabi and Urdu. External translation services were also available and patient literature was available in a variety of languages.
- Patients were highly satisfied with how they could access appointments at the practice.
- Information about services and how to complain was available and easy to understand.

# Summary of findings

- The practice had modern facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice had a proactive approach to seeking feedback from staff and patients, and we saw evidence that feedback were acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to encourage patients to engage with cervical, breast and bowel cancer screening programmes.

- Improve the system for clinical audit to monitor outcomes and improvements made.
- Create an action plan to improve GP Patient Survey data regarding consultations with GPs.
- Keep the recently implemented systems for tracking of prescription stationery and monitoring uncollected prescriptions under review to ensure they are effective.
- Maintain a record of verbal complaints received so they can be reviewed for themes, patterns or trends.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- The practice had an appropriate system for reporting and recording significant events.
- We saw evidence that lessons were learned from incidents, and that learning was discussed to ensure improvements were implemented.
- A number of risk assessments and processes ensured that patients were kept safe and safeguarded from abuse. Pre-employment checks had been made to help ensure staff were safe to work with the patients.
- Checks were in place to make sure the premises and equipment used were safe and appropriate standards of cleanliness and hygiene were maintained.
- There were arrangements to respond to major incidents and emergencies and staff knew what action they should take in urgent situations.
- The practice also had a system to monitor prescriptions that had not been collected by patients but this was not checked frequently. Although prescription stationery was stored securely before and during use, serial numbers were not recorded to monitor their use. Immediately following the inspection the practice provided information that they had implemented systems to monitor these areas effectively.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with CCG and national averages, except for in cervical, breast and bowel cancer screening where they were lower. The practice provided information following the inspection which showed increased patient uptake in these areas.
- Clinical audits were carried out regularly but these were not repeated to confirm that that improvements made had a positive impact.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Training was monitored and updated consistently.

# Summary of findings

- Staff communicated well as a team and there was evidence of appraisal for all staff. Staff we spoke with expressed confidence in raising concerns with the management team.
- There was a commitment to collaborating with healthcare professionals from external services to understand and meet patients' needs.
- The service was aware of its obligations regarding consent and confidentiality.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Results from the national GP Patient Survey published in July 2016 showed that the practices performance in patient satisfaction was mixed, with results slightly lower than average in GP consultations.
- We observed staff to be kind and helpful to patients and to treat them with dignity and respect.
- The patients we interviewed and comment cards we reviewed told us they patients felt included in making decisions about their care and the treatment they received. They also said GPs were good at listening to them and gave them enough time and information to reach decisions.
- Information for patients about the services available was easy to understand and accessible.
- Staff told us that if families had suffered bereavement, the GP contacted them by telephone and offered to make a home visit. The GP offered to refer patients for bereavement counselling and provided information that may assist them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The GP and non-clinical staff at the practice spoke a number of different languages to accommodate the diverse patient population, including Gujarati, Hindi, Punjabi and Urdu. External translation services were also available and patient literature was available in a variety of languages.
- The GP was an active member of the community and offered health promotions at local temples and churches to engage with patients.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was in line with or in some areas significantly higher than both local and national averages.

# Summary of findings

- Patients we spoke with during the inspection told us they were able to get appointments when they needed them.
- Information was available to help patients understand the complaints system. There was a complaints policy leaflet on display on the reception desk. The practice managed verbal complaints and discussed these at team meetings, but they were not being recorded and reviewed to identify common themes.

## Are services well-led?

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

- The practice had a mission statement and a set of values. Staff we spoke with were aware of the mission statement and worked in a way that supported it.
- Staff were clear of their roles and responsibilities and knew who clinical and non-clinical leads were.
- The practice held monthly whole practice meetings. The practice culture was open and friendly, and staff were encouraged to raise issues and make suggestions.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.
- The practice had a proactive approach to seeking feedback from staff and patients, and we saw evidence that feedback were acted on.

**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



- Care was tailored to meet the needs of the older people in the practice population.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits to administer the flu vaccination to patients who were unable to visit the practice independently.
- Same day appointments were available for older people whose health required an urgent consultation.
- Appointments were pre-bookable in advance with no limit to the number of weeks ahead these were available.
- The practice had completed 95% of its NHS over 75s health checks during 2014/2015, and continued to perform at a high level for the current year.

### People with long term conditions

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

Good



- 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. For example, 95% of patients had a flu immunization in the previous 12 months, in line with the CCG average of 93% and the national average of 95%. Exception reporting was 4%, lower than the CCG average of 18% and national average of 20%. The practice offered diabetic patients access to an in-house dietician to help them manage their condition.
- Performance for other long term conditions was within average range. The percentage of patients with COPD who had received the flu immunization in the preceding 12 months was 95%, comparable to the CCG figure of 96% and the national 97%. Exception reporting for this indicator was 17%, compared with the CCG and national averages of 18%. The percentage of patients with hypertension in whom the last blood pressure reading measured within an acceptable range in the preceding 12 months was 80%, in line with the CCG and national averages of 83%. Exception reporting for this indicator was 5%, compared with the CCG average of 3% and the national average of 4%.

# Summary of findings

- Patients received a structured annual review to check their health and medicines needs were being met. 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.

- Same day appointments were available for children. 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 mixed. For example, for the vaccinations given to under two year olds the practice achieved an overall score of 9.2 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 72% to 100%, compared with the national average rates which were between 88% and 94%
- The practice worked with district nurses, midwives and health visitors to coordinate care. The GPs was the practice's safeguarding lead who engaged with local health visitors. 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 good for the care of working-age people (including those recently retired and students).

- Patients could access online appointment booking services.
- Appointments were offered at the beginning and end of the day to accommodate those who could not attend during working hours.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.

Good





# Summary of findings

- A full range of health promotion and screening was available, including NHS health checks for those aged 40 to 74.

## People whose circumstances may make them vulnerable

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

- Longer appointments were available for patients who needed them, such as those with a learning disability. Patients with a learning disability were also offered appointments at less busy times of the day if large numbers of people resulted in anxiety.
- 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 and accept people from these groups as temporary or permanent patients as needed.
- The premises provided disabled access and a hearing loop. The GP and non-clinical staff at the practice spoke a number of different languages to accommodate the diverse patient population, including Gujarati, Hindi, Punjabi and Urdu. External translation services were also available and patient literature was available in a variety of languages.
- The practice held a registers of a number of circumstances that may make patients vulnerable, for instance for carers, children on the child protection register, and patients who were housebound. The registers were used to manage and offer support to patients.
- Staff had received safeguarding training and knew how to recognise signs of abuse in children and adults.

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).

- 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%. Exception reporting for this indicator was 0%, compared with the CCG average of 6% and the national average of 7%.

Good



# Summary of findings

- 88% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was similar to the CCG and national averages of 89%. The practice's exception reporting was 0%, lower than the CCG average of 8% and the national average of 10%.
- Patients experiencing poor mental health were given information about how to access support groups and voluntary organisations. For example, Improving Access to Psychological Therapies counsellors held weekly clinics at the practice.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice maintained a mental health register and performed physical and mental health annual reviews for these patients. During the previous four years the practice had completed 100% of annual reviews for mental health patients.
- The GP had completed a number of mental health courses to improve patient care. These subjects included the Mental Capacity Act, Deprivation of Liberties Safeguards, and identification of suicidal patients.

# 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. 353 survey forms were distributed and 64 were returned. This represented 2% of the practice's patient list and an 18% completion rate.

- 93% of patients found it easy to get through to this practice by phone compared to the CCG and national averages which were both 73%.
- 85% 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%.
- 87% 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%.

- 72% 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 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients said staff were very friendly and helpful and the GP treated them with care and compassion.

We spoke with 16 patients during the inspection, three of whom 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. All 16 patients said they were satisfied with the service they received and the GP took time to listen to them and involve them in decisions about their care and treatment.

## Areas for improvement

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

- Continue to encourage patients to engage with cervical, breast and bowel cancer screening programmes.
- Improve the system for clinical audit to monitor outcomes and improvements made.
- Create an action plan to improve GP Patient Survey data regarding consultations with GPs.
- Keep the recently implemented systems for tracking of prescription stationery and monitoring uncollected prescriptions under review to ensure they are effective.
- Maintain a record of verbal complaints received so they can be reviewed for themes, patterns or trends.

# Dr Manmohan Singh (George Eliot 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 adviser and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to Dr Manmohan Singh (George Eliot Medical Centre)

Dr Manmohan Singh, also known as George Eliot Medical Centre, is a GP practice in the Bishopsgate Green area of Coventry in close proximity to the 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. George Eliot Medical Centre operates from premises refurbished in 2012 when the practice moved from its former location on the same road. The building is equipped with modern facilities and has accessible features for patients with additional needs, such as wheelchair access and disabled parking. George Eliot Medical Centre is operated by an individual GP and has a patient list size of 2,612.

George Eliot Medical Centre's patient list has high levels of 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 rotavirus and shingles immunisation, facilitating timely diagnosis and support for people with dementia.

The clinical team includes one male GP and one female practice nurse. The practice frequently uses the same locum GP to improve continuity of care. The clinical team is supported by a practice manager, an assistant manager, and five reception and administrative staff.

George Eliot Medical Centre is open from 8am to 1pm daily, and from 2pm until 6.30pm on Monday, Tuesday, Wednesday and Friday afternoons. The practice is closed between 1pm and 2pm every day and on Thursday afternoons, during which time there are arrangements to divert call to a service provided by West Midlands Ambulance Service which refers urgent cases to the on-call GP. The practice also signposts the local walk-in centre which patients have the option of attending. 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 by 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

# Detailed findings

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

## How we carried out this inspection

Before 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 27 September 2016.

During the inspection we:

- Spoke with staff including the GP, the practice manager and other non-clinical staff. We were not able to interview the practice nurse as she was not working on that day.
- Interviewed patients who used the service.
- 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 and confirmed they were aware of the procedure for reporting incidents. They had access to a policy on the practice's computer system, and an incident reporting form assisted staff in recording relevant details. Staff told us they would inform the assistant manager or the practice manager of any incidents.
- The practice recorded six significant events during the previous year. We reviewed the practice significant event log which included a summary of each event, including the actions taken, details of the outcome and any lessons learned. We saw that each event had been analysed and appropriate action taken by the practice.
- The practice manager made contact with patients involved to offer an apology and discuss the outcome, and was aware of 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.
- Significant events were discussed during monthly practice meetings and we saw meetings minutes to confirm this. The practice manager also took the opportunity to discuss incidents during lunchtime catch-up meetings and informal discussions.

The practice received safety alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). The GP received these by email and forwarded them to the assistant manager who added these to a file and also circulated them to the practice nurse. Alerts that required an action were followed up with an audit to identify affected patients. An alert was added to each patient's record, and this was removed only when the required review or contact had been carried out. We reviewed records of recent alerts and were satisfied that these had been actioned. For example, patients using blood glucose testing strips had been contacted following a recent alert to advise them to discontinue use of affected lot numbers.

### Overview of safety systems and processes

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

- The practice had made arrangements to safeguard children and vulnerable adults from abuse. These reflected both current legislation and local requirements. Safeguarding policies were accessible to all staff and defined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding and liaised with other agencies such as local health visitors. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GPs, practice nurse and practice manager had completed training to level three, and all remaining staff to level two. All staff had additionally completed FGM (female genital mutilation) awareness training to help them identify and assist patients at risk of FGM.
- Information about chaperones was displayed in the patient waiting room. All staff who acted as chaperones had received training for the role as well as 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. Non-clinical staff we spoke with were aware of their responsibilities while acting as chaperones.
- The premises were visibly clean and tidy during our inspection and we saw evidence that the practice maintained appropriate standards of cleanliness and hygiene. The practice manager was the infection control lead and carried out annual infection control audits. We viewed the most recent audit and saw that action taken to address any improvements identified had been recorded. Infection control was incorporated into the staff induction and all staff had received up to date training during the past 12 months.
- The practice had systems for dealing with repeat prescriptions. Where a patient had reached their maximum number of repeat prescriptions all requests were passed to a GP to review. The practice also had a system to monitor prescriptions that had not been collected by patients but this was only checked monthly. Immediately following the inspection the practice informed CQC that a weekly check had been

# Are services safe?

implemented in order to identify any patients experiencing poor mental health who had not collected prescriptions. Prescription stationery was also stored securely before and during use but serial numbers were not recorded to monitor their use. The day after the inspection the practice provided a clear written policy that had been adopted, and this outlined how prescription stationery was monitored and which members of staff were responsible. The practice had also created a detailed audit plan to confirm that prescription stationery was being properly managed, and this was to be conducted every six months.

- Staff locked clinical rooms when they were not in use and removed computer access cards when they left their computers unattended. Paper patient records were securely stored in locking cabinets in an area that was not accessible to the public.
- We discussed the agreements for patients who were prescribed high risk medicines, who also received treatment from specialists in their particular illness under shared care agreements. Repeat prescriptions were authorised by the GP following review of secondary care monitoring results, and any patients who did not attend for secondary care monitoring were followed up to ensure that they could be prescribed these medicines safely.
- The practice monitored fridge temperatures by maintaining a log. We saw that medicines in cold storage had been rotated appropriately. Two members of staff were responsible for monitoring these and ordering medicines. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice used PGDs (Patient Group Directions) to allow the practice nurse to administer medicines in line with legislation. We reviewed the practice's PGD folder and saw that these had been signed by the required people when they were adopted. The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed three personnel files which contained documentation evidencing that appropriate recruitment checks had been made before employment. For example, references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks for members of staff that required them.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place for monitoring and managing risks to patient and staff safety and a health and safety premises risk assessment had been carried out. The practice had an up to date fire risk assessment, and had last provided fire safety training to staff in July 2016. We saw evidence that fire drills were conducted regularly and fire alarms were tested weekly to ensure they were in working order.
- Electrical equipment had been checked to ensure it was safe to use. Portable appliance testing had been carried out in July 2016. Clinical equipment was checked to ensure it was working properly, and we saw a record of this which outlined the dates when testing was next due. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice ensured that the number and mixture of staff on duty at all times met patients' needs by using a rotational system and coordinating annual leave. There was only one GP at the practice but the same locum GP was used on a regular basis for continuity of care. The previous practice nurse had left the practice in August 2016 and the practice had recruited a locum practice nurse on a contractual basis who had recently commenced in post. During the inspection the practice nurse was on pre-arranged annual leave, and although locum cover had been arranged to cover the two weeks of absence the arrangements for the week of the inspection had been cancelled at short notice. The practice told us the GP would cover any urgent nurse appointments required during that week and we discussed nursing duties with the GP to confirm he had the required level of competence.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the practice computers which could be used to alert staff in the event of an emergency.

## Are services safe?

- All staff had received annual basic life support training. 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.
- The practice held a suitable range of emergency medicines which were easily accessible to staff in a secure area of the practice. Staff we spoke with knew the location of emergency medicines and those we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off site by the GP, practice manager and assistant practice manager so that the information was always available.



# 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. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 97% of the total number of points available, compared with the CCG average of 94% and the national average of 95%. The practice provided evidence following the inspection that it had achieved 99% of the total number of points available for the QOF year 2016/2017.

The practice's exception reporting was 13% overall, in line with the national average of 10%. 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 the national average performance. For example, 95% of patients had a flu immunization in the previous 12 months, in line with the CCG average of 93% and the national average of 95%. Exception reporting was 4%, lower than the CCG average of 18% and national average of 20%. 90% of patients with diabetes had a blood pressure reading within the acceptable range,

which was significantly higher than the CCG average of 77% and the national average of 78%. Exception reporting was 8%, the same as the CCG average and similar to the national average of 9%.

- Performance for mental health related indicators were in line with or higher than local and national performance. For example, 88% of patients experiencing poor mental health had their alcohol consumption recorded in the previous year, which was in line with the CCG and national averages of 89%. Exception reporting was 0%, 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%. There was no exception reporting for this indicator, whereas the CCG average was 6% and the national average 7%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 86%. This was in range of the CCG average of 91% and the national average of 90%. The practice's exception reporting for this was 8%, 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, but none of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, benchmarking and peer review.
- The GP liaised and exchanged information with other care professionals including midwives, health visitors and the palliative care team.
- Findings were used by the practice to improve services. For example, following a significant event where a computer system update resulted in the loss of a number of prescription requests, the practice had implemented a prescription register to log requests as a failsafe.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety, infection prevention and control, fire safety and confidentiality.
- The practice conducted annual checks of clinical registration statuses for its nurses, GP partners and salaried GPs.
- The practice could demonstrate how they ensured staff had completed mandatory and role-specific training and updates by maintaining a spreadsheet of what staff had completed by date. This was checked regularly by the practice manager and training due was highlighted until arrangements had been made.
- 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.
- The practice provided staff with suitable training for the scope of their role. Ongoing support was provided via annual appraisals which were used to identify learning needs. The practice manager had not received an appraisal, but had only been in post for seven months at the time of the inspection. We saw evidence of a comprehensive appraisal procedure policy.
- Staff received external and in-house training that included basic life support, safeguarding, information governance, equality and diversity, and fire safety awareness.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and computer systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services promptly, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

moved between services, including when they were referred, or after they were discharged from hospital. For example, the GP held a monthly meeting with the district nurse to discuss patient care.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. This included the Mental Capacity Act 2005, Gillick competence and Fraser guidelines. 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.
- 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

There were arrangements in place to identify patients who might need additional support. For example carers, vulnerable patients, patients with mental health issues, those with a learning disability and those with long-term conditions. The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.

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 71%, compared with the CCG average of 81% and the national average of 82%.
- The practice was aware that this was lower than average. They told us that a lot of their patient group refused cervical screening, but that they tried to find a balance between respecting people's choices and encouraging and educating women on the importance of screening. The practice explained that they encouraged uptake of the screening programme by offering appointments on a variety of dates and times with the practice nurse. The practice had also used a

# Are services effective?

## (for example, treatment is effective)

dedicated multi-lingual professional to telephone patients who were overdue for cervical screening on two mornings each week to educate and encourage them to make an appointment. We also saw examples of cervical screening literature which was offered to patients in a variety of languages to accommodate the diversity of the local population. The practice nurse was the only female sample taker available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Following the inspection the practice amended its letter templates to emphasise the importance of cervical screening and began using text messaging reminders. Alerts were further added to patient notes, for example to prompt staff to discuss cervical screening when patients made contact regarding repeat prescriptions. The practice supplied evidence that their uptake of the cervical screening programme for the QOF year 2016/2017 had risen to 87%, a significant improvement.

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:

- 54% 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 73%.

- For bowel cancer, 32% 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 told us that clinicians spoke to patients about screening opportunistically to reinforce the importance of this. Following the inspection the practice ensured that alerts were added to the records of all patients due for breast cancer screening to enable staff to remind them, for example if the patient contacted the practice or attended for another appointment. Four members of staff also attended training in End of Life Care, Early Diagnosis, Bowel Screening and Cancer Recovery. The practice had engaged with a local bowel cancer screening hub to provide an endorsement for patients and had implemented arrangements to send a third reminder letter to patients who did not return bowel cancer screening kits. There were further plans in progress to receive patient results electronically to improve efficiency.

Childhood immunisation rates for the vaccinations given were mixed. For example, for the vaccinations given to under two year olds the practice achieved an overall score of 9.2 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 72% to 100%, compared with the national average rates which were between 88% and 94%.

Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74 and those over 75. 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 we saw that members of staff were accommodating and courteous to patients, treating them with dignity and respect.

- Curtains were available in all consulting rooms, to protect patients' dignity and support their privacy during examinations, investigations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients, and we could not overhear conversations taking place inside.
- Staff on the reception desk were able to take patients to a private room to discuss their needs if they appeared distressed or needed to discuss something of a personal nature.
- Seating in the patient waiting area was a suitable distance from the reception desk, and there was a sign asking people to stand back from the desk while queueing.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were very friendly and helpful and the GP treated them with care and compassion.

We spoke with 16 patients during the inspection, three of whom 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. All 16 patients said they were satisfied with the service they received and the GP took time to listen to them and involve them in decisions about their care and treatment.

The three members of the PPG we met with spoke highly of all the practice staff and told us they found the GP very attentive and approachable. The PPG told us they found the practice open and receptive to suggestions, and that their contribution to the service was valued.

Results from the national GP patient survey published in July 2016 showed that not all patients were satisfied with how they were treated. The practice was in line with averages for its satisfaction scores in some areas and below average in others. For example:

- 81% 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%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 86% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national averages of 95%.
- 83% 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%.
- 81% 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%.
- 89% 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 discussed GP Patient Survey results with the PPG and had previously developed an action plan, but this did show any specific focus on these areas.

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

The patients we spoke with, PPG members and comment cards confirmed that patients felt involved in making decisions about their care and treatment. Staff provided patients with the information they needed to make an informed decision and allowed them enough time.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 78% 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%.
- 73% 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%.
- 81% 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%.

## Are services caring?

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

- The GP and other staff at the practice spoke a number of different languages to accommodate the diverse patient population, including Gujarati, Hindi, Punjabi and Urdu.
- Staff told us that translation services were available for patients where the practice could not meet their language needs.
- A large number of information leaflets were available providing patients with information about health and support services. Information was also available in different languages to assist patients whose first language was not English.
- 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 number of posters and leaflets were displayed in the patient waiting area to inform patients about organisations and support available.

The practice's computer system alerted clinicians if a patient was also a carer. The practice had identified 20

patients as carers (0.76% of the practice list). A member of non-clinical staff had a lead role in managing the carers register. Carers were offered the flu vaccine free of charge and directed to relevant support services they could access such as respite care. There was a patient information pack in the waiting area providing information for carers. A sign was also displayed asking patients to complete a registration form if they were a carer, and these were available from the reception desk. The practice had a new patient registration form which asked whether people were carers and staff recorded this information in patient records. Carers were asked to inform the practice if they were going on holiday so that they could offer any necessary support. The practice was also accommodating agencies supplied by Coventry City Council to support carers, and had arrangements for them to make visits to the premises to provide reviews and support sessions.

Staff told us that if families had suffered bereavement, the GP contacted them by telephone and offered to make a home visit. The GP offered to refer patients for bereavement counselling and provided information that may assist them. The practice also offered sick notes for bereaved members of extended family where appropriate.



# 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 GP and non-clinical staff at the practice spoke a number of different languages to accommodate the diverse patient population, including Gujarati, Hindi, Punjabi and Urdu. External translation services were also available and patient literature was available in a variety of languages.
- Telephone consultations were available for patients who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- Patients could access online appointment booking services. Appointments were pre-bookable in advance with no limit to the number of weeks ahead these were available.
- Longer appointments were available for patients who needed them, such as those with a learning disability. Patients with a learning disability were also offered appointments at less busy times of the day if large numbers of people resulted in anxiety.
- Appointments could be arranged on the same day 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 and accept people from these groups as temporary or permanent patients as needed.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits to administer the flu vaccination to patients who were unable to visit the practice independently.
- The practice nurse offered appointments until 6.30pm to accommodate people who could not attend during working hours.
- 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.
- The practice facilitated weekly sessions by an Improving Access to Psychological Therapies counsellor.
- The GP was an active member of the community and offered health promotions at local temples and churches to engage with patients. During religious festivals the practice offered appointments at times to accommodate people who were participating, for example by providing home visits at the end of day.

### Access to the service

The practice opened from 8am to 1pm daily, and from 2pm until 6.30pm on Monday, Tuesday, Wednesday and Friday afternoons. The practice was closed between 1pm and 2pm every day and on Thursday afternoons, during which time there were arrangements in place to divert calls to a service provided by West Midlands Ambulance Service which referred urgent cases to the on-call GP. The practice also signposted the local walk-in centre which patients had the option of attending. Outside of the practice's core opening hours of 8am to 6.30pm there were arrangements in place to direct patients to out-of-hours services provided by NHS 111. In addition to pre-bookable appointments any number of weeks in advance, urgent appointments were also available for people that needed them. The practice triaged urgent appointment requests and the GP telephoned patients between 1pm and 2pm to assess the urgency of need and prioritise these effectively. Reception staff knew how to identify calls from patients requiring immediate medical assistance and to refer these directly to the GP or arrange assistance from the emergency services.

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.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 93% of patients said they could get through easily to the practice by phone compared to the CCG and national averages which were both 73%.
- 83% of patients described their experience of making an appointment as good, compared with the local average of 72% and the national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 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 65%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Of 34 positive comment cards, three patients also included comments that they could find it difficult to make an appointment. We spoke to 16 patients during the inspection and all said they could get an appointment when they needed one. Patients particularly made positive comments about telephone consultations.

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.

If the request for a home visit was urgent this was referred to the GP to be triaged. 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 and non-clinical staff had access to flow charts to assess the severity of symptoms such as chest pain if necessary.

### Listening and learning from concerns and complaints

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

- There was a complaints policy and procedures which were in line with recognised guidance and contractual obligations for GPs in England.
- The assistant practice manager was the complaints lead responsible for handling all complaints in the practice.
- Information was available to help patients understand the complaints system. There was a complaints policy leaflet on display on the reception desk.

We looked at details of two written complaints received in the last 12 months and found these had been dealt with appropriately. Lessons were learned from each individual complaint and these had been discussed with the practice team to help implement changes. For example, following a complaint staff had been directed to arrange an interpreter where there was any doubt regarding a patient's first language. The practice managed verbal complaints and discussed these at team meetings, but they were not being recorded and reviewed.

# 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 provide high quality, accessible healthcare in a responsive and courteous manner. It also outlined a set of values for staff to work by. All staff we spoke with were aware of the mission statement and understood the values.

The practice aspired to become a training practice during the next twelve months. Training practices help qualified doctors to complete the final stages of training to work as GPs.

### Governance arrangements

The practice had formalised governance arrangements and there were structures and procedures in place to ensure that:

- Practice staff had a clear understanding of their own remits and felt supported by the wider team in meeting these.
- Staff were able to locate the practice's policies and showed understanding of how to use them.
- The practice team held monthly to discuss significant events and complaints. The GP discussed clinical issues with the locum practice nurse and the locum GP directly.
- Practice policies were available to staff and were effectively implemented.
- We saw that the practice was aware of the legal requirements about protecting patients' confidential information. Medical records were securely stored in locked cabinets. All clinical and staff areas of the practice were secured with key coded doors.

The systems in place to enable the provider to monitor and improve performance needed strengthening. For example auditing was not repeated to verify that improvements had been effective, and we did not see evidence of plans to address some areas of significantly lower performance in respect of clinical indicators and patient feedback.

### Leadership and culture

On the day of inspection the GP demonstrated that he had the experience and skills to operate the practice. He told us he prioritised accessible, high quality care and showed a

high level of personal investment in the practice. Staff said they were able to approach the GP as a member of the team and also had the opportunity to raise issues through meetings.

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.

- The practice had systems in place to ensure that when things went wrong with care and treatment those involved were offered reasonable support and a verbal or written apology.
- The practice kept records of serious events and discussed and discussed these at meetings to consolidate learning outcomes.

Staff were supported by the management structures in place at the practice.

- Team meetings were held monthly and all members of staff were encouraged to attend. Staff we spoke with confirmed that they had attended these meetings.
- Staff had the opportunity to discuss any concerns or other issues at team meetings or informally. It was usual for all staff to have lunch together
- Members of staff we spoke with told us they felt involved with the development of the practice and were respected in their roles. During the inspection we observed that the practice team worked well together.

### 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 practice had gathered feedback through the patient participation group (PPG) which met regularly and submitted proposals for improvements to the practice management team. For example, at the suggestion of the PPG the practice had held an open flu clinic on a Saturday to encourage patients to take up the flu vaccination.
- Staff told us the GP worked with the team and was open to suggestions for improvements. For instance there was a suggestion box which staff were encouraged to use and ideas were discussed at meetings. Staff told us they



# Are services well-led?

Good 

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

were able to approach the GP, the practice manager and the assistant practice manager if they wanted to talk about anything. Appraisals were held annually and provided staff with an opportunity to give formal feedback to the practice.

- The GP had carried out health promotions at local temples and churches to engage with patients; encourage uptake of services and obtain feedback. The GP was nominated for the award of Local Hero in a campaign run by a private company in Coventry in 2016, in reflection of his work at George Eliot Medical Centre.