

# Copsewood Medical Centre

## Quality Report

95 Momus Boulevard, Coventry,  
CV2 5NB

Tel: 024 7645 7497

Website: [www.copsewoodmedicalcentre.nhs.uk](http://www.copsewoodmedicalcentre.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 Copsewood Medical Centre on 29 March 2016. 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 said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The building had recently been extended and improved at the time of our inspection.
- There was a clear leadership structure and staff felt supported by management. Staff turnover was very low and many members of staff had worked at the practice long-term. The practice proactively sought feedback from staff and patients, which it acted on.

We saw the following area of outstanding practice:

- The practice promoted their support for carers proactively. This included: information stands at flu clinics to identify 'hidden' carers; the facilitation of a weekly drop-in carer advice clinic, implementing and maintaining a Carer's Corner display board, the

# Summary of findings

introduction of a 'how to register with the practice' as a carer page on the practice website; provided carer awareness training for staff and health checks for carers.

The area where the provider should make improvement is:

- Provide the Patient Participation Group (PPG) with clear guidance about their role.

**Professor Steve Field CBE FRCP FFPH FRCGP**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. They were regularly reviewed in practice meetings.
- Lessons were shared amongst staff to make sure action was taken to improve safety in the practice. These were also shared as good practice in the GP federation the practice belonged to.
- When there were unintended or unexpected safety incidents, patients received support, an explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again and incidents were reviewed to ensure they were not repeated.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Clinical audits were used to identify areas of improvement and were acted upon.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were actively encouraged to develop their professional qualifications.
- There was evidence of appraisals and personal development plans for all staff.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for some aspects of care.
- Patients we spoke with and patients who completed comment cards before our inspection were completely positive about all aspects of care and treatment they received at the practice.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice promoted their support for carers proactively. This included: information stands at flu clinics to identify 'hidden' carers; the facilitation of a weekly drop-in carer advice clinic, implementing and maintaining a Carer's Corner display board, the introduction of a 'how to register with the practice' as a carer page on the practice website; provided carer awareness training for staff and health checks for carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had good facilities and was well equipped to treat patients and meet their needs. The building had recently been extended and improved at the time of our inspection.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. As a result of the recently completed building extension and improvements, the practice aimed to introduce extended hours opening in 2016-2017.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. A practice business plan was in place for 2016-2019 which identified areas for improvement, for example, the addition of a third GP partner.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- 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 appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, but did not have clear guidance for their role.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population and offered home visits for those unable to reach the practice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- Care plans were in place with the most vulnerable older patients and used with multi-disciplinary teams to reduce unplanned hospital admissions.
- The practice was part of the Care Home Enhanced Service Specification (CHESS). This reduced unplanned hospital admissions and provided additional support for older people who lived in care homes.
- Palliative care (end of life) patients were placed on the palliative care register and had their care needs reviewed every 6-8 weeks.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and had undertaken additional training for this role. Patients at risk of hospital admission were identified as a priority.
- Outcomes for patients with long term conditions were generally above average for the Clinical Commissioning Group (CCG).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- Outcomes for areas such as child vaccinations and cervical screening were above average for the Clinical Commissioning Group (CCG).
- The practice had a policy providing same day appointments for children.
- 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. The practice ran baby clinics and offered appointments with the midwife who visited the practice weekly.
- Family planning services were available.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Telephone consultations were available for patients who were unable to reach the practice during the day.
- Extended hours opening was planned to be introduced during 2016-2017.

Good



## People whose circumstances may make them vulnerable

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, asylum seekers and those with a learning disability.
- Patients who were asylum seekers had double length appointments and an interpreter booked.

Good





# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice identified and closely monitored vulnerable patients who frequently attended accident and emergency (A&E).
- The practice promoted their support for carers proactively. This included: information stands at flu clinics to identify 'hidden' carers; the facilitation of a weekly drop-in carer advice clinic, implementing and maintaining a Carer's Corner display board, the introduction of a 'how to register with the practice' as a carer page on the practice website; provided carer awareness training for staff and health checks for carers.
- The practice worked with the locally based Heart of England Carers Trust to provide additional support for patients who were carers.

## 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).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had helped patients who experienced 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 accident and emergency where they may have been experiencing poor mental health.
- 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 published in January 2016 showed the practice performance was mixed when compared with local and national averages. There were 299 questionnaires issued and 109 responses which represented a response rate of 36%. Results showed:

- 80% 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%.
- 83% found the receptionists at this practice helpful compared with a CCG average and a national average of 87%.
- 78% 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%.
- 96% said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 73% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.

- 76% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 61% and a national average of 65%.
- 61% feel they did not normally have to wait too long to be seen compared with a CCG average of 56% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection. We received 38 comment cards. Of these, all were completely positive about the standard of care received. Patients were very complimentary about the practice and commented that they could easily obtain appointments, the telephone consultations were useful and GPs were friendly and approachable.

We spoke with six patients during the inspection who were all very positive about the service they received. One patient was a member of the Patient Participation Group (PPG). This is a group of patients registered with the practice who work with the practice to improve services and the quality of care. All patients we spoke with were overwhelmingly positive about all aspects of the practice.

## Areas for improvement

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

- Provide the Patient Participation Group (PPG) with clear guidance about their role.

## Outstanding practice

- The practice promoted their support for carers proactively. This included: information stands at flu clinics to identify 'hidden' carers; the facilitation of a weekly drop-in carer advice clinic, implementing and maintaining a Carer's Corner display board, the

introduction of a 'how to register with the practice' as a carer page on the practice website; provided carer awareness training for staff and health checks for carers.

# Copsewood Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team 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 Copewood Medical Centre

Copsewood Medical Centre is located in the Binley district of Coventry. The practice is run as a partnership and provides primary medical services to patients in a suburban area.

The practice was formed in the 1980s and is housed in a converted bungalow. This has recently been extended and improved. Building works were completed a few days before our inspection took place. There were 4,500 patients registered with the practice at the time of the inspection. The practice has a high number of elderly patients, this included a number who lived in local care homes and also a number of asylum seekers registered.

Copsewood Medical Centre has a General Medical Services (GMS) contract with NHS England. The PMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. It is part of a local GP federation, a group of practices that work together to improve services and outcomes for patients.

The practice has two partner GPs and one salaried GP (all female), a trainee GP (male) and three part-time practice

nurses. They are supported by a practice manager, a practice performance lead and administrative and reception staff. The practice also employed an apprentice who was training in NVQ Level 3 business administration.

The practice is open from 8.30am to 12.30pm and from 1pm to 6pm during the week. Appointments are available from 8.45am to 12pm and from 2.30pm to 6pm. A duty GP is also available between these times for emergencies. Extended hours appointments are not currently offered, but the practice planned to introduce these during 2016-2017 following the completion of building works to improve the practice. When the practice is closed, patients can access out of hours care through NHS 111. The practice has a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet. The practice website also referred patients to use the local walk in centre when the practice was closed.

Home visits 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 telephone the practice.

The practice recently became an approved training practice for doctors who wish to become GPs. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The practice treats patients of all ages and provides a range of medical services. This includes minor surgery and disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care, family planning and smoking cessation.

# 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.

## How we carried out this inspection

Before our inspection of Copsewood Medical Centre 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) and NHS England area team to request 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 29 March 2016. During our inspection we spoke with a range of staff that included GPs, the practice manager, the practice performance manager, practice nurses and reception staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with 6 patients,

including one member 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.

We observed how staff interacted with patients who visited the practice and reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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

Copsewood Medical Centre had an effective system in place for reporting and recording significant events.

- An incident reporting procedure was in place to capture full details of all significant events and ensure they were fully investigated, resolved and points for learning identified.
- Seven significant events had been recorded within the last 12 months, all of which had been correctly recorded and investigated.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of all significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, when a patient was prescribed a particular medicine for longer than they should have been, additional measures were put in place for repeat prescriptions to ensure this could not happen again. This patient was not at risk and was given a full explanation.

We were satisfied that when there were unintended or unexpected safety incidents, patients received support, an explanation, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had processes and practices in place to keep patients safe. They included:

- Procedures to safeguard adults and children who were at risk of abuse. This reflected relevant legislation and local requirements issued by Coventry City Council. Staff explained how all policies were accessible to them and we saw how this information was clearly available for staff to refer to in the reception area.
- There were safeguarding policies which listed who should be contacted for further guidance if staff had concerns about a patient's welfare. There was a lead

member of staff for safeguarding and all staff had received appropriate training. The lead GP attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated during our discussions that they understood their responsibilities and all had received training relevant to their role.

- We were satisfied there were appropriate procedures in place for monitoring and managing risks to patients and staff. This included a health and safety policy. All electrical equipment was checked to ensure it was safe to use, the last check was carried out in March 2015 and had been booked again for April 2016. The practice had delayed this by one month due to the disruption caused by building work that had been carried out. Clinical equipment was also checked to ensure it was working properly. This was last carried out in March 2015 and was also scheduled to be checked in April 2016, having been delayed for the same reason.
- There were a range of other risk assessments in place to monitor safety of the premises such as fire safety, infection prevention and control and Legionella, (a term for particular bacteria which can contaminate water systems in buildings). A Legionella risk assessment and test had been carried out in February 2016.
- Notices were displayed in treatment rooms to inform patients that chaperones were available if required. (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). Practice management told us notices were normally displayed in the waiting room and we were shown a sample poster. Due to the new waiting room having been opened in the days immediately before our inspection, notices were still waiting to be displayed. 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.
- Suitable measures were in place to ensure the required levels of cleanliness and hygiene were met and maintained. During our inspection we noted that the premises were visibly clean and tidy. One of the practice nurses was the infection control lead and liaised with

## Are services safe?

the local infection prevention and control teams to keep up to date with best practice. The practice had an infection control protocol in place and we saw evidence that staff had received up to date training. Annual infection control audits were undertaken and we saw action was taken to address any improvements identified as a result. The latest infection control audit had been carried out in June 2015. This identified minor points for action that had been dealt with promptly.

- We saw there were 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. Regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms were securely stored, this included those for use in computer printers and there were systems in place to monitor their use.
- We examined staff records to ensure recruitment checks had been carried out in line with legal requirements. We saw that appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a staffing levels assessment in place. This identified minimum staffing levels and a policy to plan and monitor the number and range of staff on duty each day to meet patients' needs. There was a rota system in place for the different staff groups to ensure enough staff were available during the times the practice was open. Staff told us they covered for each other at holiday periods and at short notice when colleagues were unable to work due to sickness. There were guidelines for long term unpredictable staff absences. Locum GPs were used when GPs were absent. The practice tried to use the same locum GPs, but when this wasn't possible, new locum GPs were fully introduced to the practice and a locum induction pack was used to facilitate this.

- The practice had up to date fire risk assessments and regular fire drills were carried out. The fire risk assessment was due to be completed again following the completion of the practice building works. There was also an emergency evacuation plan in place.

### 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have a defibrillator available on the premises, but had oxygen with adult and children's masks. A first aid kit and accident book were available. The practice had completed a formal risk assessment for not having a defibrillator.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were found to be in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of this were kept in the homes of key staff.
- We reviewed three incidents when a building contractor had cut off power to the practice without warning during the recent building work. The practice had followed the medicines 'cold chain' procedure correctly. This meant medicines were stored at the correct temperature and ensured that medicines unfit for patient use were identified and isolated. (Practice staff described how they would dispose of these according to the procedure when able to do so.)



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out patients' assessments and treatments in line with relevant and current evidence based guidance and standards. This included best practice guidelines issued by the National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and for producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. There were systems in place to ensure all clinical staff were kept up to date of the latest clinical guidance and advice. Monitoring carried out by the practice ensured these clinical guidelines were followed. This monitoring included risk assessments, audits and random sample checks of patient records. Clinical staff told us they used NICE guidance and actioned recommendations when appropriate.

### Management, monitoring and improving outcomes for people

Copsewood Medical Centre participated in the Quality and Outcomes Framework (QOF) scheme. 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 practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 99% of the total number of points available, with 9% exception reporting. This was above the CCG average of 95%. 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 2014-2015 showed:

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 80% which compared with the CCG average of 91%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 93% which was higher than the CCG average of 84%.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 83% which was the same as the CCG average of 83%.

Performance for diabetes related indicators such as patients who had received an annual review was 96% which was higher than the national average of 82%.

There was a system for completing clinical audits in place and used by the practice. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. One of these examined diabetic patients who received insulin. In the initial audit carried out in November 2015, two patients were identified who needed further investigation with insulin management with a view to reducing the dose taken. When the audit cycle was carried out again in March 2016, one further patient was identified. The practice put measures in place to review these patients quarterly in the future. The practice also participated in appropriate local audits, national benchmarking, accreditation and peer review. Findings were used by the practice to improve services.

### Effective staffing

During our inspection we reviewed evidence and had discussions which showed that staff had the skills, knowledge and experience to deliver effective care and treatment.

- Practice staff received relevant training that included medical terminology for non-clinical staff, infection control, safeguarding, fire procedures and basic life support.
- Staff learning needs were identified through appraisals, meetings and reviews of practice development needs. Any personal objectives set were aligned to objectives applied to the practice, for example, to develop and maintain skills to maximise staff retention.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff were encouraged to develop their professional qualifications and we saw a number of staff were undertaking additional training with the support of the practice. The practice also employed an apprentice who was training in NVQ Level 3 business administration.
- There was an induction programme for newly appointed staff that covered topics such as patient confidentiality, safeguarding and health and safety. This included locum GPs.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. GPs and practice management told us they had experienced difficulty assessing the local health visiting team and discussed ways they had tried to resolve this and measures to attempt to do so in the future.

### Consent to care and treatment

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

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Patients who experienced mental health difficulties were referred to the Improving Access to Psychological Therapies Service (IAPT). Their counsellor visited the practice weekly.
- Smoking cessation advice was available at the practice.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG and national averages. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds were also 100%. This was above the CCG average which ranged from 97% to 98%.

Flu vaccination rates for the over 65s were 67%, and at risk groups were 64%. These were also comparable to the CCG averages of 68% and 63% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. 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

### Respect, dignity, compassion and empathy

During our inspection of Copsewood Medical Centre, we saw that staff were polite and helpful to patients at the reception desk and on the telephone. We noted that patients were treated with dignity and respect. This was supported by comments we received from patients who completed comment cards and those we spoke with. We saw that curtains were provided in consulting rooms so that patients' privacy and dignity could be maintained during examination, investigation and treatment. The doors to consultation and treatment rooms were closed during consultations and conversations that took place in these rooms could not be overheard from the outside. Reception staff told us how they could offer patients a private room if they wanted to discuss something with staff away from the reception area.

Before our inspection took place, patients completed 38 comment cards. They were all completely positive about all aspects of care at the practice and the practice GPs, nurses and other staff. Patients told us it was easy to obtain appointments, it was easy to get through to the practice on the telephone and the standard of telephone consultations was very good. Some patients told us they felt they mattered and were important to staff. Patients also said clinical staff were friendly, approachable and had a respectful attitude at all times.

The results from the January 2016 national GP patient survey showed the practice scored results that were similar to Clinical Commissioning Group (CCG) and national averages in relation to patients' experience of the practice and some of the satisfaction scores on consultations with doctors and nurses. For example:

- 94% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.

We spoke with the GP and practice management about the patient survey results. They told us how the practice had been looking at ways to increase GP availability and improve the service it offered to patients. Telephone consultations had recently been introduced to increase GP availability and these had been well-received by patients. The recent improvements made to the practice building were partially made in response to this. Comments we received from patients supported this. The GP and practice management said they would continue to monitor patient satisfaction.

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

Information we received from patients through the comment cards and in person confirmed health issues were fully discussed with them. Patients said they were fully involved in decision making about the care and treatment they received. Patients gave us mixed answers about whether they felt listened to and supported by staff and whether they were given enough information to enable them to make informed decisions about the choices of treatment available to them.

Results from the January 2016 national GP patient survey showed some patients surveyed had responded in a mixed way to some questions about their involvement in planning and making decisions about their care and treatment. This differed from comments made by patients on the day of our inspection. For example:

- 84% said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.
- 83% of patients found the receptionists at this practice helpful compared to the CCG average of 87% and the national average of 87%.

## Are services caring?

GPs and practice management told us they frequently discussed these aspects of patient satisfaction and we saw evidence to confirm this. The practice had arranged training on communication skills and also on how to manage difficult interactions with patients.

Patients we spoke with told us that when they had their medicines reviewed, the GPs took time to explain the reasons for any change that was needed and any possible side-effects and implications of their condition.

Staff told us that they were able to speak a range of languages used in the local community and they did not often have to use a translation services for patients who did not speak English as a first language, although this was usually arranged for asylum seekers.

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

We saw notices in the patient waiting room which explained to patients how to access a number of support groups and organisations. Patients who were carers were

actively identified and comprised of 1.4% of the patient list. The practice worked with the locally based Heart of England Carers Trust to provide additional support for patients who were carers. The practice promoted their support for carers in a variety of ways:

- Information stands at flu clinics to identify 'hidden' carers.
- Facilitated a weekly drop-in carer advice clinic.
- Implemented and maintained a Carer's Corner display board.
- Introduced a 'how to register with the practice' as a carer page on the practice website.
- Provided carer awareness training for staff.
- Provided health checks for carers.

The GPs told us that if families had experienced bereavement the practice telephoned them to offer support and information about sources of help and advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Copsewood Medical Centre was involved with regular meetings with NHS England and worked with the local Coventry and Rugby Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. 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. We saw evidence the practice planned and delivered its services to take into account the needs of different patient groups and to ensure flexibility, choice and continuity of care. For example:

- Care plans were in place for 100% of patients in care homes, 100% of patients with severe mental health problems and 100% of patients on the avoiding unplanned hospital admissions register.
- Six-monthly or annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, patients with learning disabilities, and those experiencing mental health problems including dementia.
- GPs and practice nurses made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability. Longer appointments were also allocated to asylum seekers who may also need a translator.
- Urgent appointments were prioritised for children and patients with long term or serious medical conditions.
- The practice offered routine ante natal clinics, childhood immunisations, travel vaccinations and cervical screening.
- Telephone consultations had recently been introduced to increase GP availability and these had been well-received by patients. Comments we received from patients supported this.

- The practice was part of the Care Home Enhanced Service Specification (CHESS). This helped to reduce unplanned hospital admissions and provided additional support for older people who lived in care homes.
- Palliative care (end of life) patients were placed on the palliative care register and had their care needs reviewed every 6-8 weeks.

### Access to the service

Copsewood Medical Centre was open from 8.00am to 12pm and from 2.30pm to 6pm during the week. Appointments were available from 8.45am to 12pm and from 2.30pm to 6pm. A duty GP was also available between these times for emergencies. Extended hours appointments were not currently offered, but the practice planned to introduce these during 2016-2017 following the completion of building works to improve the practice. When the practice was closed, patients could access out of hours care through NHS 111. The practice had a recorded message on its telephone system to advise patients. This information is also available on the practice's website and in the patient practice leaflet. The practice website also referred patients to use the local walk in centre when the practice was closed.

Telephone consultations were also available during practice opening hours and walk-in flu vaccination clinics were available every Saturday morning during October.

Home visits were available for patients who could not attend the practice for appointments. Patients could book appointments and order repeat prescriptions on-line. The practice had previously offered mobile phone text message reminders for appointments, but at the time of our inspection had to suspend this service as a new provider was needed. The practice had started to identify a suitable provider.

Following the completion of the practice extension and improvements immediately before our inspection, accessible facilities for patients with physical disabilities were provided. A hearing loop to assist patients who used hearing aids and translation services were also available. The three GPs were able to speak five different languages so translation services were not regularly needed. They were usually arranged for appointments with asylum seekers however and double length appointments were allocated to these patients.

# Are services responsive to people's needs?

## (for example, to feedback?)

The results from the January 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mainly above local and national averages. For example:

- 80% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
  - 73% of patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
  - 76% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

### Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. It was mentioned in the practice patient leaflet and notices were shortly to be displayed in the newly built patient waiting room.
- A total of 11 complaints had been received within the last 12 months.

We looked at two complaints received in the last 12 months and they had been handled in a satisfactory way.

Complaints were dealt with according to the procedure and patients received a timely explanation and apology when due. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had been made fully accessible for wheelchairs and baby buggies following concerns raised about a lack of disabled access.

# 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

Copsewood Medical Centre had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had clearly defined mission statement which was displayed in literature produced by the practice and on its website – to provide the best possible care for the practice within a safe and confidential environment.
- Staff knew and understood the practice values and referred to them during our inspection.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Throughout our discussions with clinical, managerial and administrative staff during our inspection, it was evident the practice aimed to provide a consistently high standard of care for its patients. This was also reflected in the positive comments we received from patients who completed the patient comment cards before our inspection and from patients who spoke with us on the day.

### Governance arrangements

The practice had a governance framework in place to facilitate the delivery of its strategy and provide high quality care for its patients. This ensured that:

- Quality and Outcomes Framework (QOF) was used to measure practice performance. QOF is a national performance measurement tool. QOF data for this practice showed that in all relevant services it was performing above or in line with local and national standards. We saw the practice had a QOF lead and that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes.
- There was a clear staff structure and all staff were aware of their own roles and responsibilities, those of others and of the lines of responsibility for reporting. Within the last 12 months the previous long-term practice manager had retired and changes were made to management roles and functions as a result of this. Staff told us the changes had been positive for the management of the practice and had further improved the already excellent management the practice had enjoyed in the past.

- A practice business plan was in place for 2016-2019 which identified areas of improvement and development for the practice, for example to offer places to foundation year trainee doctors and re-introduce an in-house physiotherapy service.
- Procedures and policies were implemented, regularly reviewed and were available to all staff. Staff we spoke with knew how to access these policies.
- There were policies and procedures in place for identifying, recording and managing risks and taking action to deal with these. Within the minutes of practice meetings we saw evidence that information was shared, discussions were held about areas that worked well and areas where improvements could be made.
- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings to confirm this. Staff we spoke with confirmed that complaints and significant events were discussed with them, along with any changes that needed to be made as a result.
- There was a programme of continuous clinical and internal audit in place. This monitored quality and highlighted areas that needed improvement within the services provided by the practice.

### Leadership and culture

The partners in 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. Staff told us the GP partners were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, an explanation and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

# Are services well-led?

Good 

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

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

- Staff told us the practice held regular team meetings. We saw evidence of this which included minutes of a weekly practice meeting.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they were respected, valued and supported, particularly by the partners in the practice. There was a low staff turnover and many staff had worked at the practice for 15 to 20 years; staff we spoke with told us this was due to the excellent environment within the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.) For example, with the recent improvements made to the building. However the PPG did not have terms of reference to assist with identifying its role and function.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with partner GPs and practice management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff were actively encouraged to further their professional training and development which was practically and financially supported by the practice.