

Broad Lane Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Broad Lane Surgery on 7 October 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well led services.

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

- Patients' needs were assessed and care was planned and delivered in line with best practice guidance. The practice served patients from two distinct neighbouring communities in Coventry, Tile Hill and Eastern Green. Each had different social and economic concerns and the practice planned and delivered its services with this in mind.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- 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 (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Learning was shared within the practice and with other practices in the group.

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?

Broad Lane Surgery is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely amongst the staff team and within other practices within the group to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were appropriate safeguarding measures in place to help protect children and vulnerable adults from the risk of abuse. There were enough staff to keep people safe.

Good



Are services effective?

Broad Lane Surgery is rated as good for providing effective services. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness. They produce and issue clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

Patients' needs were assessed and care was planned and delivered according to current legislation. This included assessing capacity to provide services and promoting good health for all patients. Staff had received training that was appropriate to their roles and any further training needs had been identified and planned to meet these needs. Training was provided regionally with other practices and out-of-hours services within the group. There was evidence of appraisals and personal development plans for staff. Staff worked with multidisciplinary teams to improve outcomes for patients and with other practices within the group.

Good



Are services caring?

Broad Lane Surgery is rated as good for providing caring services. Data showed that patients rated the practice as average or slightly below average when compared with others in the locality. Patients said they 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. We also saw that patients were treated with kindness and respect, and staff maintained confidentiality.

Good



Are services responsive to people's needs?

Broad Lane Surgery is rated as good for providing responsive services. It reviewed the needs of its local population and engaged

Good



Summary of findings

with the NHS England Area Team and the Coventry and Rugby Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found they were able to make an appointment with the GP, but not always the same GP. Urgent appointments were available the same day.

The practice building was a converted house and although the building was small the practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

A full service review began in April 2015 and was due to be completed at the end of 2015. This was due to examine all services offered by the practice and levels of patient demand. This would result in an action plan being devised by the practice to detail how it intended to make improvements during the length of the contract.

Are services well-led?

Broad Lane Surgery is rated as good for being well-led. It had a clear vision and strategy which was aligned with the group's corporate goals. Staff were clear about the vision and their responsibilities in relation to this both locally and to the wider organisation. There was a clear leadership structure and staff felt supported by management, both locally and regionally as staff also had reporting responsibilities to regional management in addition to the practice management.

The practice had appropriate policies and procedures to govern activity and held regular governance meetings. The practice also carried out internal inspection audits every six months to monitor Care Quality Commission (CQC) compliance. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The practice had an active patient participation group (PPG) and responded to feedback from patients about ways that improvements could be made to the services offered. Staff had received inductions, regular performance reviews and attended staff meetings.

Good



Summary of findings

The six population groups and what we found

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

Older people

Broad Lane Surgery is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population. It was responsive to the needs of older people, and offered home visits for patients unable to reach the practice. Health checks were carried out for all patients over the age of 75 years and carers within this population group were actively identified and supported. The practice worked with two local care homes and community matrons to reduce unplanned hospital admissions.

Good



People with long term conditions

Broad Lane Surgery is rated as good for the care of people with long-term conditions. The Clinical Lead had the lead role in chronic disease management. As part of this, patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met. The practice worked with patients to ensure they had a full understanding of their condition, its implications and its management and treatment. This included an understanding of the nature of the condition, the reason for an annual review and discussed the longer term management plan.

For those patients with the most complex needs, clinical staff worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

Broad Lane Surgery 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 of abuse. For example, children and young people who had a high number of accident and emergency (A&E) attendances. Children who failed to be brought for vaccinations were referred to child health. A family planning service was also offered by the practice.

Appointments were available outside of school hours and the premises were suitable and accessible for children, with changing

Good



Summary of findings

facilities for babies. We saw examples of joint working with midwives, health visitors, school nurses and district nurses. The practice also offered a number of online services including booking appointments.

The practice had a close working relationship with social services and the local health visiting team regarding 'looked after' children who were registered at the practice. Concerns were regularly reviewed in multi-disciplinary meetings.

Working age people (including those recently retired and students)

Broad Lane Surgery is rated as good for the care of working-age people (including those recently retired and students) and this population group accounted for over 50% of the practice patient list. 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 and flexible.

The practice offered Wednesday evening extended hours so that patients could access appointments around their working hours. Telephone consultations were available for patients unable to reach the practice and 24 hour blood pressure monitoring was available for relevant patients. This reduced the number of appointments they needed at the practice and alerted clinicians to some medical problems in a more timely way.

The practice was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs for this population group. This included family planning and smoking cessation.

Good



People whose circumstances may make them vulnerable

Broad Lane Surgery 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 those patients with a learning disability and care plans were in place for the most vulnerable.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had advised vulnerable patients on how to access various support groups and voluntary organisations. The practice worked closely with the Anchor Centre, located in Coventry City Centre. This is an NHS medical centre which provides health support and advice to vulnerable and homeless adults. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and

Good



Summary of findings

offered additional attention such as longer appointments. Students who lived at Hereward College, a national college for young people with disabilities and additional needs were registered at the practice.

Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. 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)

Broad Lane Surgery is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It worked closely with the Anchor Centre, located in Coventry City Centre which provided support for patients with mental health concerns amongst the services it offered.

The practice carried out care planning and annual health checks for patients with dementia and poor mental health and care plans were in place for the most vulnerable. The GPs and practice nurses understood the importance of considering patients ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.

There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing below local and national averages. There were 115 responses which represented a response rate of 34%.

Results showed:

- 63% found it easy to get through to this practice by phone which was higher than the Clinical Commissioning Group (CCG) average of 74% and a national average of 73%.
- 79% found the receptionists at this practice helpful compared with a CCG average of 86% and a national average of 87%.
- 77% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 70% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 44% described their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 57% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 60% and a national average of 65%.

- 35% felt they did not normally have to wait too long to be seen compared with a CCG average of 55% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Despite the comment cards having been placed in a position to make them clearly visible in the patient room, none were completed.

We spoke with 12 patients during the inspection, of which three were members of the patient participation group (PPG). This is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The patients we spoke with were mostly positive about the service they received from Broad Lane Surgery. They said they were happy with the care they received and clinical staff and receptionists were polite and respected patients. However, six patients told us it could be difficult to get a routine appointment at times, although they would always be seen in an emergency.

We also spoke with the management of one of the care homes served by the practice. They told us they were highly satisfied with the service provided by the practice and found them to be very responsive and reliable. They also gave welcome advice to the home about the way it managed medicines.

Broad Lane Surgery

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 advisor, a practice manager specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Broad Lane Surgery

Broad Lane Surgery is located on the western side of Coventry between the major residential areas of Eastern Green and Tile Hill. The practice was formed as a single handed GP practice in April 2010 and Virgin Care took over the management of the practice on a 'caretaking' basis three years later. In April 2015, Virgin Care was awarded an Alternative Provider Medical Services Contract (APMS) following a bidding process, to deliver the service for five years. (The APMS contract is the contract between Virgin Care and NHS England for delivering primary care services to local communities.) At this time, the practice commenced a full review of its services. This was intended to look at every service the practice provided and whether it was fully meeting the needs of its patients. An action plan will be devised when the review is completed at the end of 2015.

Virgin Care provides a large number of NHS and social care services across the country. Their services are accessible in the same way as other NHS and social care services as they are provided on behalf of the NHS and local authorities.

The practice had 4153 patients registered at the time of our inspection. The area the practice covers includes a large

elderly population within Eastern Green and an area of urban deprivation within Tile Hill. The latter includes social issues such as a high rate of unemployment and issues related to drugs and alcohol.

Broad Lane Surgery is managed by a service manager and service clinical lead who both hold roles within the western region of Virgin Care. The practice has three salaried GPs (male and female), three advanced nurse practitioners (one male and two female), three practice nurses and a health care assistant. They are supported by a team of administrative staff, including receptionists.

The practice is open from 8am to 6.30pm with appointments available from 8.30am. Extended hours appointments are available from 6.30pm until 8pm on Wednesdays. In addition to GP appointments during those times, an open clinic is run by the advanced nurse practitioner (who is also able to issue prescriptions from 8.30am to 12.30pm from Monday to Friday. This was recently introduced to reduce difficulty obtaining routine GP appointments. Appointments could be booked on-line.

At the time of our inspection, a flu vaccination clinic was being held on Saturday mornings from 9am to 12pm, otherwise the practice is closed at weekends. Home visits and telephone consultations are available for patients who are unable to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book new appointments without having to phone the practice.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. If patients telephone the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice's website and in the patient practice leaflet.

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. This inspection was planned to check whether the provider was 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. This is the first time the practice has been inspected by the Care Quality Commission (CQC).

How we carried out this inspection

Before our inspection of Broad Lane Surgery we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Coventry and Rugby Clinical Commissioning Group (CCG), the NHS England area team and the local Healthwatch to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 7 October 2015. During our inspection we spoke with a range of staff that included a GP, the service manager, the clinical lead, reception staff and the regional operations manager of Virgin Care for their western region, who was the registered manager for Broad Lane Surgery. We also looked at

procedures and systems used by the practice. During the inspection we spoke with 12 patients, of which three were members of the patient participation group (PPG). This is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members.

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 are provided for specific groups of people and what good care looks 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

We found Broad Lane Surgery had systems in place for reporting and recording incidents and significant events. We looked at the procedures for incident reporting and for serious adverse events. They outlined the definition for such events and the lines of reporting for them. Before our inspection, the practice supplied us with full details of all incidents which had occurred since April 2013. This contained a total of 42 incidents.

Patients that were affected by significant events received a timely and sincere apology and were told about actions the practice had taken to improve care. For example, when the practice failed to carry out a social services referral for a patient, the practice made an urgent referral as soon as the failure was identified and reminded staff of the correct procedure to follow.

Staff we spoke with were aware of their responsibility to raise concerns and knew how to report incidents and near misses. They told us they would inform the service manager or clinical lead of any incidents and there was also a corporate recording form available on the practice's computer system. The practice carried out an analysis of all incidents, reported them to regional management and discussed them in practice meetings.

During our inspection we reviewed safety records, incident reports and minutes of meetings where these had been discussed. Lessons were shared to make sure action was taken to improve safety in the practice. This was also shared within the group when it was considered to have a wider importance. For example, on one occasion, confidential paperwork was found in a bin used for recycling paper. The paperwork was immediately removed and all other recycling bins in the practice checked. All such bins were then removed and replaced with additional sealed bins for document shredding. Staff were briefed about the incident, reminded of the correct procedure and informed of the changes that had been made. Posters were displayed within the administrative areas to remind staff. A full investigation was carried out and appropriate action was taken.

We saw evidence that incidents and significant events had been discussed at practice meetings which demonstrated the willingness by staff to report and record incidents. We

saw evidence from the minutes that learning was taken from and shared with staff to ensure that further incidents were prevented. One example concerned a patient who had not received a medication review for some time. The practice reviewed the patient's notes and outcomes of consultant referrals and discussed this with the patient concerned as soon as it was identified. The practice reviewed its procedure for following up correspondence received from secondary healthcare.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

Broad Lane Surgery had appropriate systems, processes and practices in place to keep people safe, which included:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with relevant information displayed in administrative areas. All electrical equipment was checked to ensure the equipment was safe to use (October 2015) and clinical equipment was checked and calibrated to ensure it was working properly (June 2015). The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control and legionella. The practice had updated risk assessments in September 2015 and we reviewed a selection of these, including fire safety. A weekly test of the fire alarm took place.
- Procedures were in place to safeguard adults and children from the risk of abuse that reflected relevant legislation and local authority requirements issued by Coventry City Council. The clinical lead was the lead staff member for safeguarding. Staff we spoke with understood these policies, the type of occurrences that needed to be reported and who to report them to. The clinical lead attended safeguarding meetings when possible and always provided reports where necessary for other agencies. We also saw that staff had received training relevant to their role. A safeguarding audit had

Are services safe?

been carried out in August 2015. This established that up to date procedures were in use, staff training was up to date and current contact details were held for referrals to be made.

- Broad Lane Surgery offered a chaperone service to patients who requested it. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. A notice was displayed in the patient waiting room to advise patients this service was available. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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). When chaperones had been offered a record had been made in patients' notes and this included when the service had been offered and declined.
- During our inspection we observed the premises to be visibly clean and tidy. There was an infection control procedure in place, along with supporting procedures, for example needle stick injury and spills of bodily fluids. We noted from the training record that staff had received up to date training. Annual infection control audits were carried out, the latest in May 2015. A cleaning audit had been carried out during the previous month. We saw evidence that action was taken to address any improvements identified as a result. For example, the latest infection control audit had highlighted areas of the practice that needed re-decorating. We saw this work had been quickly carried out. The practice clinical lead was also the infection control lead who liaised with the local infection prevention and control teams to keep up to date with best practice. Any areas of best practice identified were shared on a wider scale within the group.
- We saw there were suitable arrangements in place for managing medicines, including emergency medicines and vaccinations to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. To achieve this, the practice worked with the Coventry and Rugby Clinical Commissioning Group (CCG) pharmacy team. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.
- Regular medicine audits were carried out. This included medicines safety audits in February and April 2015 and medication reviews were carried out in the two care homes served by the practice in June 2014. The latter were in conjunction with the CCG medicines management care home pharmacist. At the time of our inspection, the practice had advertised for a pharmacist to join the staff team. Part of their duties would be to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and prescription pads were securely stored and there were systems in place to monitor their use.
- The practice had arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The responsibility for determining the level of staff needed was shared with Virgin Care's head office who issued the relevant guidelines. Locally, there was a rota system in place for the different staffing groups to ensure that enough staff were available each day. Locum cover was available to cover GPs who were absent. We reviewed the Service Level Agreement for the Supply of Locums and the practice Locum Information Pack. Administrative staff confirmed they would also cover for each other at holiday periods and at short notice when colleagues were unable to work due to sickness.
- During our inspection we looked at staff records and saw that relevant recruitment checks had been carried out in line with legal requirements. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). 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. Many human resources functions were carried out by the group's head office, but key documents were stored locally.

Arrangements to deal with emergencies and major incidents

The practice computer system contained an instant messaging system which alerted staff to any emergency.

Are services safe?

Staff had received basic life support training and records indicated this as updated annually. There were emergency medicines and equipment available, along with a first aid kit and accident book. Emergency equipment included oxygen and a defibrillator, used to re-start a person's heart in an emergency. Emergency medicines included those to treat a severe allergic reaction and low blood sugar. They were easily accessible to staff in a secure area of the practice and staff we spoke with knew their location. Medicines we checked were in date and as a result, were fit for use.

We saw there was a business continuity plan that had been devised and adopted by the practice in conjunction with

the wider group. This covered emergencies that could impact on the daily operation of the practice. Key risks identified included power failure, loss of computer and telephone systems and flooding. The plan also contained relevant contact details for staff to refer to. This would ensure the service could be maintained in the event of an emergency or disruption, for example, contact details for local suppliers to contact in the event of failure, such as heating and water suppliers. There was also a procedure in place to back up and protect computerised information and records in the event of a computer systems failure. Copies of the plan were kept on site, off-site by key staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Broad Lane Surgery assessed and treated patients using evidence based guidelines and standards. This included the best practice guidance produced by the National Institute for Health and Care Excellence (NICE). This 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. GPs told us how the practice had access to NICE guidance and how they monitored compliance with them through risk assessments and audits.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The information collected for the QOF and the practice's performance against national screening programmes was used to monitor outcomes for patients. Data available for the latest full year, 2013-2014 showed that Broad Lane Surgery had achieved 79.5% of the total number of points available. This was below the average of 96.1% for the Coventry and Rugby Clinical Commissioning Group (CCG). The practice had 4.8% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014 showed:

- Performance for diabetes related indicators such as patients who had received an annual review was 78.2% which was lower than the national average of 88.35%.
- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 71.7% which was below the national average of 83%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 34.4% which was lower than the national average of 86%.

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 66.4% which was below the national average of 83.82%.

We discussed this with clinical staff and management. Management demonstrated how the practice had taken steps to improve since it took over the contract for Broad Lane Surgery in 2013 and how it had improved since it took over from the previous provider. The management team discussed how it had worked with the CCG to identify concerns at the time it bid for the contract and how it now worked with the CCG to seek improvements. This process began at the start of the group's temporary contract in April 2013 and had resulted in a full service review being commenced when the longer term contract was awarded in April 2015. This review was due to be completed at the end of 2015 and the practice management would have a clear idea of areas where improvements could be made and identify actions that needed to be taken. Management and GPs expected to see year on year improvement and were committed to achieving this with the CCG.

As part of its commitment to improvement, the practice had started to carry out clinical audits to determine reasons where data showed below average indicators. For example, a dementia audit was completed to identify patients with a possible diagnosis of dementia where there may have been errors in coding. This may have contributed to the low rates of dementia diagnosis on practice registers. The results of the audit showed that some patients had been coded with a dementia diagnosis and had not been included in the QOF report. These clinical audits were carried out as part of the practice's wider programme for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. They include an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards were being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met. In conjunction with the group, the practice participated in applicable local audits, national benchmarking, accreditation and peer review.

Are services effective?

(for example, treatment is effective)

We reviewed an audit carried out in July 2014 and repeated in April 2015 into the prescribing of hypnotic medicines. These are medicines that can be prescribed to reduce tension and anxiety and induce calm or sleep. During that time, the practice had reviewed the medicines of every patient who received a hypnotic medicine and had been able to reduce the prescribing of such medicines by 10%. The practice also introduced a new procedure for more closely monitoring the issue of such prescriptions as the audit identified a prescription that had been issued to a patient early.

Effective staffing

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

- The practice used the comprehensive corporate induction programme devised nationally by the group. This was linked to their corporate training programme and included topics such as safeguarding, confidentiality and health and safety.
- The group's corporate staff appraisal system was used to identify and meet training and development needs staff had. All staff had received an appraisal within the last 12 months, although one staff member we spoke with had not received a copy of this appraisal after the event.
- We examined training records which demonstrated staff received training and regular updates. Training was delivered within the group on a local and regional basis, delivered in conjunction with other group services. Staff we spoke with told us that training was very well organised and readily available.

Coordinating patient care and information sharing

GPs and management at Broad Lane Surgery were able to explain how all relevant information the practice needed to plan and deliver care was readily available through the practice's patient record system and the intranet systems used by the practice and the group. Examples included care and risk assessments, care plans, medical records and test results. Information such as patient leaflets produced by the NHS and Virgin Care were also available. All relevant information was shared in a timely way such as when patients were referred to other services.

Management staff explained how the practice worked with other health and social care services to understand and meet patient's needs 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

During our inspection, clinical staff told us how they obtained 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 clinical staff provided care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. We saw evidence of written consent given by a patient in advance of minor surgery that confirmed this. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. All consent was obtained and records made in line with the group's national policies and procedures.

Clinical staff understood the need to consider Gillick competence when providing care and treatment to young people under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Health promotion and prevention

All new patients who registered with Broad Lane Surgery were offered a new patient health check. NHS health checks were also available to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. Since April 2015, the practice had completed checks on 38% of its eligible patients. At the time of our inspection, this was the second highest within Coventry. GPs explained how patients were followed up with further investigations within two weeks if they had risk factors for disease identified at the health check.

In our discussions with clinical staff, it was apparent how they would use contact with patients to take opportunities to promote steps that could be taken towards increased

Are services effective?

(for example, treatment is effective)

physical and mental health and wellbeing. For example, to recommend smoking cessation or the cervical screening service. Over the last 12 months, the practice had recorded blood pressure checks for 63% of its working age patients.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84%, which was above the national average of 81.88%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and identified patients who were high risk.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged 79.02% which was below the CCG average of 98.2% and those for five year olds averaged 76.92%, below the CCG average of 92.3%. When we raised

this with the practice management, this was investigated whilst our inspection was still in progress. Practice management realised there had been a coding issue and some immunisations had not been recorded in this data, although they had been correctly recorded on patient records. Practice management intended to rectify this after our inspection and calculated the percentage completed whilst our inspection was in progress.

Flu vaccination rates for 2014-2015 were above average. The rate for the over 65's was 73%, just above the average of 72.6% for the CCG. The rate for those groups considered to be at risk was 60.9% which was higher than the CCG average of 54%. A Saturday morning flu vaccination clinic was available for the 2015-2016 flu vaccination programme.

Over the last 12 months, the practice had given smoking cessation advice to 23% of its patients who smoked. Of those given advice, 9% had stopped smoking.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection, we witnessed that members of staff were courteous and helpful to patients both those seen in person at the reception desk and on the telephone. Patients were treated with dignity and respect. Staff we spoke with told us how this was seen as a priority. There were curtains in consulting rooms which could be closed to ensure that patients' privacy and dignity was maintained during examinations, investigations and treatments. We saw that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Patients were able to discuss sensitive issues in private away from the reception area if they wished to do so.

The 12 patients we spoke with were all positive about the standard of care they received from the practice and the way they were treated. They told us that staff were respectful and friendly and said they received excellent care from clinical staff. This differed from some of the results in the GP national patient survey. Two patients told us at times it could be difficult to see the same doctor.

Results from the national GP patient survey in July 2015 showed the practice scored results that were mostly below average in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 75% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 69% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The practice reviewed patient survey results and had an action plan in place to identify and monitor areas that needed improvement. These had also been picked up in the service review which began in April 2015 and was still being carried out at the time of our inspection. For example, reception staff were given customer service training. In February 2015, the concerns about GPs treating patients with care and concern were discussed in the monthly meeting of clinical staff. GPs and nurses were reminded of the need to treat all patients with dignity and respect. The decisions were also made to use the same locum staff as much as possible, to carry out audits of patients consultations and for GPs to peer review each other's consultations techniques.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they were 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 treatment choices explained to them. This differed from some of the results in the GP national patient survey.

Results from the July 2015 national GP patient survey showed that many patients surveyed had not responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 74% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 60% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.
- 91% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 79% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Are services caring?

As part of the patient survey action plan, these areas had been discussed in the monthly meeting of clinical staff held in February 2015. This included ways to ensure patients were included when decisions about their care were made and the reasons and options for proposed tests and treatments.

For patients who did not have English as a first language, staff had access to a translation service. We saw notices in the reception area to inform patients this service was available. We also noted that all practice staff had completed equality and diversity training. This included awareness that all patients received care and treatment specific to their needs, irrespective of race, gender, disability, religion or belief, sexual orientation and age.

Patient and carer support to cope emotionally with care and treatment

During our inspection we saw information displayed in the patient waiting room about a range of support groups and organisations. This included support during a time of bereavement. GPs told us that such patients would be signposted to appropriate services and the care they were provided with by the practice would be reviewed.

The practice actively identified patients who were carers and a note was placed on their patient records. The practice supported these patients by signposting them to relevant organisations who could offer support, by offering health checks, flu vaccinations and referrals for social services support. Patients were also reviewed following hospital discharge and support provided by the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took part in regular meetings with NHS England and worked with the local clinical commissioning group (CCG) to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- The practice undertook 24 hour blood pressure monitoring for relevant patients. This reduced the number of appointments they needed at the practice and alerted clinicians to some medical problems in a more timely way.
- GPs and practice nurses made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Following feedback from patients, the practice opened its building earlier in the morning for those attending the first appointments and also introduced an open surgery session with an advanced nurse practitioner at this time for patients who urgently needed to see a clinician.
- The practice used social media to promote its services locally. This included sites such as 'My Eastern' for residents of Eastern Green.
- A full service review began in April 2015 and was due to be completed at the end of 2015. This was due to examine all services offered by the practice and levels of patient demand. This would result in an action plan being devised by the practice to detail how it intended to make improvements during the length of the contract for the service.
- The practice actively worked with local care homes and community matrons to reduce unavoidable hospital admissions.
- The practice had a close working relationship with social services and the local health visiting team regarding 'looked after' children who were registered at the practice. Concerns were regularly reviewed in multi-disciplinary meetings.
- The practice worked with patients to ensure they had a full understanding of their condition, its implications and its management and treatment. This included an understanding of the nature of the condition, the reason for an annual review and discussed the longer term management plan.
- Extended hours appointment times were available from 6.30pm to 8.30pm on Wednesday evenings, which was helpful for those patients who had work commitments.

Access to the service

The practice was open between 8am and 6.30pm on weekdays. Appointments were available from 8.30am to 6.30pm and extended hours opening was provided until 8.30pm on Wednesdays. There was an open surgery led by an advanced nurse practitioner (who was able to issue prescriptions) every morning from 8.30am to 12.30pm. Patients would be referred to a GP if required. The practice also ran a flu vaccination clinic on Saturday mornings for the 2015-2016 flu vaccination programme. Telephone appointments were also available for those unable to attend the practice and home visits were available for patients who were too ill to attend the practice for appointments. There was also an online service which allowed patients to book appointments.

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes and heart disease. A Phlebotomy (blood taking) clinic was also available.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients and was available on the practice's website. The practice worked closely with the local walk-in-centre as this was also operated by the group.

Are services responsive to people's needs?

(for example, to feedback?)

There were disabled facilities, hearing loop and translation services available. In house training was provided to ensure all staff understood how the aids and translation service operated. Baby changing facilities were also available.

Results from the July 2015 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly below local and national averages. For example:

- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and national average of 74%.
- 44% patients described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 60% and national average of 73%.

We discussed this with the practice management and GPs. They explained how the practice had made a number of changes in response to this since the survey was published. On-line appointment booking was introduced in March 2015 which had reduced the demand on the telephone system. The open surgery led by an advanced nurse practitioner was also introduced in response to this and had reduced some of the demand on GP appointments.

Patients we spoke with were generally happy with the appointment system and said the morning open surgery had made it easier to see a clinician or obtain an appointment if they preferred to see a GP. Practice management told us the nurse led clinic had been a cultural shift for patients as they had only previously been used to a GP issuing a prescription and whilst it had taken time to become established, patients were now beginning to realise that seeing a nurse instead of a GP was a viable alternative.

Listening and learning from concerns and complaints

Broad Lane Surgery had a system in place for handling complaints and concerns. Their complaints policy and procedures was used nationally by the group and was in line with recognised guidance and contractual obligations for GPs in England.

During our inspection we found that there was an open and transparent approach towards complaints. Accessible information was provided to help patients understand the complaints system on the practice's website and in the corporate group complaints leaflet made available at the practice. Patients we spoke with told us they knew how to make a complaint, but had not needed to do so.

A total of eight complaints had been received during the previous 12 months and an annual reviews of complaints had been carried out to identify themes or trends. This was also submitted to the group and fed into a regional and national analysis of complaints and trends which was shared with staff. We saw evidence that complaints were also discussed at practice team meetings.

We found that all complaints had been dealt with promptly with responses to and outcomes of the complaints clearly recorded. We noted a letter of apology from the practice management had been sent to a patient in response to that patient's concerns.

We saw evidence that showed lessons learned from individual complaints had been acted on. This had included for example, changes to procedures where they had been identified as a result of a complaint or a concern. For example, when a patient complained about finding it difficult to have a home visit, the process for home visits was reviewed and simplified.

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

Broad Lane Surgery aligned to the corporate goals and vision of the group. For 2015-2016 this focussed on providing a high quality service that delivers great care and on improving services and developing staff.

These values were displayed on publicity produced by the group and were displayed in the waiting room. Staff referred to them during our discussions and it was evident these values occupied a crucial role in the management and organisation of the practice. We looked at a copy of the practice's statement of purpose. This told us that the mission statement of the practice was to 'provide patients with high quality, easy and convenient access to a GP or nurse when they need it'. This was also referred to in our discussions with staff. We saw the practice had a robust strategy and supporting business plan which reflected the vision and values of the practice and ensured that these were regularly monitored.

Governance arrangements

The practice had a governance framework in place that 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. Staff were also aware of how their roles fitted into the group's regional and national structure.
- Practice specific policies were implemented and were available to all staff. Many of these were devised by the group and then tailored locally when needed to meet the specific requirements of Broad Lane Surgery.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice. Objectives for this programme were set by the group.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve

outcomes. The practice score for 2013-2014 was 80.9%. This was below the average of 96.1% for the Coventry and Rugby Clinical Commissioning Group (CCG). There was 4.8% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- There were procedures and arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice discussed this information in their regular staff meetings and reported it to the group regionally. We saw minutes of these meetings and noted that complaints, significant events and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.
- The practice carried out internal inspection audits every six months to monitor Care Quality Commission (CQC) compliance.

Leadership, openness and transparency

During our inspection, we saw the GP and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The GPs and management team were visible in the practice and staff told us that they could be approached about any subject.

Staff told us that regular team meetings were held. Staff confirmed they could raise any concerns at any time or wait until the staff meeting if they preferred. Staff we spoke with said they would be listened to and felt valued within the organisation.

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

Broad Street Surgery encouraged feedback from patients and used this to plan improvements within the practice and to the service they provided patients with. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

Are services well-led?

Good 

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

The practice was committed to working in an inclusive way with the PPG to improve outcomes for patients. For example, PPG members had been invited to the practice on the day of our inspection and spoke openly with the inspection team. We saw how the PPG had been involved with the patient survey action plan and were proactive in making suggestions to improve the service offered to patients. For example, by opening the building earlier in the morning and promoting the introduction of on-line appointment booking earlier in 2015. It was planned to discuss the progress and conclusions of the service review during and after its completion.

Progress was being made with actions identified in the practice action plan and more were expected to be identified during the service review that was being carried out at the time of our inspection.

We examined the results of the NHS Friends and Family Test. This showed that 93% of patients were either extremely likely or likely to recommend the practice to friends and family since the survey began in December 2014.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff were also encouraged to complete the group's 'have your say' survey which was analysed nationally. Staff we spoke with told us they felt listened to by management.