

Jubilee Healthcare

Quality Report

41 Westminster Road
Coventry
West Midlands
CV1 3GB

Tel: 024 7622 3565

Website: www.jubileehealthcarecoventry.nhs.uk

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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 Jubilee Healthcare on 6 July 2016. Overall the practice is rated as good.

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

- There were robust systems in place to monitor and maintain safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Incidents were regarded as opportunities for learning and improving patient care.
- Patients' needs were assessed and care delivered in line with best practice guidance.
- The practice team was well trained and had the skills and experience to deliver effective care and treatment.
- Patients' feedback and comment cards described the care as very good and professional. They said that they were treated with kindness, dignity and courtesy. Patients told us that they felt involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that it was easy to make an appointment with a named GP and that they valued the continuity of care. Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Food vouchers could be issued to vulnerable patients.
- The practice director had devised a flowchart in conjunction with the GPs to help non-clinical staff to prioritise urgent calls. The flowchart had been adopted by other practices in the locality.

Summary of findings

- The practice was visibly clean and hygienic. There were arrangements for assessing and mitigating the risks from healthcare associated infections.
- There was a clear leadership structure and staff said that they felt supported by management.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group. For example, the branch surgery now opened on a Friday afternoon in order to improve access as a result of patient suggestions.
- The provider was aware of and complied with the requirements of the Duty of Candour.

An area of outstanding practice was identified as follows:

- The practice director and deputy had attended a Food Bank training programme in June 2016, which enabled them to issue food vouchers to patients suffering from food poverty. This service was also available to patients from other practices.

The Practice should make improvements as follows:

- Continue to proactively identify carers (currently 1%).

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.

- The system for reporting and recording significant events was effective. Incidents were fully investigated. Staff understood their responsibilities with regard to raising concerns and reporting incidents and near misses.
- There was an open approach to learning and improving when anything went wrong. Lessons were shared to make sure that action was taken to improve safety in the practice.
- When things went wrong patients received support, information and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety, infection control and medical emergencies.
- There were enough staff on duty to keep patients safe and the practice was clean and tidy.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Patients received care and treatment which took account of National Institute for Health and Care Excellence (NICE) and local guidelines.
- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed patient outcomes were mostly at or above average compared to the national average.
- Clinical audits were carried out regularly and the findings used to improve the quality of care.
- Staff had the skills, knowledge and experience appropriate to their roles to enable them to deliver effective care and treatment.
- Appraisals were carried out on an annual basis and personal development plans were agreed for all staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice as average or slightly higher than others for several aspects of care.
- Patients told us that they were treated with compassion, dignity and respect and that GPs and nurses involved them in decisions about their care and treatment. Views expressed on comment cards aligned with these opinions.
- Views of external stakeholders were positive about the standard of care provided. For example, the managers of three local care homes said that the GPs were very caring and approachable.
- Patient information about the services provided by the practice was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had signed up to the local extended hours service, which was funded by the Prime Minister's Challenge Fund.
- Patients we spoke with said that they appreciated the continuity of care and that it was easy to make an appointment with a GP. Urgent appointments were available on the same day.
- Patients could access appointments and services in a way and at a time that was convenient for them.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group. For example, the branch surgery now opened on Friday afternoons, which had improved access.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Food vouchers were available for vulnerable patients suffering from food poverty.
- There was a clear complaints system, which was easy to understand. We saw that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders as appropriate.

Good



Are services well-led?

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

Good



Summary of findings

- 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. A comprehensive range of policies and procedures was in place to govern activity and staff knew how to access them.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure that appropriate action was taken.
- The practice gathered feedback from staff and patients, which it acted on. There was an active Patient Participation Group (PPG), which influenced practice development. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- There was a comprehensive induction process and there were regular staff meetings. Staff told us that they were encouraged to develop their skills and improve the standard of service delivery.
- There was a strong focus on continuous learning and improvement at all levels. For example, staff were expected to attend the monthly educational sessions, which were co-ordinated by the practice director and open to staff from local practices.

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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Longer appointments were available if needed.
- The practice maintained a register for patients who required palliative care. Home visits and rapid access appointments were provided for these patients, who often had complex medical needs.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.
- Patients who found stairs difficult were able to be seen in consulting rooms on the ground floor.
- A named GP carried out weekly visits to four local care homes, which provided continuity of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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. Reviews for these patients were organised so that they only had to attend one annual review instead of having a separate review for each long term condition.
- 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.
- The nursing team provided healthy lifestyle advice (smoking cessation, weight loss) and NHS health checks.
- An in-house pharmacist carried out reviews of patients with asthma and chronic lung disease, supported by the GP therapeutic lead.

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) achievement for 2014/15 showed that 75% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest acceptable level. This was 3% above the Clinical Commissioning Group (CCG) average and 3% above the national average.
- Data showed that 75% of patients with asthma had their care reviewed within the last 12 months, which was 1% below the CCG average and in line with the national average.
- The practice clinical team had received additional training in long term care. For example, a GP held a diploma in diabetes care and co-ordinated the care of more complex diabetic patients.

Families, children and young people

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

- 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 were relatively high for all standard childhood immunisations.
- Patients 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.
- Same day appointments were offered to all children under the age of five.
- Cervical screening was 78%, which was 3% below the Clinical Commissioning Group average and 4% below the national average.
- A range of contraceptive services was available at the practice (including coils and implants). Smears were offered in extended hours, which provided a greater choice for patients who could not attend during the core opening hours.
- A vasectomy service was provided by a GP, who used to be a partner at the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- 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 provided continuity of care.
- Patients could book routine GP appointments online as well as request repeat prescriptions. At the time of the inspection 43% of patients had signed up to use the online services.
- Telephone appointments could be booked as an alternative to visiting the practice.
- Text messages were sent to remind patients about appointments.
- The practice had set up a Facebook page, which was used to keep patients up to date.
- Patients who had signed up to the Electronic Prescription Service could have prescriptions sent to a pharmacy close to their home or work.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Vulnerable patients were flagged on the practice's computer system, so that they were immediately identifiable to staff and could be given an appropriate level of service.
- The practice had 35 patients on the learning disability register. We saw that 25 had received their 2015/16 review and that eight had declined.
- Longer appointments were available for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients and their families were given advice about how to access various support groups and voluntary organisations.
- The practice director and deputy had attended a training programme to enable them to issue food vouchers to vulnerable patients suffering from food poverty.
- A GP was the child protection lead for the practice and triaged child referrals for the city.

Summary of findings

- Staff had received training and 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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers, which represented 1% of the practice list.

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).

- 73% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 9% below the CCG average and 11% below the national average. We were told that this was due to a coding error relating to temporary patients in care homes.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- A GP was the mental capacity lead for the practice and staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. 281 survey forms were distributed and 109 were returned. This represented a 39% completion rate and 1.2% of the total practice population.

- 91% 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%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 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 39 comment cards which were all positive about the standard of care received. Patients said that the GPs were very good at making them feel at ease and explaining treatments. Staff were considered to be very helpful and friendly.

We spoke with five patients during the inspection, all of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. All five patients said that they were very pleased with the care they received from both clinical and non-clinical staff.

We read some of the comments from the Friends and Families Test cards, which were also available in the reception area. Patients praised the very polite reception staff, who went out of their way to help. GPs were said to be very nice and kind.

The practice kept a file of thank you cards and letters, which we viewed. Patients wrote that they were grateful for the excellent care and professionalism of GPs.

Areas for improvement

Action the service SHOULD take to improve

The Practice should make improvements as follows:

- Continue to proactively identify carers (currently 1%).

Outstanding practice

An area of outstanding practice was identified as follows:

- The practice director and deputy had attended a Food Bank training programme in June 2016, which enabled them to issue food vouchers to patients suffering from food poverty. This service was also available to patients from other practices.

Jubilee Healthcare

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist advisor.

Background to Jubilee Healthcare

Jubilee Healthcare is located in Westminster Road, which is on the outskirts of Coventry city centre. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and delivers a full range of family medical services. Jubilee Healthcare holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for delivering primary care services to local communities. At the time of the inspection Jubilee Healthcare was providing medical care to approximately 9,200 patients.

The area has higher than average deprivation, with mixed social housing, student accommodation, supported living, a parent and baby social services referral unit and residential homes. The universities of Coventry and Warwick are each within a few miles of the practice.

The practice has a car park to the rear of the building and a large, free car park is situated nearby in a shopping precinct. Coventry railway station and bus stops are all within five minutes' walk of the practice. Wheelchair users can access the building via the rear entrance, which has a ramp. Consultation rooms on the upper floor are not suitable for patients with poor mobility, because the only access is by climbing narrow stairs. These patients have

their consultations in a ground floor room, because the building is not suitable for a lift. The practice is in a Victorian house, which has been converted and extended to provide additional space.

Jubilee Healthcare has a branch site, Tile Hill Surgery, which is approximately six miles from the main site. The branch site was not visited on the day of the inspection.

There are three GP partners (one male, two female), plus two salaried GPs (female). The GPs are supported by a practice director, an IT lead, a nurse prescriber, a practice nurse, one health care assistant and administrative and reception staff.

Jubilee Healthcare is an approved training practice for trainee GPs. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently two GP trainees working at the practice.

The main site is open from 8am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays and from 8am to 1pm on Thursdays. The branch site is open from 8am to 6pm on Mondays, Tuesdays, Wednesdays and Fridays and from 8am to 6.30pm on Thursdays. All calls are answered at the main site and diverted to the branch site as necessary. When the main site is closed on Thursday afternoons, calls are automatically diverted to the branch site. On the days when the branch surgery closes at 6pm, all calls are taken by the main site. Out of hours cover is provided by the NHS 111 service.

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

Detailed findings

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.

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.

How we carried out this inspection

Before our inspection of Jubilee Healthcare, we reviewed a range of information that we held about the practice and asked other organisations to share their knowledge. We also viewed nationally published data from a variety of sources, including NHS Coventry Clinical Commissioning Group (CCG), NHS England and the National Patient Survey published on 7 July 2016. We looked at policies, procedures and other information provided by the practice in advance of the inspection. The practice was also sent comment cards for patients to complete with their experiences of the practice.

The announced inspection took place on 6 July 2016. During our inspection we spoke with a range of staff which included GPs, the practice director, a practice nurse and members of the secretarial and administrative team.

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).

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 director of any incidents and there was a recording form available on the practice's computer system. Discussion of significant events took place at the monthly practice meetings.
- 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 support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a thorough analysis of the significant events.

There was a robust system in place to act on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice director received all patient safety alerts and circulated them to the appropriate clinical and non-clinical staff by email. A read receipt was always requested, so that the practice director knew that the alert had been read and actioned. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an alert issued in June 2016 advised that 13A electrical socket inserts (socket covers or protectors) should no longer be used in health or social care premises. The practice director had spoken to cleaning staff and all the socket inserts had been removed.

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 GP lead for safeguarding. The GPs attended safeguarding meetings when possible and always 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 and nurses were trained to child protection or child safeguarding level three.

- A notice in the reception area 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 or had been risk assessed. (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 visibly clean and tidy. Eight comment cards made reference to the cleanliness of the practice. One commented that the practice was far more homely than the purpose built medical centres. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training in March 2016. Annual infection control audits were undertaken; the last audit was carried out in April 2016. We saw evidence that appropriate action was taken to address improvements identified as a result.
- 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). No controlled drugs were held on the premises. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescriptions were securely stored and there were systems in place to monitor their use. One of the nurses was a Nurse Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support was provided by the GPs for this extended

Are services safe?

role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice was able to offer yellow fever vaccinations and we saw that registration with the National Travel Health Network and Centre (NaTHNaC) was current.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were robust procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and we saw a poster in the staff kitchen which identified local health and safety representatives. The practice had up to date fire risk assessments, dated April 2016, and carried out fire drills every two months. The last fire drill was carried out in June 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The most recent portable appliance test on electrical equipment was carried out in June 2016. We saw that clinical equipment was calibrated on a regular basis throughout the year. 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). An asbestos survey report produced in January 2015 stated that no asbestos had been detected.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty at both the main and branch sites. Staff told us that they routinely covered for each other during periods of annual leave or sickness.

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 the computers in all the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were located in each consultation room.
- All staff received annual basic life support training and there was a sufficient range of emergency medicines to cover the services provided 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 that 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 utility companies and suppliers, as well as for staff. Hard copies were held off site by the practice director and a GP, and a copy was kept in the Operations Manual.

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a system intended to improve the quality of general practice and reward good practice. Data from 2014/15 showed:

- The practice achieved 93% of the total number of points available. This was 1% below the CCG average and 2% below the national average.
- Exception reporting was 5%, which was 3% below the CCG average and 4% below the national average. 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.
- 72% of patients with diabetes had a foot check in the last 12 months. This was 18% below the CCG average and 16% below the national average. Having identified an issue with the foot check results, the practice had trained a Health Care Assistant to do foot checks for diabetic patients.
- 93% of patients with poor mental health had a comprehensive care plan review within the last 12 months. This was 9% above the CCG average and 5% above the national average.

- The practice had a zero score for the osteoporosis indicator. An audit from October 2014 to September 2015 showed that 20 patients should have been included in the data capture, which suggested an issue with the coding. This had been addressed and was under review at the time of the inspection.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. There was evidence of quality improvement including clinical audit.

- Audit findings were used by the practice to improve services. For example, an audit of patients at risk of developing diabetes had highlighted that the practice needed a policy for the management of pre-diabetes. A repeat audit showed that coding of patients at risk of developing diabetes had improved, which meant that they could be monitored more effectively.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a comprehensive training programme in place. We viewed the schedule for the monthly educational sessions, which were co-ordinated by the practice director and open to staff from practices in the locality. Topics for practice staff included chaperone training, reception skills and health and safety. Topics for practice managers included performance management, employment law updates and leading and managing change in primary care.
- 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.
- Staff learning needs 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,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. 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. In addition, staff were expected to attend the monthly educational sessions held locally.
- GPs had special interests in areas such as dermatology, rheumatology and family planning. One GP held a qualification in occupational health, another had certificates in diabetes and dermoscopy (the examination of the skin surface, mainly used to evaluate skin lesions).

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

Consent to care and treatment

Clinical staff we spoke with showed that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves.

Clinical staff were clear about the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment.

(Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.)

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, those 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 78% which was below the CCG average of 81% and the national average of 82%. The practice was aware that the uptake was slightly low in comparison to local and national averages, so a nurse telephoned eligible patients and encouraged them to attend for a screening test. 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.

- The uptake for bowel cancer screening was 60% compared to the CCG average of 59% and the national average of 58%.
- The uptake for breast screening was 73% compared to the CCG average of 71% and the national average of 72%.

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% and five year olds 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 consultation 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.
- The two phones on the reception desk were only used if all other lines were busy. The majority of calls were answered in a room upstairs, which ensured that patient confidentiality was respected.

All of the 39 patient Care Quality Commission comment cards we received were very complimentary about the service experienced. Patients said that it was a well-run and friendly practice with helpful, caring staff.

We spoke with five patients who were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 91% 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%.
- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 84% 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%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

The practice had been reliant on locums for much of 2015 whilst GPs were recruited after the three most senior GPs retired or left the practice. The July results showed that there had been an improvement since the January 2016 results. For example, the results released in January showed that 75% of patients said that the last GP they saw or spoke to was good at treating them with care and concern; this had increased to 78% in the July results. It was hoped that patient satisfaction scores would continue to improve now that the staffing situation had stabilised.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they 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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

The comment cards were more positive than the National Patient Survey results. The comment cards referred specifically to the fact that the GPs took time to listen to patients and to put them at ease and said that they were really good at explaining procedures. Results from the National GP Patient Survey published in July 2016 were slightly below 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%.

Are services caring?

- 74% 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%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw a notice in the reception areas informing patients that this service was available.

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 71 patients as carers, which represented 1% of the practice list. There was a carers question on the new patient questionnaire, a poster in the reception area, and a notice on the front desk. A carers' pack was available in reception, which contained information about accessing support services.

Staff told us that if families had suffered bereavement, their usual GP would contact them and send them a sympathy card as well as providing information about support services.

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.

- Home visits were available for older patients and patients who had clinical needs which meant that it was difficult for them to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Longer appointments were available for patients with a learning disability.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Disabled facilities, a hearing loop and translation services were available. An A4 magnifying sheet was kept at reception, which made documents easier to read for visually impaired patients. Receptionists also had a thicker pen, which they could use to make a message clearer for patients.
- The practice director and deputy had attended a Food Bank training programme in June 2016, which enabled them to issue food vouchers to patients suffering from food poverty. This service was also available to patients from other practices.

Access to the service

The main site was open from 8am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays and from 8am to 1pm on Thursdays. The branch site was open from 8am to 6pm on Mondays, Tuesdays, Wednesdays and Fridays and from 8am to 6.30pm on Thursdays. The practice participated in the extended hours service funded by the Prime Minister's Challenge Fund and run by the local GP Alliance. The service was available to patients until 9.30pm on weekdays and during the mornings on weekends. Urgent appointments were available to patients who needed them.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to CCG average of 73% and the national average of 73%.

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

Patients who wanted to request a home visit were asked to phone before 10.30am. Requests for home visits were triaged by a GP. 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. The staff followed a flowchart for the 'Prioritization Of Patients: a Guide to Urgency for Non-clinical Staff', known as the 'POPGUNS' flowchart. This flowchart was devised by the practice director in conjunction with the GPs and had been adopted by other practices in the locality.

Listening and learning from concerns and complaints

The practice had a well-established 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.
- The practice director handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area and on the practice website.

We looked at 10 complaints received in the last 12 months and found that there was a robust and transparent system for investigating and handling complaints. Complaints were acknowledged within three working days and a full response was sent within two weeks. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, we viewed the response to one complaint and saw that the patient had been offered a full apology, a comprehensive explanation of events and an outline of the actions taken by the practice to prevent a recurrence.

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's stated aims were:

- to deliver high quality, holistic care to patients
- to encourage innovation
- to educate both patients and staff
- to actively promote research to improve care
- to learn from others and share best practice
- to strive to be the best they could

The aims were understood and shared by staff and were displayed on a noticeboard in the reception area.

We viewed the Business Delivery Plan for 2016/17, which outlined the practice's strategy for the coming year. The business plan reflected the vision and values of the practice and was reviewed annually.

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The practice acknowledged the access problems, which had existed in the previous year and had worked to overcome them. Three GPs had left in short succession and the practice had had to rely on locums. The practice team was now up to strength and there were plans to recruit a salaried GP and a pharmacist, so they were optimistic that access problems would ease.

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 that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust 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. Safe, high quality and compassionate care were given high priority. Staff told us that the GP partners and management team were approachable and always took the time to listen to all members of staff.

The partners were 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. We saw evidence that the practice was a learning organisation with a no-blame attitude.

When unexpected or unintended incidents occurred, the practice explained the sequence of events to patients and offered a full apology. We saw records of actions taken.

There was a clear leadership structure in place and staff felt supported by the GPs and management team. Staff told us that they knew that their contribution to the practice was valued and that they thought that it was a lovely place to work. Social events were arranged regularly and were much appreciated. We were told that there was a staff award every Christmas. Staff could nominate a colleague and GPs made the final decision. Prizes were given to the winner and runner-up.

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

- The practice encouraged and valued feedback from patients, including the Patient Participation Group (PPG), and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met every month, carried out patient surveys and submitted recommendations for improvements to the practice management team. There was a strong collaboration between the PPG and the practice management team with the aim of improving patient experience. For

Are services well-led?

Good 

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

example, the branch surgery now opened on Friday afternoons as a result of suggestions and a visually impaired member of the PPG had given advice to staff about helping blind and partially sighted patients.

- Staff told us that they could raise issues at the staff meetings and that they were able to discuss any concerns with their line managers. Staff said that their contribution to the practice was appreciated and that the team worked well together.

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 the first in Coventry to use the extended hours service organised by the local GP Alliance and funded by the Prime Minister's Challenge Fund. The practice was the test site for data sharing for this service.

The practice director took a lead role in organising the local Protected Learning Time monthly educational meetings, which benefitted not only Jubilee Healthcare staff, but also staff from local practices. The practice director had designed and delivered training on a software package to staff both at the practice and in the locality.

Staff told us that they were encouraged and supported to undertake further training in order to develop their skill-base.

The practice was part of the Primary Care Clinical Research Network at the University of Warwick and routinely took part in research studies in order to expand knowledge for their staff and for others. Current research projects included cancer, gout, and effects of long term aspirin use.