

# Care Quality Commission

## Inspection Evidence Table

### The Cheylesmore Surgery (1-584148352)

Inspection date: 18 July 2018

Date of data download: 02 July 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

## Safe

### Safety systems and processes

Safeguarding	Y/N
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies were updated and reviewed and accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)	Yes
Information about patients at risk was shared with other agencies in a timely way.	Yes
Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients	Yes
Disclosure and Barring Service checks were undertaken where required	Yes
Explanation of any 'No' answers:	

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff who require medical indemnity insurance had it in place	Yes
Explanation of any answers:	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes September 2017
There was a record of equipment calibration Date of last calibration:	Yes November 2017
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes July 2018
No actions were identified during this assessment	
Additional observations: The fire evacuation proforma included details of the time taken to evacuate/what went well/what could be improved. For example, surgery staff were reminded that the shutter (which prevented access to the practice when closed) should not be closed during an evacuation. An evacuation chair was available on the first floor in the event of an emergency.	
<b>Health and safety</b> Premises/security risk assessment? Date of last assessment:	Yes  June 2018
Health and safety risk assessment and actions Date of last assessment: Detail: It was noted that computer leads were hanging loose, so cable ties were put around the leads.	Yes July 2018
Additional comments: The premises risk assessment was carried out for the entire Oasis Health Centre (jointly owned by the lead GP and the GP from the neighbouring practice).  The last Legionella check by the contractor was carried out on 1 December 2017. The last in-house check was carried out on 22 June 2018.	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>Detail:</p> <p>An action plan was produced after the infection and prevention control (IPC) audit. Cleaning issues were identified during the audit, so the external cleaning contractor was notified and made aware of the standard expected.</p> <p>The comprehensive infection control policy was reviewed annually (last reviewed in January 2018). It included sections on personal protective equipment, body fluid spillages, obtaining specimens, needle stick injuries and training schedules.</p>	<p>Yes</p> <p>April 2018</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</p>
<p>Explanation of any answers:</p>	

Any additional evidence
<p>It was clear that all staff were encouraged to have input into the IPC audit. The audit checklist included staff health and training as well as clinical stores, vaccines, waste management and equipment.</p>

## Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	Yes
The practice had equipment available to enable assessment of patients with presumed sepsis.	Yes
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
<p>Explanation of any answers:</p> <p>All staff attended a sepsis training day in February 2018. Sepsis guidelines were displayed in each clinical room.</p>	

## Information to deliver safe care and treatment

Question	Y/N
Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
The practice had a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers:</p>	

## Appropriate and safe use of medicines

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU).(01/07/2016 to 30/06/2017)(NHS Business Service Authority - NHSBSA)	0.82	0.92	0.98	Comparable to other practices
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)	7.9%	9.2%	8.9%	Comparable to other practices

Medicines Management	Y/N
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	Yes
Clinical staff were able to access a local microbiologist for advice.	Yes
For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with General Medical Council guidance.	N/A
The practice held appropriate emergency medicines and risk assessments were in place to determine the range of medicines held.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen on site.	Yes
The practice had a defibrillator.	Yes
Both were checked regularly and this was recorded.	Yes

Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Explanation of any answers:	

## Track record on safety and lessons learned and improvements made

Significant events	Y/N
There was a system for recording and acting on significant events	Yes
Staff understood how to report incidents both internally and externally	Yes
There was evidence of learning and dissemination of information	Yes
Number of events recorded in last 12 months	11
Number of events that required action	11

Example(s) of significant events recorded and actions by the practice;

Event	Specific action taken
Incorrect antibiotic prescribing for a patient (prescription strength guidelines different in UK)	GPs were advised to check that the strength of medicines prescribed in another country aligned with guidelines issued in the UK. The incident was discussed at a practice meeting and no further incidents had occurred.
Home visit request booked for incorrect patient.	Reception staff were reminded to confirm the patient's date of birth and all relevant details for a home visit request. We viewed the minutes of the practice meeting and the reception team meeting at which this incident was discussed. A review date was set for one month after the incident.
Patient discharge summary: urgent appointment needed, but not actioned in a timely manner (request not highlighted by GP as urgent).	The incident was discussed at a practice meeting and a reception team meeting. The administration team were made aware of the incident and instructed to check all urgent patient requests within 48 hours. GPs were reminded to highlight urgent actions on letters. A review date was set for two months after the meeting.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
<p>Comments on systems in place:</p> <p>Alerts were received by the practice manager, who emailed them to a GP partner and the practice nurse for action. An electronic log was kept of all alerts, action taken and date of completion. A hard copy was printed off for each alert for discussion at the monthly practice meeting.</p> <p>Three recent alerts were tracked and found to have been appropriately actioned.</p>	



**Any additional evidence**

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# Effective

## Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA)	0.83	1.00	0.90	Comparable to other practices

## People with long-term conditions

Diabetes Indicators				
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.3%	80.5%	79.5%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	15.7% (59)	11.3%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	73.4%	78.4%	78.1%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	9.9% (37)	7.7%	9.3%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	80.5%	79.6%	80.1%	Comparable to other practices

QOF Exceptions	Practice Exception rate (number of exceptions)		CCG Exception rate	England Exception rate	
	16.5%	(62)	10.4%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. (01/04/2016 to 31/03/2017) (QOF)	75.0%	78.6%	76.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.5% (10)	3.6%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	91.9%	90.3%	90.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (6)	10.6%	11.4%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less (01/04/2016 to 31/03/2017) (QOF)	81.1%	82.7%	83.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	2.1% (21)	2.7%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. (01/04/2016 to 31/03/2017) (QOF)	94.4%	83.9%	88.4%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	10.9% (11)	9.3%	8.2%	
Any additional evidence or comments				

## Families, children and young people

Child Immunisation				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	81	88	92.0%	Met 90% Minimum (no variation)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	85	85	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	85	85	100.0%	Met 95% WHO based target Significant Variation (positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	85	85	100.0%	Met 95% WHO based target Significant Variation (positive)
Any additional evidence or comments				

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

Cancer Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 (01/04/2016 to 31/03/2017) (Public Health England)	72.8%	71.4%	72.1%	Comparable to other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	72.6%	67.6%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	61.2%	52.6%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)	76.9%	77.9%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait	43.8%	53.5%	51.6%	Comparable to other practices

(TWW) referral) (01/04/2016 to 31/03/2017) (PHE)				
<b>Any additional evidence or comments</b>				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	91.4%	88.5%	90.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	16.7% (7)	10.3%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	97.5%	91.6%	90.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	4.8% (2)	7.2%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) <small>(QOF)</small>	81.0%	81.6%	83.7%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.7% (2)	6.0%	6.8%	
Any additional evidence or comments				

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	548	540	539
Overall QOF exception reporting	5.8%	5.1%	5.7%

## Coordinating care and treatment

Indicator	Y/N
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF)	Yes

## Helping patients to live healthier lives

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	98.3%	94.9%	95.3%	Comparable to other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	1.3% (20)	0.5%	0.8%	

## Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
We saw that the practice had a template which had written or verbal consent options to enable the clinician to record the appropriate form of consent in the patient's medical record. We viewed the written consent form.

Any additional evidence
Unpublished data from 2017/18 showed that the practice had achieved 98.9% of the total points available, which was a 0.9% increase on the 2016/17 results.



# Caring

## Kindness, respect and compassion

CQC comments cards	
Total comments cards received	9
Number of CQC comments received which were positive about the service	8
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example, comments cards	Patients wrote on the comment cards that they were happy with the excellent standard of service and that appointments were readily available and easy to book. Staff were said to be caring, thoughtful and friendly. The one mixed comment related to the time taken to answer the telephone.
Patient feedback	We spoke with four patients on the day of the inspection. All thought that it was easy to make an appointment and that clinicians gave them enough time.
NHS Choices	14 reviews were posted on the NHS Choices website between July 2017 and July 2018. The majority (12) were very positive. Patients wrote that staff were friendly and helpful and that clinical staff took the time to listen to their concerns. The two negative comments concerned a criticism of the appointment system and a GP's attitude.
Friends and Families Test	The practice received 10 comments between April and June 2018. Nine were positive and one was negative (criticism of a GP).

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,215	289	127	43.94%	55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (01/01/2017 to 31/03/2017)	73.7%	76.6%	78.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them (01/01/2017 to 31/03/2017)	85.7%	87.1%	88.8%	Comparable to other practices
The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" (01/01/2017 to 31/03/2017)	94.1%	94.7%	95.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	77.5%	84.1%	85.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them (01/01/2017 to 31/03/2017)	86.8%	90.5%	91.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern (01/01/2017 to 31/03/2017)	84.1%	90.0%	90.7%	Comparable to other practices

### Any additional evidence or comments

Whilst the survey results were in line with the local and national averages, many showed a deterioration since the practice's results from the 2016 survey. Unfortunately the 2018 results were not due to be published until August 2018, but the practice had carried out its own in-house survey. Results from the in-house survey showed a marked improvement in ease of making appointments and access to appointments.

The practice was disappointed with the 2017 survey results, which were discussed at a practice meeting and with the Patient Participation Group.

The practice had increased the hours of reception staff and recruited a new receptionist. More staff manned the telephones during peak times.

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Yes

Date of exercise	Summary of results
June 2018	<p>Separate surveys were handed out for GPs (50), the nursing team (25) and the pharmacist (25). The response rate for each was 66%, 56% and 88% respectively. The questions replicated those asked in the National GP Patient Survey, although there were fewer questions overall.</p> <p>The only negative issue was that seven out of 33 respondents reported that they found it difficult to get through to the practice by telephone.</p>

Any additional evidence	
Patient feedback	Patients said that clinicians involved them in decisions about the care and treatment they received and that they had sufficient time during their consultations.

## Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	<p>We spoke with four patients on the day of the inspection, one of whom was a member of the Patient Participation Group.</p> <p>Patients said that they could always get an appointment when needed and that staff were very supportive and professional. Patients commented that the GPs never made them feel rushed and always listened to their concerns and explained everything to them.</p>

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	83.6%	85.0%	86.4%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	66.8%	80.0%	82.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments (01/01/2017 to 31/03/2017)	79.7%	89.3%	89.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care (01/01/2017 to 31/03/2017)	81.1%	84.7%	85.4%	Comparable to other practices

### Any additional evidence or comments

The practice discussed the disappointing result for the GP involving patients in decisions about their care. The responses did not align with what we were told on the day of the inspection or with the results of the in-house patient survey, conducted in June 2018.

All respondents to the GP questionnaire conducted in-house stated that the GP was either good or very good at involving them in decisions about their care.

Question	Y/N
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in easy read format.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	The practice proactively identified patients who were carers. They were identified opportunistically and there was information in the reception area. The practice had identified 205 patients as carers, which represented 2.5% of the practice list size.
How the practice supports carers	Carers were signposted to the Carers' Trust and there was a section for carers on the practice website.
How the practice supports recently bereaved patients	The practice sent a letter of condolence to the next of kin, which included contact details for Coventry Cruse Bereavement Care and a leaflet from Coventry County Council, which explained the formalities that needed to be completed after a death.

Any additional evidence

## Privacy and dignity

Question	Y/N
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes

	Narrative
Arrangements to ensure confidentiality at the reception desk	<p>The reception desk was located away from the seating area, which provided confidentiality.</p> <p>There was a notice at the reception desk which advised patients that a room was available if they wanted to speak privately to a member of staff.</p>

Question	Y/N
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes

Examples of specific feedback received:

Source	Feedback
Patients	Patients told us that staff respected their privacy and dignity and were very professional. Patients confirmed that they were aware of the chaperone system.

# Responsive

## Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:30-12:30; 14:00-18:15
Tuesday	08:30-12:30; 14:00-18:15
Wednesday	08:30-12:30; 14:00-18:15
Thursday	08:30-12:30; 14:00-18:00
Friday	08:30-12:30; 14:00-18:15
Practice staff answered the telephones between 8.30am and 1pm and between 2pm and 6.30pm. West Midlands Ambulance Service (WMAS) responded to calls between 8am and 8:30am and between 1pm and 2pm under an arrangement with the practice.	

Appointments available	
	GP and PN appointments were available during the opening times, with the exception of Friday afternoons when the PN did not work.
Extended hours opening	
Via Coventry and Rugby GP Alliance (seven hubs in Coventry; one in Rugby). One of the hubs was situated at Quinton Park Medical Centre, which was co-located in the Oasis Health Centre. Pre-bookable appointments with a GP or nurse were available via the practice reception.	Weekdays: 18:30-21:30 Saturdays: 09:00-12:00 Sundays: 10:00-13:00

Home visits	Y/N
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
If yes, describe how this was done	
Requests for home visits were dealt with in accordance with the practice's home visits policy. The on call GP was alerted by reception staff if there was an urgent request.	

## Timely access to the service

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8,215	289	127	43.94%	55%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)	72.0%	79.8%	80.0%	Comparable to other practices
The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)	65.3%	70.9%	70.9%	Comparable to other practices
The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017)	76.4%	71.9%	75.5%	Comparable to other practices
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)	71.2%	71.8%	72.7%	Comparable to other practices
<b>Any additional evidence or comments</b>				

### Examples of feedback received from patients:

Source	Feedback
For example, NHS Choices	Patients wrote that they were able to get an appointment when needed and that the option of telephone appointments was helpful.



## Listening and learning from complaints received

Complaints	
Number of complaints received in the last year.	13
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0
Additional comments:	
<p>We saw that complaints were a standing item on the agenda of practice meetings. Compliments were also recorded.</p> <p>We looked at two complaints in detail and found that they had been satisfactorily handled in a timely manner in accordance with the practice's complaints policy.</p>	

Example of how quality has improved in response to complaints
In response to a complaint, the practice now advertises changes in opening times via the website, social media and a notice in reception two weeks in advance of events such as training sessions.

Any additional evidence
Information about how to lodge a complaint was available on the practice website and in reception.

# Well-led

## Leadership capacity and capability

### Examples of how leadership, capacity and capability were demonstrated by the practice

The GP partners and management team had maintained and built on the standards achieved at the previous inspection. It was clear that the governance had been strengthened and that the practice had expanded their team in order to meet increased demands.

### Any additional evidence

A pharmacist now worked at the practice for two days a week, partly funded by the CCG. An additional receptionist had been recruited and two other reception staff had increased their core hours.

## Vision and strategy

### Practice Vision and values

There was a clear vision, which was shared by all staff, to provide the best possible care for patients. There was a formal governance structure to ensure that priority areas were highlighted, risks identified and actions planned. Business matters were discussed at the monthly meetings attended by the GPs and practice manager.

## Culture

### Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice was open to learning and improving processes as a result of incidents and complaints. Practice staff showed that they were aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Regular meetings were held, including multi-disciplinary meetings attended by staff from external agencies. These meetings facilitated discussions on clinical and non-clinical topics.

### Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Staff interviews	Staff we spoke with during the inspection told us that the GPs and management team were approachable and very supportive. We were told that practice staff worked very well as a team and that relationships were positive. Staff said that there was a 'no blame' culture and that they were encouraged to learn from incidents and complaints.

### Any additional evidence

## Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	A wide range of policies were available on the practice intranet and regularly reviewed.
Quality improvement activities	We saw that the practice monitored performance through a variety of quality improvement activities, for example, audits and the Quality and Outcomes Framework.
	Y/N
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Any additional evidence
GPs and the practice nurse had lead roles in key areas and underwent additional training to support these roles. For example, minor surgery and long term condition management.

## Managing risks, issues and performance

Major incident planning	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Examples of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Infection	Infection and Prevention Control audit
Loss of premises/staff/utilities	Business Continuity Plan and Disaster Handling Policy
Health and welfare of staff and patients	Health and Safety Policy and Procedures

Any additional evidence

## Appropriate and accurate information

Question	Y/N
Staff whose responsibilities include making statutory notifications understood what this entails.	Yes

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

### Feedback from Patient Participation Group;

Feedback
The member of the Patient Participation Group (PPG) said that the practice was very open with the PPG. Meetings were attended by a GP and the practice manager and formal minutes were taken.

Any additional evidence
Staff told us that they felt encouraged to provide feedback and that their opinions were valued.

## Continuous improvement and innovation

Examples of improvements demonstrated as a result of clinical audits in past two years

Audit area	Improvement
Antibiotic prescribing in uncomplicated UTI cases	The audit was undertaken in response to Public Health England guidance on antibiotic prescribing in primary care. The first cycle was carried out in September 2017. Diagnosis compliance was found to be 55% and antibiotic compliance was also 55%; the target for both was 80% compliance. The audit was repeated in March 2018. Diagnosis compliance was 86%, which was above the target of >80%. Antibiotic compliance was 97%, which was above the target of >80%.
Post Myocardial Infarction (MI) (heart attack)	The audit was carried out to check that dual anti platelet therapy (DAPT) was being prescribed in accordance with NICE guidelines. The first audit was carried out in October 2016: DAPT was not being prescribed in accordance with the guidelines for seven out of 16 patients. In the second audit, carried out in January 2018, all 11 patients were treated in accordance with the guidelines (one was an in-patient at the time of the audit).

Any additional evidence
We saw that 12 clinical audits were completed in the last year. All audit outcomes and actions were discussed in practice meetings.

**DO NOT DELETE THE NOTES BELOW**

### Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

N.B. Not all indicators are part of the GP insight set and those that aren't will not have a variation band.

The following language is used for banding variation:

- Significant variation (positive)
- Variation (positive)
- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ( [See NHS Choices for more details](#)).