

Willenhall Primary Care Centre - 1

Quality Report

Remembrance Road
Willenhall
Coventry CV3 3DG

Tel: 02476 302082

Website: www.willenhallprimarycarecentre.nhs.uk

Date of inspection visit: 7 October 2016

Date of publication: 27/01/2017

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Willenhall Primary Care Centre - 1	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Willenhall Primary Care Centre – 1 on 7 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Learning outcomes were shared with staff.
- Risks to patients were assessed and well managed. This included effective systems being in place to monitor the safety of equipment, health and safety practices and infection control measures.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained with the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback showed they were treated with compassion, dignity and respect and were also involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. The practice adopted a responsive approach to complaints received. Improvements were made to the quality of care as a result of complaints and concerns.
- Feedback showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Longer appointments were available for patients in vulnerable circumstances.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was forward thinking and participated in pilots aimed at improving healthcare for its patients as well as those who were not registered with the practice.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw an area of outstanding practice

Summary of findings

Practice management had engaged with the needs of their population which had a higher unemployment rate when compared with local and national averages. Practice staff had initiated contact with representatives from the Department for Work and Pensions in efforts to help their patients understand their employment options

and benefit entitlements. As a result, an advisor attended the practice on a regular basis and we were provided with specific examples where this had directly impacted upon their patients' health and wellbeing.

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



- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents. Records reviewed showed an analysis of the events and the agreed risk assessment to reduce potential reoccurrence.
- Learning outcomes were shared in staff meetings to improve safety in the practice.
- When things went wrong patients received support, information and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included infection control procedures, management of medicines, staff recruitment processes and training of staff in safeguarding relevant to their roles.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff were in place to meet patient needs and suitable arrangements for dealing with medical emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and comparable with the national average. The practice had achieved 98% of available QOF points in 2015/16. This was above the CCG average of 94% and national average of 95%.
- Staff assessed needs and delivered care in line with current evidence based guidance such as the National Institute for Health and Care Excellence (NICE).
- The practice had undertaken a variety of clinical audits within the previous 12 months. Audits demonstrated quality improvement. For example, an audit was undertaken involving women of childbearing age prescribed with particular medicines which could present risks to unborn children. Positive patient outcomes were evident.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care. This included 91% of patients who said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- Data showed the practice was average for its satisfaction scores for consultations with GPs. For example, 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%. The practice told us they had reviewed patient feedback and had engaged with their newly formed patient group to seek to improve the patient care experience in any areas identified.
- Feedback we received on patient comment cards showed patients were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. This included a range of information contained on the practice website.
- We saw staff maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice worked as part of an alliance which meant that patients could access appointments out of hours with a GP or nurse at three other nominated practices in Coventry. Appointments were available from 6.30pm to 9.30pm weekdays and weekend mornings from 9am to 12pm.

Summary of findings

- Feedback showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. At the time of our inspection, the practice was working with an external agency to review the efficiency of its appointment system.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Practice management had made contact with representatives from the Department for Work and Pensions in efforts to help promote their patients well-being. An advisor had subsequently attended the practice on a regular basis to provide advice and support to patients about the benefit system and their employment options.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. An annual review took place to ensure corrective measures implemented from incidents had been effective.
- The practice sought feedback from its staff and had recently set up a patient participation group (PPG) with assistance from the CCG, to obtain feedback from patients on the services delivered.

Good



Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice had participated in a number of local pilots. The practice partners told us they were committed to staff development and were forward thinking in relation to practice plans for the future.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice told us they had identified a number of older patients with carer responsibilities and tailored support was provided to them.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- We spoke with a community matron who worked in a service (Integrated Neighbourhood Team) which helped frail elderly people become more independent and safer within their own homes. The matron told us the practice was proactive in making referrals to the service.
- The practice provided flu vaccinations to its housebound patients who could not attend the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for all diabetes related indicators was 92% which was above the CCG and national average of 90%. The percentage of patients with diabetes with a record of a foot examination and risk classification was 89% which was the same as the CCG and national averages.
- Joint clinics were held with the community diabetes team to ensure that the most effective care was delivered for those patients with complex needs.
- The practice was involved in a trial to optimise the care of its patients with asthma. The aims of the exercise included better diagnosis and improved patient compliance with medicines.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates for all standard childhood immunisations ranged from 76% to 100%. This was comparable to CCG averages which ranged from 82% to 98%.
- Staff told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw evidence of joint working with healthcare professionals involved in the care and protection of children. This included liaison with health visiting staff and school nurses.
- The practice referred its patients who required parenting support and young persons with psychological / emotional problems to specialist organisation to assist them.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Telephone consultations were offered to patients to benefit those of working age.
- The practice was participating in a prescription ordering direct (POD) initiative which enabled patients to request repeat prescriptions via a centralised telephone system.
- 79% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing close to the CCG and national average of 81%.
- A range of long term contraceptive services were offered to patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 24 patients on the register. We were informed that the practice had recently started to undertake enhanced review checks for these patients.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. These included support for refugees / migrants, support and counselling for victims of sexual abuse or assault and support for those affected by alcohol or drugs.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- 90% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and above the national average of 89%.
- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG average of 81% and national average of 84%.
- Nursing staff told us that patients who had dementia were referred to a service provided by admiral nurses. Admiral nurses are specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Two of the GPs were also continuing their professional development by undertaking studies in mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. This included support for patients with mild to moderate mental health problems. (Improving Access to Psychological Therapy)

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing generally in line with local and national averages. A total of 317 survey forms were distributed and 118 were returned. This represented a 37% response rate.

- 68% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) and national averages of 73%.
- 82% 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 national average of 85%.
- 80% of patients are satisfied with the surgery's opening hours compared to the CCG average of 75% and national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and national average of 85%.

- 74% 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 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 26 comment cards which were all positive about the standard of care received. We noted that two of the comment cards contained mixed feedback regarding difficulties in accessing the appointment system. Positive comments included that all of the staff provided an excellent service, staff were caring, understanding and considerate towards patients and a number of comments made specific reference to individual staff.

We reviewed the practice's Friends and Family test data. This showed that from May 2016 to August 2016, 39 patients were likely to or extremely likely to recommend the practice. Comments included that the service provided was wonderful and reception staff were always on hand to help.

Outstanding practice

Practice management had engaged with the needs of their population which had a higher unemployment rate when compared with local and national averages. Practice staff had initiated contact with representatives from the Department for Work and Pensions in efforts to

help their patients understand their employment options and benefit entitlements. As a result, an advisor attended the practice on a regular basis and we were provided with specific examples where this had directly impacted upon their patients' health and wellbeing.

Willenhall Primary Care Centre - 1

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Willenhall Primary Care Centre - 1

Willenhall Primary Care Centre is located in Willenhall, a suburb in the south-east of Coventry City in the West Midlands. The premises is shared with another GP practice with a very similar name.

There is direct access to the practice by public transport from surrounding areas. There are some limited parking facilities on site as well as street parking.

The practice currently has a list size of 4666 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for the delivery of primary care services to the local communities. The practice provides GP services commissioned by NHS Coventry and Rugby Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with very high levels of deprivation; level 1 of the Indices of Multiple Deprivation

(IMD). The practice has a higher than national average number of children and adults population. It has lower than the national average number of adults who have reached retirement age and older aged people.

A higher number of patients registered at the practice are unemployed (16%) compared with the local CCG (7%) and national averages (5%).

The practice is currently managed by three GP partners (one male and two female). The practice also has two female salaried GPs. They are supported by two female practice nurses and a female healthcare assistant. The practice also employs a practice manager and a team of reception, clerical and administrative staff.

The practice is a teaching practice and has four students placements per year.

The practice is open on Mondays to Fridays from 8am to 6.30pm. Appointments are available Mondays 8.50am to 12.20pm, 2.30pm to 5.30pm, Tuesdays 9am to 12pm, 3.30pm to 6pm, Wednesdays 9am to 12pm, 4pm to 6pm, Thursdays 8.50am to 12pm, 3pm to 5pm and Fridays 9am to 12.30pm, 3.15pm to 5pm. The practice operates extended hours services through the GP alliance it is affiliated with. Patients can therefore be seen at three other practices each weekday evening from 6.30pm up until 9.30pm and weekend mornings from 9am to 12pm by pre-booking an appointment. Outside of this cover, out of hours service is provided by Coventry and Warwickshire Partnership Trust. Patients can contact NHS 111.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2016.

During our visit we:

- Spoke with a range of staff (GPs, nursing staff, practice manager, reception and administrative staff). We also spoke with a CCG medicines management specialist who worked with the practice.
- Reviewed a sample of the personal care or treatment records of patients.
- 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.

- Staff told us they would inform the practice manager of any incidents and there was a 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received information, reasonable support and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and maintained detailed documentation. We noted that 12 incidents had been recorded since April 2016.

We reviewed records, incident reports 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, a significant event was recorded which involved a delay in a patient's test results being reviewed. The practice strengthened its systems in place by ensuring nursing staff were aware of complying with correct procedure, to prevent a further incident recurring.

We looked at the system for how patient safety alerts including Medicines and Healthcare products Regulatory Agency (MHRA) were managed. We noted that the practice had adopted a structured process for the review and dissemination of alerts and notifications. We saw evidence that the practice had also undertaken an audit in response to a particular alert notification.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding as well as an administrative lead to support. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to an appropriate level to manage children's safeguarding concerns (level 3) and nurses were trained to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken, the latest in July 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, schedules were implemented for nominated staff to clean particular items to ensure effective infection prevention controls were in place.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed. These showed that monitoring processes were in place. We also reviewed an audit which involved women of childbearing age who were prescribed with particular medicines which could

Are services safe?

present risks to unborn children if they planned pregnancy. The practice identified eight patients at potential risk and appropriate action was taken to ensure risks were minimised. As a result of the audit, the practice made a decision to include a question regarding the medicines on new patient registration forms. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where required.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was last tested in March 2016. 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).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. The practice manager

and reception supervisor co-ordinated staff working arrangements. GP staff were responsible for ensuring sufficient clinical cover was always in place and a locum doctor had been utilised on occasions where necessary.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to most emergencies and major incidents; although we noted that the practice did not hold stocks of a particular medicine which may be required if an emergency arose.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. We noted that the practice did not hold stocks of benzylpenicillin, which is recommended for use if a patient presented with suspected bacterial meningitis. We discussed this with the GP partners. We were provided with a risk assessment which had been undertaken. The practice risk assessment included a location where the medicine could be obtained from if required and detailed the estimated time taken to obtain the medicine and treat the patient. The assessment also included that the emergency services would be contacted if such an incident occurred and the local hospital was based three miles away.
- 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 and copies were held off site.

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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 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). The most recent published results were 98% of the total number of points available. This was above the CCG average of 94% and national average of 95%. The practice overall exception reporting rate was 10.4%. (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).

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

- Performance for diabetes related indicators was 92% which was above the CCG and national average of 90%. The percentage of patients with diabetes with a record of a foot examination and risk classification was 89% which was the same as the CCG and national averages. Exception reporting was 7.1% which was above the CCG average of 6% but below national average of 8%.
- 87% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was below the CCG average of 91% and just below national average of 89%. Exception reporting was 12.7% which was above the CCG average of 8.7% and national average of 9.2%.

- 87% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above the CCG and national averages of 83%. Exception reporting was 17.9% which was below the CCG average of 23.2% and national average of 22.1%.
- 90% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 85% and slightly above the national average of 89%. Exception reporting was 10.7% which was similar to the CCG average of 10.4% but below the national average of 12.7%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last twelve months, four of these were completed audits where improvements were implemented and monitored.
- The practice had undertaken audits to establish if deceased patients had achieved their preferred place of death. An audit outcome identified most had achieved their preferred place of death with three noted exceptions.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had collaborated with a neighbouring practice regarding the prescribing of vitamin D.
- The practice provided us with prescribing information which showed it was performing well; particularly in relation to antibiotics and inhaled medicines. For example, data showed that between May and July 2016 the practice was ranked as 5th out of 26 in the CCG for for its effective prescribing and other locality benchmarking data.
- The practice GPs had special clinical interests which included: gynaecology, sexual health, psychiatry, complex psychology, gastroenterology, general surgery, minor surgery and child health.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. One of the practice nurses had updated her skills in spirometry and chronic obstructive pulmonary disease (COPD).
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 system and their intranet system.

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

Staff worked together 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. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment 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.
- We saw that consent forms were recorded for procedures which included minor surgery and the fitting of contraceptive devices. The forms were scanned onto the practice computer system. We also noted that when verbal consent was obtained, this was recorded in patients' notes.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, patients who required support for mild to moderate mental health problems, those who were at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG and national average of 81%. A monthly audit was undertaken on the practice computer system which highlighted any patients who had not attended an appointment. A letter was then generated and sent to these patients. An alert was also placed on patients' records if contact was not made. The practice ensured that a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2015 showed that uptake for bowel cancer screening in the previous 30 months was 56%

Are services effective? (for example, treatment is effective)

which was below the CCG average of 59%. Data also showed that uptake for breast cancer screening in the previous 36 months was 64% which was lower than the CCG average of 71%. Practice management told us the partners had reviewed this data and anticipated the next results to show a significant improvement. We were told that a large number of patients had received screening in 2016.

Childhood immunisation rates for the vaccinations given were comparable with CCG averages. For example, childhood immunisation rates for the vaccinations given to

under two year olds ranged from 76% to 98% within the practice. The CCG rates varied from 82% to 98%. Five year old vaccinations ranged from 98% to 100% within the practice. The CCG rates ranged from 93% to 98%.

- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A member of staff provided us with an example of when they had assisted a vulnerable patient by speaking to them in a private area.

All of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and particularly praised reception staff for their helpful and caring approach.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

- 90% 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%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.
- 91% 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 national average of 91%.

Satisfaction scores relating to the reception staff was above CCG and national averages.

- 94% 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 partners told us they had reviewed the feedback and had engaged with their newly formed patient participation group to obtain their views of the service and areas for improvement. This work was ongoing. The practice told us they were committed to the delivery of good patient care.

Care planning and involvement in decisions about care and treatment

Comment cards we reviewed showed that patients felt involved in decision making about the care and treatment they received. They also showed that patients felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

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 generally in line with local and national averages and above average for consultations with nurses. For example:

- 84% 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%.
- 78% 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 national average of 82%.

Are services caring?

- 91% 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 national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice's website was able to be translated by patients in a number of different languages.
- A member of staff also spoke gujarati and could therefore assist those patients who spoke the language.
- Receptionists had received training in helping to manage patients with learning difficulties.
- A notice in reception told carers to ask for extra time in a consultation if they required this.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers (2% of the practice list). Carers were referred to the Carers Trust, an organisation which provided information, advice and support to meet carers needs. A fortnightly carers clinic was also held at the practice. We were informed that carers were offered the flu vaccine. The practice had a noticeboard for carers in the waiting area. This included information for young carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice worked as part of an alliance which meant that patients could access appointments out of hours with a GP or nurse at three other nominated practices in Coventry. Appointments were available from 6.30pm to 9.30pm weekdays and weekend mornings from 9am to 12pm.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. GP partners told us that they would extend their morning and afternoon consultation times on an adhoc basis to meet patient demand where required.
- Telephone consultations were available to those patients who requested these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were longer appointments available for patients with a learning disability, elderly patients with complex health problems and those with carers responsibilities.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. A yellow fever clinic was also provided by the practice.
- The practice offered minor surgery, such as the removal of skin lesions and joint injections to those patients who would benefit.
- The practice was participating in a prescription ordering direct (POD) initiative which enabled patients to request repeat prescriptions via a centralised telephone system.
- The practice provided a phlebotomy service (blood taking) to its patients who required this service.
- A range of long term contraceptive services were available to practice patients and also to other residents living within Coventry.
- The practice provided HIV testing to its patients. All new patients were offered the test and test results were received directly by the practice.

- The practice offered the C-Card scheme, a free condom and sexual health advice service for young people.
- The practice promoted the buddy service to its younger patients. The service supported young people to build their confidence and self esteem. Patients could self refer or be directly referred through a health care professional to the organisation.
- Patients who required support for mild to moderate mental health problems were referred to a psychological therapies programme. (Improving Access to Psychological Therapy)
- A wound/ulcer clinic was provided to those patients who would benefit.
- There were disabled facilities and translation services available.
- The practice was responsive to the high unemployment rate and deprivation levels in its locality. The practice had initiated worked with external agencies to help support its patients. An advisor from the Department for Work and Pensions attended the practice on a fortnightly basis to provide advice on benefits and employment options to patients.
- The practice premises were located in the same building as a pain management service. This could be accessed by practice patients.

Access to the service

The practice was open Mondays to Fridays from 8am to 6.30pm. A range of appointments were available on Mondays 8.50am to 12.20pm, 2.30pm to 5.30pm, Tuesdays 9am to 12pm, 3.30pm to 6pm, Wednesdays 9am to 12pm, 4pm to 6pm, Thursdays 8.50am to 12pm, 3pm to 5pm and Fridays 9am to 12.30pm, 3.15pm to 5pm. Consultations were also extended in the mornings or afternoons if patient demand was high. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%.

Are services responsive to people's needs?

(for example, to feedback?)

- 61% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 57% and national average of 59%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and national average of 73%.

The practice had been involved in a recent CCG pilot which involved an external agency reviewing its patient demand for appointments and assessing the effectiveness of the current system in place. This work was ongoing at the time of our inspection. The practice told us they would act responsively to any findings and would seek to implement any improvements where these were identified.

The majority of patient comment cards showed that patients were able to get appointments when they needed them. Two of the comment cards contained mixed feedback regarding difficulties in accessing the appointment system.

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.

We were informed that the on-call doctor was assigned to undertake any home visits required on the day and all such requests were dealt with immediately. The patient or carer was telephoned in advance to obtain information required to allow for an informed decision to be made on prioritisation according to clinical need. 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. This was the practice manager.
- We saw that information was available to help patients understand the complaints system. This included advice contained on the practice website.

We looked in detail at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns, complaints and analysis of trends. Action was taken as a result to improve the quality of care. For example, a complaint was received involving a delay in patient test results. As a result, the incident was discussed amongst staff and recording systems were strengthened.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice objectives included the provision of high quality continuous medical care, including the promotion of health through education, support and guidance to patients living in the local community. The practice also intended to create a supportive team environment for patients and staff.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan we reviewed included the practice's intentions to move away from a traditional approach of GP led care towards a new model which seeks to maximise the skill sets of non GP staff.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Staff knew where to locate policies and refer to them when needed.
- A comprehensive understanding of the performance of the practice was maintained. For example, this was demonstrated in the practices review of patient accident and emergency (A & E) admissions and QOF data. The practice reviewed CCG statistical information such as quarterly reports which showed its effective prescribing and other locality benchmarking data.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. Audit data provided to us showed the practice focused on promoting patient safety and positive patient outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and documents provided to us supported their approach. Staff told us the partners were approachable and always took the time to listen to all members of staff. Practice management had engaged with their staff and assigned them with additional areas of responsibilities. For example, non clinical staff had roles which included: patient panel lead, carers lead and administrative safeguarding lead. One member of staff had a dual role as a receptionist and pharmacy technician, which she was trained to undertake.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, information and a verbal and written apology.
- The practice kept records of verbal interactions as well as written correspondence. This was reviewed annually to ensure corrective measures implemented had been effective.

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

- Staff told us the practice held regular team meetings. We reviewed records which included staff meetings and partners meetings held.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were informed that team away days were held on an adhoc basis.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP partners encouraged all

Are services well-led?

Good 

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

members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice manager told us that receptionists had provided feedback regarding the appointment system based on their experience of patient demand.

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

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and wanted to engage patients in the delivery of the service.

- The practice had formed a patient participation group (PPG) which had initially met in August 2016. The practice had sought assistance from the CCG to help facilitate this. The group was planning to meet on a quarterly basis. The group had been requested to review the practice's website as this had recently been updated. The practice management had plans in place to utilise the group to obtain patient feedback and assist in future surveys.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would

provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice was involved in optimising the care of patients with asthma. (Nioxx)
- The practice had participated in a Docman pilot which involved the practice manager and the team delivering training about work streaming documents.
- The practice offered HIV testing and 24 hour ECG monitoring to practice patients and non- registered patients as part of CCG pilots.
- The practice was currently engaging with an external agency regarding analysis of its appointment system to ensure maximum effectiveness. This was part of a local pilot.
- The practice was involved in the design of a leaflet, Using the NHS, aimed at improving public awareness about accessing services.