

# Market Quarter Medical Practice

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

This practice is rated as requires improvement overall. The practice has not been inspected previously.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students) – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

People experiencing poor mental health (including people with dementia) - Requires improvement

This is because the areas of safe and responsive require improvement which affect all population groups.

We carried out an announced comprehensive inspection at Market Quarter Medical Practice on 10 January 2018 as part of our inspection programme.

At this inspection we found:

- The practice demonstrated that they had managed risk so that safety incidents were less likely to happen. We saw that when incidents did happen, the practice discussed these at clinical meetings and learned from them and improved their processes as a result. We noted that significant events had been investigated and learning had taken place.
- The practice had appropriate recruitment procedure in place. However, we noted that some records did not contain all the information required to demonstrate this had been followed and whilst the practice assured us that this had been obtained they were unable to provide evidence of this.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. We saw evidence that care and treatment was delivered according to evidence-based guidelines.
- Patients reported that staff involved them in decisions about their care and that they were treated with

# Summary of findings

compassion, kindness, dignity and respect. The patient participation group reported that the practice engaged well and responded to suggestions made by the group.

- The practice operated a triage list for patients who needed a consultation on the same day. This was in addition to on the day and pre-bookable appointments.
- There was a strong focus on continuous learning and improvement at all levels and a commitment to teaching and staff development. The practice was a teaching practice and had up to four GP registrars at any one time whom they supported.

The areas where the provider must make improvements are:

- Ensure specified information is available regarding each person employed.

The areas where the provider should make improvements are:

- Ensure complaints are a standard agenda item at meetings to ensure shared learning.
- Routinely offer health checks to all carers.
- Record any actions taken when a child on the risk register does not attend a hospital appointment.
- Continue to monitor the uptake of cervical screening.
- Continue to improve telephone and appointment access and monitor patient satisfaction regarding these areas.

**Professor Steve Field** CBE FRCP FF PH FRCGP

Chief Inspector of General Practice

# Summary of findings

## Areas for improvement

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

- Ensure specified information is available regarding each person employed.

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

- Ensure complaints are a standard agenda item at meetings to ensure shared learning.
- Routinely offer health checks to all carers.
- Record any actions taken when a child on the risk register does not attend a hospital appointment.
- Continue to monitor the uptake of cervical screening.
- Continue to improve telephone and appointment access and monitor patient satisfaction regarding these areas.

# Market Quarter Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector and included a GP specialist adviser.

## Background to Market Quarter Medical Practice

Market Quarter Medical Practice is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 7,500 patients living in the town centre and surrounding areas of Rugby. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a modern purpose built, two storey building with disabled access and parking. The reception area is spacious and allows easy access for patients using mobility aids. The building is shared with another GP practice and accommodates other community services such as Improving Access to Psychological Therapies (IAPT), Social Prescribing, a psychologist and Abdominal Aortic Aneurysm (AAA) screening and retinal screening.

The practice population has a higher than average number of patients aged 15-64 years. National data indicates that

the area is one that does not experience overall high levels of deprivation, although there are pockets of deprivation where patients experience high unemployment, drug and alcohol problems. The practice population is predominantly made up of white British patients with some Eastern European and Asian ethnic minority groups.

There are two GP partners, one male and one female and one salaried female GP. The practice employs a nurse consultant who is male, a practice nurse, a health care assistant and practice manager who are supported by a team of administration and reception staff. It is a training practice and at the time of our inspection there were three trainee GPs.

The practice offers a range of services including, minor surgery, long term condition monitoring, cervical cytology and child health services.

The practice is open on Monday to Friday from 8am until 6.30pm. The practice offered their own extended hours appointments on one Saturday each month from 9am until 12pm for their own patients. The premises was also used as the Rugby hub for the Coventry and Rugby Alliance extended hours service which gives all patients in the area access to primary care services from GPs and nurses six days a week until 9.30pm and every Saturday morning. There is also an option to be seen in a Coventry hub on Sunday mornings. When the practice is closed services are provided by the local out of hours provider by Care UK accessed via the NHS 111 service.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- We saw that the practice conducted safety risk assessments. There was a comprehensive range of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff and they outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. However, we noted whilst the practice recorded when children on the risk register did not attend hospital appointments there was not always a record of what action was taken by the practice.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment. Disclosure and Barring Service (DBS) checks were undertaken where required. (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). However, we noted that for one clinical member of staff a copy of the DBS check was not recorded in the staff records. The practice told us this had been carried out on appointment and the staff member confirmed that there had been one carried out but this had been mislaid and was not available to us as evidence. The practice confirmed they were applying for a new DBS for this member of staff.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.

- There was an effective system to manage infection prevention and control and we saw that a recent infection control audit had been undertaken.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions and we saw records to demonstrate this. There were systems for safely managing healthcare waste.

### Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- We saw evidence of an effective induction system for temporary and permanent staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The clinicians demonstrated comprehensive knowledge of how to identify and manage patients with severe infections, for example, sepsis and had ensured that reception staff were aware of warning signs. They were also planning specific training in this area and had discussed sepsis in clinical meetings.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

### Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. We saw that regular review had taken place and care had involved patients and their carers and reflected best practice.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- We saw that referral letters included all of the necessary information.

### Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and

## Are services safe?

equipment minimised risks. The practice had a system in place for recording all prescriptions which was appropriately maintained. We saw evidence which demonstrated that the GPs monitored patients appropriately prior to issuing repeat prescriptions. All medicines were stored securely and anaphylaxis kits were available in clinical rooms.

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. We saw that the practice had carried out audits on their prescribing patterns and made improvements on the previous year.
- Patients' health was monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in regular reviews of their medicines and records we reviewed confirmed this.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, regarding fire and health and safety. We saw evidence to demonstrate that equipment was calibrated and maintained appropriately.

- The practice monitored and reviewed activity which helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. We spoke with staff who demonstrated an understanding of their duty to raise concerns and report incidents and near misses. The GPs and practice manager supported staff when they needed to report significant events.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- The GP demonstrated knowledge of recent alerts and there was a system for receiving and acting on safety alerts and we saw that searches had taken place in response to alerts. We saw evidence that these were discussed at practice meetings.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice as good for providing effective services overall and across all population groups.**

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Both of the GP partners demonstrated comprehensive knowledge of the National Institute for Health and Care Excellence (NICE) guidelines and we saw several audits relating to NICE guidance. For example, treatment of suspected urinary tract infection.

- We saw that patients' needs were fully assessed which included both their clinical and mental and physical wellbeing.
- There was no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- The practice participated in an enhanced service for patients in a care home which allocated a specific GP as a contact for the home. This GP reviewed the discharge information of all patients in the home who attended hospital. The home had direct telephone access to the named GP and reception staff were aware of this and ensured the GP was made aware of any issues. The GP also carried out weekly visits to the care home.
- Since November 2017 the practice had been working with the community pharmacist and carried out comprehensive medication reviews for patients in care homes.
- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used a specific electronic frailty index on the clinical system to identify patients at risk.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

#### People with long-term conditions:

- We saw evidence to demonstrate that patients with long-term conditions had a received a structured annual review to check their health and medicines needs were being met and noted they were in line with current guidelines. For patients with the most complex needs, staff worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training, for example in respiratory conditions and diabetes.
- Data showed that patients with long term conditions such as high blood pressure, diabetes and COPD experienced care comparable to the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading was within the recommended levels was 81% compared to the CCG and national average of 78%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given was above the target percentage at 97% and above.
- Children under the age of five were prioritised when requesting an appointment.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. The practice had an assigned midwife who attended the practice twice weekly to provide antenatal care.

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

- The practice's uptake for cervical screening was 73%, which was less than the 80% coverage target for the national screening programme. At the time of these results the practice had a practice nurse who required



# Are services effective?

## (for example, treatment is effective)

training in cervical cytology. This had been completed and the practice had also recruited a locum practice nurse to provide this service and reported this figure has increased.

- The practice advertised availability of all relevant vaccines such as the flu vaccine and meningitis vaccine.
- The practice hosted the abdominal aortic aneurysm (AAA) screening service and encouraged attendance.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable and we saw evidence of this in patient records.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice hosted the 'Connect Well' social prescribing service and we saw leaflets for patients advertising the availability of this service. The social prescribing service, allowed patients who were alone and vulnerable to access help, advice and signposting to other relevant support services.

People experiencing poor mental health (including people with dementia):

- We saw evidence of comprehensive records of patients with dementia and mental health problems and regular review with involvement of patients and carers as well as interaction with the multi-disciplinary team and timely appropriate referral.
- Patients with mental health problems had a named clinician and could access them via telephone on the same day if their condition deteriorated. The GPs could also liaise with the consultant in mental health and the crisis team directly when necessary.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable with the CCG average of 88% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 90% compared to the CCG average of

91% and national average of 90%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 95% which was the same as the CCG and national average of 95%.

### Monitoring care and treatment

The practice monitored the quality and improvement activity provided to patients and routinely reviewed the effectiveness and appropriateness of care. Staff reviewed achievements to identify areas where more focus was required. Where appropriate, clinicians took part in local and national improvement initiatives, for example, the local social prescribing service.

The most recently published Quality Outcome Framework (QOF) results showed the practice had achieved 98% of the total number of points available compared with the CCG and national average of 96%. The overall exception reporting rate was 8% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, the nurse had undertaken cytology training and the health care assistant had undertaken training to provide compression bandaging.
- The practice provided staff with ongoing support. This included an induction process, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

# Are services effective?

(for example, treatment is effective)

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations were involved in assessing, planning and delivering care and treatment. The palliative care nurses were able to call the practice to speak to the GPs whenever they needed to if a patient's condition had deteriorated.
- We saw from records we reviewed that patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their health. We saw the practice provided a variety of leaflets with information regarding minor conditions, how to treat them and when to seek help and advice from the GP.
- Staff discussed changes to care or treatment with patients and their carers as necessary and we saw evidence of this in the records and from comments patients had left regarding the service.

## Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision. We saw the clinical staff had received training in the Mental Capacity Act 2005.
- The practice monitored the process for seeking consent appropriately. We saw the practice had a consent form which was completed and consent gained prior to procedures. The practice had also carried out an audit to ensure this was used appropriately.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Patients reported that staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- We saw information in the waiting area for patients regarding services and support organisations.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and there was a notice in reception advising patients of this facility.
- All of the 30 Care Quality Commission comment cards we received were positive about the care provided by the practice. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice. Patients reported that the GPs were caring, listened to their problems and put them at ease during consultations.

Results from the July 2017 annual National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. There were 278 surveys sent out and 95 returned which represented approximately 1% of the practice population. The practice results were comparable to the Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs. For example:

- 91% of patients who responded said the GP was good at listening to them compared with the CCG average of 87% and the national average of 89%.
- 84% of patients who responded said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw which was the same as the CCG and national average.
- 90% of patients who responded 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 86%.

- 87% of patients who responded said the nurse was good at listening to them compared to the CCG average of 90% and national average 91%.
- 91% of patients who responded said the nurse gave them enough time compared to the CCG and national averages of 90% and 91% respectively.
- 90% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG and national average of 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern which was lower than the CCG and national averages of 90% and 97% respectively.
- 76% of patients who responded said they found the receptionists at the practice helpful which was slightly below the CCG and national averages of 85% and 87% respectively.

The practice had addressed issues regarding slightly lower than average satisfaction with reception staff. The practice manager had discussed performance and customer service with staff involved and the chair of the patient participation group told us that this had improved since this action. They also reported that the GPs provided a high standard of clinical care and that patients were satisfied with the care they received.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. Staff communicated with patients in a way that they could understand. Communication aids were available such as a hearing loop.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- We saw a variety of leaflets and information advising patients of services and support groups available to them. We also noted that the practice provided leaflets to patients regarding referral information to advise them what to expect as well as tests, investigations, prescriptions, sick notes and follow up appointments.

## Are services caring?

The practice had identified patients who were carers. There were 106 patients on the carers register which represented over 1% of the practice population. The practice invited patients for flu vaccination and carried out health checks when patients presented as carers but did not routinely invite all carers for a health check. We saw in the reception area there was information regarding carers support organisations such as Guideposts, as well as information regarding the Admiral Nurses which provided carers and families of patients with dementia with support and advice.

Staff told us that if families had experienced bereavement the GP would decide whether a telephone contact or visit would be appropriate dependent on their previous contact with the family.

Results from the National GP Patient Survey of July 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 83% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.

- 86% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 92% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care which was compared to the CCG and national average of 85%.

Patients' comments we received also reported high levels of satisfaction with involvement in their care and treatment.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect. The practice had introduced measures to encourage patients to remain back from the reception desk whilst other patients were being attended to.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services across all population groups.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice had reviewed and understood the needs of its population and tailored services in response to those needs. For example, they had reviewed the appointment system in response to patient feedback. They allocated one third pre-bookable appointments, one third bookable by clinician only and one third bookable on the day. They had also introduced a triage list for patients who became unwell on the day.
- The practice improved services where possible in response to unmet needs. For example, the practice was aware of the increasing number of patients registered in care homes. They carried out weekly visits to the care homes and had started to work with the local medicines management adviser and were carrying out comprehensive medicine reviews to ensure medicines were promptly reviewed and appropriate.
- The practice had moved to purpose built premises in 2014 which provided facilities suitable to accommodate and allow easy access for patients with mobility, hearing and visual difficulties.
- We saw from care records and minutes of meetings that care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP who supported them in whatever setting they lived. The practice allocated a specific clinician to each care home and all discharge information was reviewed by them.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were

being appropriately met. The practice had allocated staff who managed the long term condition registers to ensure that these were maintained appropriately. Patients with multiple or more complex conditions were offered an extended appointment of 20 minutes.

- The practice held regular meetings with the local district nursing team and palliative care nurses to discuss and manage the needs of patients with complex medical issues. Patients who were unable to attend the practice were provided with domiciliary visits by the GP. Any patients identified with more complex conditions requiring additional support were referred to community specialist nurses.

#### Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances.
- Parents or guardians calling with concerns about a child under the age of five were prioritised and offered a same day appointment when necessary.
- The practice advertised sexual health screening and promoted the Meningitis vaccination to young teenage patients.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours. The practice offered extended hours appointments on Saturdays between 9am and 12 noon once a month. The premises were also a hub for the extended hours service provided by the Coventry and Rugby GP Alliance. This allowed patients from the practice and those across the area to book appointments between 6.30pm and 9.30pm and on Saturdays with a GP or nurse.
- Patients were able to access appointment online, on the telephone and by attending the practice.

#### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.



# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice had a clinician who could use sign language and Makaton if required. They had a clinical lead for mental health and learning disabilities.
- Annual reviews were offered which were allocated 30 minute appointments.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice carried out screening of patients at risk of dementia to detect early memory loss.
- The practice maintained close relationships with patients in residential and nursing homes locally to ensure these patients were supported.

### Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Patients had timely access to initial assessment, test results, diagnosis and treatment. One third of appointments were pre-bookable, one third were bookable by the clinician only and one third were on the day appointments in response to patient feedback. The practice maintained a daily triage list for any patients who needed to be seen on the day urgently.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of telephone access and experience of making an appointment.

There were 278 surveys sent out and 95 returned. This represented approximately 1% of the practice population.

- 73% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) and national average of 76%.

- 51% of patients who responded said they could get through easily to the practice by telephone compared to the CCG and national average of 71%.
- 80% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG and national averages of 83% and 84% respectively.
- 79% of patients who responded said their last appointment was convenient compared to the CCG average of 79% and national average of 81%.
- 51% of patients who responded described their experience of making an appointment as good which was lower than the CCG average of 71% and national average of 73%.
- 58% of patients who responded said they don't normally have to wait too long to be seen which was comparable with the CCG average of 54% and national average of 58%.

Patients reported experiencing good care but five of the CQC comment cards reported having difficulty accessing an appointment by telephone. The practice had acknowledged this feedback from patients and had amended their booking system and were also increasing their reception staff to provide more staff to answer the telephones in the future. They had also taken action by introducing a 'Call Centre' approach during busy times such as 8am until 11am. This involved staff members working in a separate office behind the reception area with designated staff to answer the telephone leaving reception staff to deal with patients attending the practice uninterrupted.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the reception area and the process was clear. The practice also had a process for capturing verbal complaints and staff we spoke with were aware of this. We saw that there was a comments and suggestions box in the waiting area.

## Are services responsive to people's needs? (for example, to feedback?)

- The complaint policy and procedures were in line with recognised guidance. The practice had received eight complaints in the last year. We reviewed these and found they had been satisfactorily handled in a timely way.
- The practice learned lessons from individual concerns and complaints and staff were involved and made

aware of the outcomes from complaints on an individual basis. However, we noted that complaints were not discussed as a whole or included as a routine agenda item at practice meetings to ensure learning was shared with all staff.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice as good for providing a well-led service.**

### Leadership capacity and capability

The GP partners had the capacity and skills to deliver high-quality, sustainable care.

- We found from discussions with the GP that they had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- Both GP partners demonstrated knowledge of the local area and issues and priorities relating to the quality and future of services. They understood the challenges in providing effective health care and were addressing them. For example, reviewing skill mix in the practice and introducing an assistant practice manager to deal with increasing workload in the practice.
- Staff told us that the GPs and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. The practice mission statement was to provide 'Modern Practice, Traditional Values'

- The partners had a clear strategy and were able to demonstrate how they intended to achieve their vision and values.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff told us they felt respected, supported and valued and enjoyed their work at the practice.

- All staff at the practice demonstrated that their focus was on the needs of patients.
- The practice had a complaints policy which was in line with national guidance. We saw that they addressed complaints and incidents with openness, honesty and transparency and engaged with patients. Staff involved were always informed and shared the learning from the outcome of complaints. However, we noted that complaints were not always discussed routinely at staff meetings. The practice manager informed us that they would include this as an agenda item in future meetings. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was an emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. We saw that staff had received equality and diversity training and staff told us they felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures that ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as safeguarding, mental health and long term conditions. The practice held clinical meetings every five to six weeks where significant events and other clinical issues were



# Are services well-led?

Good 

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

discussed. They also held informal meetings with partners and the practice manager fortnightly. All staff at the practice had their own email account and they were updated of relevant information as it occurred in between meetings.

- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had recruitment procedures which were appropriate, although we noted that some staff files did not contain all information required as set out in the practice recruitment procedure. For example, evidence of a DBS check and evidence of previous employment. The practice manager told us a DBS check had been carried out but the member of staff was unable to locate it. They had not recorded this in the records and therefore were not able to provide assurance of this. The practice had applied for a new DBS check for this member of staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice had above average achievement in the Quality and Outcomes Framework (QOF) and had allocated staff to continually review achievement and identify areas which required focus.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw risk assessments for legionella risks and appropriate actions had been taken.
- We saw evidence from the significant event and complaints log that lessons had been learnt and shared with staff.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance, although some of these processes would have benefitted from strengthening for example, regarding high risk medicine monitoring. However, following our inspection the practice carried out searches and audit to demonstrate that no patients had been at risk, results had been accessed and changes in the procedure implemented.

- There was a process to identify and address current and future risks including risks to patient safety.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place for business continuity in the event of a major incident and the GPs and practice manager kept copies of the plan off site.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice demonstrated good communication of quality and sustainability by regular discussion in relevant meetings where all staff had sufficient access to information. As well as meetings, daily communication via email was also used to ensure part time staff were kept up to date in a timely manner.
- The practice used performance information such as a prescribing dashboard and the QOF which was reported and monitored. Any areas requiring focus were highlighted and addressed by the appropriate staff.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

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Good 

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- The practice had a long established and active patient participation group (PPG). This was clearly advertised in the waiting area together with posters encouraging new members to join the group. There was a suggestion box in the waiting area which was introduced as a result of feedback from the PPG. Suggestions were recorded and discussed at PPG meetings and we saw that the practice responded to suggestions from patients. For example, patients had suggested that the use of the 'POD' for self-recording of blood pressure, height and weight would be more readily used if it was more private. As a result we saw that the practice had supplied a screen to provide privacy to patients using this facility. We spoke with the chair of the PPG who told us that the practice worked well with the PPG and listened to their suggestions for improvement. The PPG had worked to raise funds for patient facilities and had purchased high back chairs to assist patients with difficulty with their mobility.
- The practice had examined the results of the National Patient Survey of July 2017 which were in line with other practices in the area and nationally except for telephone access. They had discussed what measures were needed to improve this area and work was ongoing to address this but there was no subsequent survey to demonstrate the impact of this work.

- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The practice demonstrated a commitment to development and teaching. The GP trained up to four trainee GPs at one time and also supported medical students from the local university. All students and trainees were provided with individual rotas tailored to their learning needs.
- Staff knew about improvement methods and had the skills to use them. The practice had engaged in a Productive General Practice Improvement Programme where they had examined reasons for frequent attendance to the practice and patients who did not attend to promote productivity.
- The practice made use of internal and external reviews of incidents. Learning was shared and used to make improvements.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:</p> <p>They had not:</p> <ul style="list-style-type: none"><li>Ensured that staff files contained all relevant information to demonstrate the practice's recruitment process had been followed and complied with Schedule 3.</li></ul> <p>This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>