

Coventry Road Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

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 Coventry Road Medical Centre on 15 October 2015. Overall the practice is rated as good.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their

treatment. However, results from the national GP patient survey from 2 July 2015 showed that patient's responses were mixed. Satisfaction scores in relation to consultations with doctors and nurses were lower than local and national averages

- Information for patients about how to complain was not displayed in waiting areas although information was found in the practice leaflet. Patients we spoke with were unaware of the process to follow if they wished to make a complaint.
- Same day appointments were available for children and those with serious medical conditions.
- There was a clear leadership structure in place and staff we spoke with were motivated and felt supported by management. The practice had sought feedback from patients and had an active patient participation group in place.
- The practice had been a training practice for over eight years and three of the partners were qualified as GP trainers.

The areas where the provider must make improvements are:

Summary of findings

- Ensure a risk assessment is carried out to determine if it is safe to not keep nationally recommended emergency medicines at the practice. Risk assessments also need to be in place for not carrying medications when undertaking home visits.
- Ensure recruitment arrangements include all necessary employment checks for all staff such as evidence of satisfactory conduct in previous employment.
- Consider how patient feedback from the national patient survey is used to support improvement at the practice.
- Consider making information about how to complain more accessible for patients and keep records of verbal complaints received to ensure any trends can be easily identified

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

In addition the provider should:

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- There was a system in place for reporting and recording significant events.
- Outcomes and learning from significant events had been shared with staff and actions had been taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, the practice ensured that patients affected were fully informed with a verbal or written apology where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of pre-employment check relating to evidence of previous satisfactory conduct.
- Healthcare assistants who acted as chaperones had not all received a disclosure and barring check (DBS) at the time of the inspection. 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. In the absence of these DBS checks, risk assessments had also not taken place. The practice informed us after the inspection that all clinical staff had now been DBS checked and provided us with the DBS certificate reference numbers as evidence.

Requires improvement



Are services effective?

- Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. For example, the practice had achieved an overall Quality and Outcomes Framework (QOF) score of 98% for the year 2014/2015.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- There was evidence of clinical audits which demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.

Good



Summary of findings

- The practice was a training practice. Qualified GP trainers provided educational support to trainee GPs at the practice.
- There was evidence that regular multi-disciplinary team meetings took place with a range of healthcare professionals.

Are services caring?

Good



- Results from the national patient survey published on 2 July 2015 showed that patients rated the practice lower than local averages for several aspects of care. For example, consultations with GPs and nurses and helpfulness of reception staff.
- Feedback from patients about their care and treatment at the inspection was positive. Patients told us they felt that the practice staff including the GPs listened to them, were helpful and treated them with dignity and respect.

Are services responsive to people's needs?

Good



- The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available on the same day.
- Information about how to complain was available in the practice leaflet and evidence showed that the practice responded quickly to written complaints. However, verbal complaints were not recorded by the practice. Learning from written complaints received was shared with staff.

Are services well-led?

Good



- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 staff meetings.
- We saw evidence that practice specific policies as well as policies which were relevant to all four practice locations were implemented and were available to all staff.
- The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from patients and had a newly-established location-specific patient participation group (PPG).

Summary of findings

- The practice was a training practice and there was a strong focus on continuous learning and improvement at all levels.

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients with complex needs or recurrent admissions were discussed in monthly multi-disciplinary team meetings and offered extra support.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those patients with enhanced healthcare needs.
- Patients over 75 years of age were offered annual health reviews.
- Flu vaccination rates for the over 65s were 68% which was lower than the national average of 73%.

People with long term conditions

Good



- The GPs and nursing staff worked together in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place for people with long-term conditions.
- Performance for diabetes related indicators was slightly above the CCG and national average (overall practice average of 87% compared to a national average of 84%).
- Longer appointments and home visits were available when needed.
- Patients were offered a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, their named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were low for a number of the standard childhood immunisations. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 11% to 43% and five year olds from 52% to 90% for the practice which was much lower than the CCG rates

Summary of findings

of 80% to 95% and 87% to 96% respectively. The practice informed us that they were in discussions with the CCG regarding these figures as they believed this was being caused by a computer system error which was being investigated. 82%, which was the same as the national average of 82%.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to access appointments at times suitable to them at any of the four practices within the Heathford Group. One of the four practice locations also provided extended hours.
- Requests for repeat medicines could be ordered online

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Alerts were placed on patients care records so that staff were aware these patients may require a priority appointment or longer appointment times.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were able to demonstrate that they were aware of their responsibilities regarding safeguarding and had the appropriate knowledge to do this effectively. All staff had received training relevant to their role, for example GPs were trained to Safeguarding level 3.

People experiencing poor mental health (including people with dementia)

Good



- Performance for mental health related indicators was similar to the national average (practice average of 90% compared to a national average of 89%).

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia. The GPs had completed Mental Capacity Act 2005 training and understood the relevant consent and decision-making requirements of legislation and guidance.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The

national GP patient survey results published on 2 July 2015 showed the practice was below local and national averages in almost all aspects. There were 70 responses and a response rate of 15%.

- 48% found it easy to get through to this surgery by phone compared to the CCG average of 62% and a national average of 73%.
- 63% found the receptionists at this surgery helpful compared to the CCG average of 83% and a national average of 87%.
- 35% with a preferred GP were usually able to see or speak to that GP compared to the CCG average of 58% and a national average of 60%.
- 59% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and a national average of 85%.

- 67% said the last appointment they received was convenient compared to the CCG average of 90% and a national average of 92%.
- 46% described their experience of making an appointment as good compared to the CCG average of 67% and a national average of 73%.
- 28% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 62% and a national average of 65%.
- 23% felt they didn't normally have to wait too long to be seen compared to the CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards of which 42 were very positive about the standard of care received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure a risk assessment is carried out to determine if it is safe to not keep nationally recommended emergency medicines at the practice. Risk assessments also need to be in place for not carrying medications when undertaking home visits.
- Ensure recruitment arrangements include all necessary employment checks for all staff such as evidence of satisfactory conduct in previous employment.

Action the service **SHOULD** take to improve

- Consider how patient feedback from the national patient survey is used to support improvement at the practice.
- Consider making information about how to complain more accessible for patients and keep records of verbal complaints received to ensure any trends can be easily identified

Coventry Road 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 Coventry Road Medical Centre

Coventry Road Medical Centre provides primary medical services to approximately 5200 patients in the local community and is the largest of four registered practices under the provider known as Heathford Group. The site works closely with its three other locations two of which are located less than a mile away and patients are able to attend one of the other practice locations if necessary. Coventry Road Medical Centre has four registered GP partners (all male). In addition to the GP partners there are three female salaried GPs working at the practice (two whole time equivalent salaried GPs). Two practice nurses (one and a half whole time equivalent) work at the practice one of whom carries out cervical screening only. The clinical team is supported by a practice manager and an administration and reception team. Most reception staff are also trained as healthcare assistants (HCA). Only Coventry Road Medical Centre was inspected on this occasion. However one of the other sites (Ejaz Medical Centre) has previously been inspected.

Coventry Road Medical Centre is an approved training practice for trainee GPs. The practice has three qualified GP trainers who provide training to newly qualified doctors at the practice. The practice also provides medical education for Foundation Year Two (FY2) doctors. FY2 doctors undertake a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist and general practice training. The practice also provides training opportunities for student nurses wanting to gain experience of general practice.

The practice has a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice's patient profile is much younger than the national average with higher numbers of the patients aged 18 years or under and less numbers of patients aged 65 years or older. Data from Public Health England shows that the practice is located in an area where income deprivation is at the highest level.

The practice is open between 8.45am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. The practice opens from 8.45am to 12.30pm on Thursdays and is closed at weekends. Appointments are available from 9am to 12.30pm and 3pm to 6pm daily. Extended hours are not offered at this practice although patients are able to visit one of the other locations (Belchers Lane Surgery) which does offer extended hours once a week from 6.30pm to 9.30pm. Although the practice leaflet details the opening times for each of the four locations, some of this information is inaccurate and did not inform that Belchers

Detailed findings

Lane Surgery provides extended hours. In addition to pre-bookable appointments that can be booked up to one week in advance, urgent appointments are also available for patients that need them. Home visits are available for patients who are too ill to attend the practice for appointments.

Patients can also attend for appointments at any of the four practices within the Heathford Group and information about appointment times is given in the practice leaflet and on the group website. GPs have access to patient records through their electronic system at any of these practices to support this. The practice does not currently have its own individual website but patients can order prescriptions online through the practice group website. Details for this website are given on the practice leaflet.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 15 October 2015. During our visit we:

- Spoke with a range of staff which included GPs, the practice manager, the nursing team and reception staff.
- Spoke with ten patients who visited the practice during the inspection (of which four were members of the Coventry Road Medical Practice Patient Participation Group and two of whom had been members of the combined PPG across the four locations).
- Observed how staff interacted with patients who visited the practice.
- Looked at procedures and systems used by the practice.
- Reviewed completed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the national patient survey information

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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- We found the practice had recorded four significant events in the last 12 months.
- We found that a template was used by the practice to ensure that answers to key questions were recorded. This included for example, what happened, why it happened and the learning identified from the event that led to changes in practice.
- The significant events information was completed by relevant staff and forwarded to the practice manager or the senior GP partner who was also the named lead.
- The practice carried out an analysis of the significant events.

We saw that changes had been implemented to minimise the risk of reoccurrence and all staff had been informed. Staff members confirmed that this was done during monthly staff meetings. For example, we looked at a significant event from September 2015 where a procedure had been cancelled due to an anaesthetic that should have been available at the practice but had not been reordered. Due to this incident, the stock control, monitoring and re-ordering procedures had been changed to ensure that these circumstances did not reoccur.

We saw that policies were in place for reporting incidents and an incident reporting book was available. Staff we spoke with were able to provide examples of recent incidents that had been reported.

The practice used both email alerts and paper based alerts to inform clinical staff of the latest information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. We saw policies were accessible to all

staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding. GPs were trained to Safeguarding level 3. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Children at risk and vulnerable adults were flagged on the system and alerts placed on the patient records.

- We noted that there was nothing displayed in the waiting area to inform patients that a chaperone was available if required. The HCA staff who acted as chaperones were trained for the role but had not all received a disclosure and barring check (DBS) at the time of the inspection. 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. In the absence of these DBS checks, risk assessments had also not taken place. The practice informed us after the inspection that all clinical staff had now been DBS checked and provided us with the DBS certificate reference numbers as evidence.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the lead for infection control and we saw training records that showed all staff had had received infection control training. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The most recent audit had been carried out in October 2015.
- The practice worked closely with the CCG senior prescribing advisor to ensure effective medicines management. We found that the arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including the prescribing, recording, handling, storing and security). Although the practice did not have any controlled drugs at the practice, the practice had a process in place to monitor the controlled drugs prescribed by the practice. Regular medication audits were carried out with the support of the local CCG

Are services safe?

pharmacy teams and one of the GP partners liaised on a weekly basis with the CCG prescribing advisor to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.

- The practice had two vaccine fridges and we saw one had an external and internal thermometer, whilst the other only had an external thermometer. Temperatures were logged and one of the GP partners was responsible for ordering all the vaccines. Vaccine stock was monitored weekly basis. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed four recruitment files for staff employed at the practice. Most of the The practice informed us after the inspection that all clinical staff had now been DBS checked and provided us with the DBS certificate reference numbers as evidence.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. We were able to view the practice health and safety policy and the practice also had a fire policy. We saw fire evacuation procedures were displayed around the building including the reception area and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. Additionally we saw evidence that an external company had recently completed a legionella risk assessment and that the practice were awaiting the final report regarding this.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us they were flexible

and covered for each other and would work additional hours if required. The practice manager told us that staff were flexible and were able to work across the four practices within the Heathford group. This ensured that all practices were adequately staffed at all times.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training.
- The practice held limited emergency medications. However we were told that the practice would obtain additional medications from the pharmacy located near the practice. The practice had not carried out any risk assessments regarding this process. The practice also did not carry any medications on home visits and no formal risk assessments had taken place.
- The practice had a defibrillator available on the premises and we saw that an oxygen cylinder was also available. There were adults and children's masks available.
- There was a screen available that could be used in an emergency to provide privacy to the patient in the case of an emergency. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. As the practice was one of four locations, we saw that arrangements were in place to divert patient between the other locations if necessary. The practice manager and GPs confirmed that copies of this plan were held off site with designated management staff. We were provided with an example of when it had been necessary to do this, when one of the practices had been unavailable. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. We were informed that one of the GPs was the lead for ensuring that clinical staff were updated with the latest guidance such as NICE.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets with the exception of child immunisation rates (which the practice disputed). Data from 2014/2015 showed;

- Performance for diabetes related indicators was 87% which was better than the CCG average of 83% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was better than the CCG and national averages of 83%.
- Performance for mental health related indicators was 90% which was similar to the CCG and national averages of 89%.

Clinical audits demonstrated quality improvement.

- We viewed three clinical audits that had been completed in the last two years. Two of these were completed audit cycles where the improvements made were implemented and monitored and re-audited.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

- Findings were used by the practice to improve services. For example, an audit for coeliac prescribing was undertaken exactly one year after the original audit. This audit looked to ensure that gluten-free product prescribing was optimised and that all relevant patients had been identified. The re-audit demonstrated that despite the numbers of coeliac patients going up by 50%, the total spend on gluten free products had reduced.
- Other audits looked at ensuring optimal management of chronic obstructive pulmonary disease (COPD) that was in line with NICE guidance and antibiotic prescribing rates.

Effective staffing

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

- We viewed the practice induction programme for newly appointed non-clinical members of staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. the practice trained all their administration staff to also become qualified as healthcare care assistants. The training was tailored depending on their previous knowledge and experience.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We saw that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. The practice was also a training practice. The practice considered the provision of medical education to be one of their strengths. The practice had qualified GP trainers who provided educational support to trainee GPs at the practice. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support. Trainee GPs were also offered extended appointments and had access to a GP throughout the day for support. Medical education was also provided to fourth year, final year medical students and Foundation Year two doctors (FY2). All staff had had an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- 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 people to other services.
- The practice made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss the needs of complex patients, for example those with end of life care needs or children considered to be at risk of harm. These meetings were attended by health visitors and palliative care nurses. Decisions about care planning were documented in the patient's record and care plans were routinely reviewed and updated.

Consent to care and treatment

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

- We saw that the practice had a policy for documenting consent. The GPs had completed Mental Capacity Act 2005 training and understood the relevant consent and decision-making requirements of legislation and guidance.

- In the case of care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice had identified patients who needed additional support and was pro-active in offering help. For example, the practice kept registers of patients with various needs such as patients with a learning disability, dementia and mental health concerns.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. We were told that there was a recent increase this year due to specific efforts as previously the uptake rate was below the national average. The practice believed this had been mainly due to the ethnic mix of the registered patients who were culturally unwilling to undergo cervical screening. However, the practice had employed a practice nurse who worked on a part-time basis and focused purely on cervical screening. This had led the patients to engage and trust the practice nurse and becoming more willing to undergo cervical screening.

Childhood immunisation rates for the vaccinations given were much lower than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 11% to 43% and five year olds from 52% to 90% for the practice which was lower than the CCG rates of 80% to 95% and 87% to 96% respectively. However, the practice informed us and we saw evidence that the practice were in discussions about these figures with the CCG as they believed there was a computer system error which was being investigated.

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s were 68%. This was lower than the national average of 73%. The rates for those groups considered to be at risk were 43% which was again lower than the national average rate of 52%.

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. Appropriate

follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. GPs and clinical staff showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that reception staff who interacted with patients were polite and helpful both to patients attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect. However, we noted that confidential information was overheard, such as patient's names, addresses and their prescribed medication was overheard.

- We saw that curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Generally the 45 patient CQC comment cards we received were highly positive about the service experienced although three patients felt that further improvements could still be made. Patients said they felt the practice offered an excellent service and were happy with all aspects of the care. In particular, patients commented on the high quality of care received from the GPs and that the staff understood their needs well.

We also spoke with six members of the patient participation group (PPG) on the day of our inspection. They told us they were very satisfied with the care provided by the practice and felt that their input was valued. Comment cards highlighted that staff responded with understanding when they needed help and provided support when required.

Results from the national GP patient survey from 2 July 2015 showed that patient's responses were mixed. The practice was in general lower for its satisfaction scores on consultations with doctors and nurses. Response rate for the national survey were low at 15% (466 surveys were sent out and 70 responses received). For example:

- 81% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

- 89% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 83% 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%.
- 76% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 63% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

The practice told us that they did not believe the results were statistically significant. The practice had carried out its own practice survey and received 188 responses from 200 surveys sent out. Results from this indicated that 87% were satisfied with GP consultations which was similar to the CCG average although still below the national average of 89%. For the practice nurses, 62% were satisfied with the care received which was again lower than both the CCG average of 89% and national average of 90%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that they felt involved in decision making about the care and treatment they received. Patient feedback on the comment cards we received was positive and aligned with these views.

We reviewed results from the July 2015 national GP patient survey. The results showed that patients rated the practice lower than CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 73% 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%.
- 65% 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 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer and the practice had identified 1.6% of the practice list as carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The GPs also provided advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The computer system used by the practice alerted GPs if patients had a learning disability, or if a patient was also a carer so that additional appointment time could be made available.
- Home visits were available for patients who would benefit from these and telephone consultations were also available when appropriate.
- Same day appointments were available for children and those with serious medical conditions.
- The practice had recently lowered the reception desk in order to make it easier for wheelchair users. However, internal entrance doors were not automatic and wheelchair users would require assistance. The reception staff informed us that they would assist patients as when required.
- A hearing loop was available for patients with hearing aids.
- Translation services were available for patients who did not have English as a first language.
- Accessible toilet facilities were available for all patients attending the practice.
- Baby changing facilities were available in one of the toilets facilities.
- Consultation rooms for GPs and nurses were located on the ground floor. However, consultation rooms for healthcare assistant were located on the first floor which was only accessible by stairs. The practice told us that the healthcare assistants would use a consultation room downstairs where appropriate.

Access to the service

The practice was open between 8.45am and 6pm on Mondays, Tuesdays, Wednesdays and Fridays. The practice opened from 8.45am to 12pm on Thursdays and was closed at weekends. Appointments were available from 9am to 12.30pm every morning and 3pm to 6pm daily. Extended hours were not offered at this practice. However patients were able to visit any of the other four locations, one of which (Belchers Lane Surgery) did offer extended

hours once a week from 6.30pm to 9.30pm. GPs had access to patient records through their electronic system at any of these practices to support this. However, we saw that although the practice leaflet listed the opening times for each of the four locations, some of this information was inaccurate. In addition to pre-bookable appointments that could be booked up to one week in advance, urgent appointments were available for patients that need them. Home visits were available for patients who were too ill to attend the practice for appointments.

The practice did not currently have its own individual website but patients were able to order prescriptions online through the practice group website. Details for this website were available on the practice leaflet.

Results from the national GP patient survey for 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. The response rate for the national survey was 15%. For example:

- 46% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 48% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 46% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 28% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

The practice told us that they recognised this was an issue and highlighted that their practice population had only recently (since June 2015) needed to book appointments. Previously, the practice had operated a walk-in, first-come-first-served service. The practice also informed us that they had carried out their own survey about the appointments system and as a result had introduced some changes to the in order to make the booking appointments more accessible. For example, an additional member of staff was now dedicated to answering the phones to take appointment bookings.

Listening and learning from concerns and complaints

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

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

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We viewed the practice leaflet and saw that it contained information about complaints and a separate leaflet about raising complaints was available upon request from reception staff. However, we found that there was no information displayed in the waiting areas to inform patients. Patients we spoke with were not aware of the process to follow if they wished to make a complaint although the patients we spoke with said that they had not had any cause for complaint.

We saw that the practice had received four written complaints in the last 12 months. However, verbal complaints were not being documented by the practice

which meant that the practice was not able to identify any wider themes or trends that may have occurred. We saw that the four written complaints had been dealt with in a timely way

Learning outcomes from the complaints were clearly marked on the template used to record the written complaints and we saw that action was taken as a result to improve the quality of care. For example, one patient had complained about being unhappy with the appointment system and GP consultation as they had been booked to see a locum GP. In a meeting that took place regarding the complaint, it was decided that all patients should be informed of the GP they are booked in to see at the time of booking and practice staff were made aware of this.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice sent us a copy of their statement of purpose prior to the inspection of the service.
- This informed us that some of the aims of the practice were to provide personalised, effective and high quality services, to be committed to the health needs of all of their patients and to work in partnership with their patients, their families and carers.

Governance arrangements

The practice was one of four within the Heathford group and benefitted from the flexibility of the ability for all staff to work across all practices, the ability to access all patient information within any of the four sites, and for patients the provision of access to appointments and services at any of the four practices within the group. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- Staff told us that the practice held regular monthly team meetings.
- We saw evidence that practice specific policies as well as policies which were relevant to all four practice locations were implemented and were available to all staff
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- Good arrangements were in place for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GPs told us there were positive relationships between the partners and the management to deliver patient centred quality care. We found that there was a clear, visible leadership and a management structure in place with responsibility for different areas shared amongst GP partners. For example, all the partners had various lead

responsibilities such as safeguarding or long term conditions. Clinical staff also had lead roles such as the lead nurse for infection control. Staff we spoke with were clear about their own roles and responsibilities. Staff told us they felt valued and knew who to go to in the practice with any concerns.

When there were unexpected or unintended safety incidents:

- The practice provided patients affected reasonable support and information.
- The practice shared learning from incidents where appropriate with all staff.
- However, records were only kept of written correspondence and the practice had not kept written records of verbal interactions.

There was a clear leadership structure in place and staff felt supported by management. Staff we spoke with told us:

- That they felt respected, valued and supported.
- That the practice held regular monthly team meetings and we viewed evidence that supported this.
- That there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so.

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

The practice gathered some feedback from patients, the public and staff.

- The practice had collected feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. Results of the patient survey had been made available on the practice website.
- The practice previously had a combined PPG in place with all the four locations. However, this was not found to be effective as practice specific issues were not being provided with sufficient consideration due to this. Therefore the PPG had become location specific three months ago. There were four members of the Coventry Road Medical Centre PPG and we spoke with three of

Are services well-led?

Good 

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

the members on the day of the inspection. They told us that they had attended one meeting so far and it had been arranged that they would meet three to four times a year. The practice had implemented some changes suggested by the PPG. For example, the PPG had asked for more dementia screening information to be made available for patients as well as asking for the practice to be open prior to the start of first appointment so that patients who arrived a little earlier could wait inside the practice.

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

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

actively participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices. The practice had recently passed its ACE Foundation assessment. It had also signed up to deliver on the ACE Excellence scheme which promoted closer practice collaboration between GP practices across the CCG area. One of the registered partners had also been appointed as the provider chair for the delivery of ACE for the 38 practices which make up the Eastern Birmingham Federation.

The practice had been a training practice for over eight years and three of the partners were qualified as GP trainers. One of the GP trainers also supported trainees who were having difficulties. The practice participated in weekly lunchtime 'Educational Meetings' hosted by another practice which were attended by GP partners, salaried GPs, GP registrars, trainee doctors and medical students from various practices. The practice told us that this allowed an informal environment in which the GPs and trainees could meet, learn and reflect.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment.</p> <p>A risk assessment had not been carried to determine if it was safe to not keep nationally recommended emergency medicines at the practice. A risk assessment had also not been carried out regarding not carrying any medications on home visits.</p> <p>This was in breach of Regulation 12 (1)(2)(a)(b) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
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>How the regulation was not being met:</p> <p>We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work.</p> <p>The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.