Coventry and Rugby GP Alliance-CoCHC

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Key findings

Contents

Letter from the Chief Inspector of General Practice

This service is rated as Good overall. The service has not been previously inspected.

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We carried out an announced comprehensive inspection at Coventry & Rugby GP Alliance – Extended Hours service on 17 April 2018. This was part of our inspection programme.

- The provider had leadership capacity and capability but we noted some gaps in governance assurance processes which required addressing. However, the provider was responsive to this and discussed and reviewed their processes made plans as well as immediate changes to demonstrate assurance.
- The service had systems to manage risk so that safety incidents were less likely to happen. When they did happen, the service learned from them and improved their processes.
- The service routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- Staff involved and treated people with compassion, kindness, dignity and respect.
- Patients were able to access care and treatment from the service within an appropriate timescale for their needs.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Develop a management system for areas such as training, complaints, induction and appraisal.
- Update the business continuity plan to be more detailed and site specific.
- Ensure updates of sepsis awareness take place for all staff.
- Familiarise clinical staff with the contact details for the NHS England Controlled Drug Accountable Officer and ensure that this information is readily accessible.
- Introduce a formal mechanism to identify training needs.
- Formalise governance mapping of responsibilities between the GP Alliance and GP practices.
- Ensure staff are aware of how to reset the fridge temperature recording and maintain an accurate record.
- Develop a process for clinical supervision.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Key findings

Areas for improvement

Action the service SHOULD take to improve

- Develop a management system for areas such as training, complaints, induction and appraisal.
- Update the business continuity plan to be more detailed and site specific.
- Ensure updates of sepsis awareness take place for all staff.
- Familiarise clinical staff with the contact details for the NHS England Controlled Drug Accountable Officer and ensure that this information is readily accessible.
- Introduce a formal mechanism to identify training needs.
- Formalise governance mapping of responsibilities between the GP Alliance and GP practices.
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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 adviser.

Background to Coventry and Rugby GP Alliance-CoCHC

Coventry & Rugby GP Alliance Limited holds an Alternative Provider Medical Contract (APMS) with NHS England to provide extended hours appointments to patients registered with GP practices in the Coventry and Rugby area. The Coventry & Rugby GP Alliance Limited was established in 2014 and is run by a board of directors. The extended hours service was set up to supplement existing general practice and offer GP appointments out of core hours.

Appointments are provided at eight venues across the area namely:

- Tile Hill Surgery, Station Avenues, Coventry, CV4 9HS
- Wood End Health Centre, Deedmore Road, Coventry, CV2 1XA
- Rugby Health & Well Being Centre, Drover Close, Rugby, CV21 3HX
- Broad Street Surgery, 200 Broad Street, Coventry, CV6 6BG
- Longford Medical Centre, Longford Road, CV6 6DR
- Moseley Avenue Surgery, 109 Moseley Avenue, CV6 1HS
- Quinton Park Medical Centre, Cheylesmore, CV3 5PZ
- Stoke Aldermoor Medical Centre, The Barley Lea, CV3 1EG

The Coventry & Rugby GP Alliance Limited has a membership of 90% of all practices in the area. All patients registered with Coventry and Rugby GP practices who are members of the Alliance can book appointments with a GP or nurse at the above venues outside of core hours daily from 6.30pm until 9.30pm Monday to Friday and on Saturdays and Sundays from 9am until 12pm.

Patients book appointments via their own GP practice as there is a direct live system to each hub. The provider operates a system which allows GPs and nurses to access current medical records with the patient's consent and the extended hours consultation can be seen by the patient's registered GP.

As part of our inspection we inspected the Broad Street Surgery and the service headquarters at Electric Wharf, Sandy Lane, Coventry.

Good

Are services safe?

Our findings

We rated the service as good for providing safe services.

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- There was a memorandum of understanding which stated that the host practice was responsible for ensuring the premises and equipment were safe and regularly maintained. To provide themselves with assurance of this the provider employed a site co-ordinator who visited each site regularly and carried out checks to confirm this. They used a risk assessment document to check all areas had been addressed. Staff received safety information from the provider as part of their induction. The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The service worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken on all staff. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- The system to manage infection prevention and control and facilities and equipment was managed by the host practice and we saw that the site co-ordinator had checked that this had been maintained and audits undertaken.
- There were systems for safely managing healthcare waste.

Risks to patients

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

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective system for dealing with surges in demand.
- There was an effective induction system for staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- Staff told patients when to seek further help. They advised patients what to do if their condition got worse.
- When there were changes to services or staff the service assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way. This had been achieved by gaining consent from patients and all practices regarding sharing of information using specific software which facilitated this.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- If patients attending an extended hours appointment required referral or further investigations they were referred back to their own GP to do this and the patient's GP was notified of the need for referral.

Safe and appropriate use of medicines

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

- The host practice managed the arrangements for the checking and stocking of emergency medicines and equipment and vaccines. However, following a significant event the extended hours staff also checked the emergency medicines and equipment monthly. We noted that there were no child pads for the defibrillator, child oxygen masks or child pulse oximeters and there was no risk assessment to demonstrate the reason for

this decision. However, following our inspection the provider submitted evidence to show that they had purchased all of these items. The provider had installed their own vaccine fridge at the newest host practice and were awaiting delivery of their vaccine stocks. We noted they had started to carry out checks on the fridge temperature but staff had not demonstrated that they had reset the temperature recording appropriately. The provider assured us that they would address this immediately to confirm that staff were aware of how to do this.

- The service kept computer prescription stationery securely and monitored its use. Handwritten prescriptions were not used by the provider for other venues but had these for the premises we inspected. They provided evidence to show that these were logged and a record maintained. We noted that there was no reference to the NHS England Controlled Drug Accountable Officer and staff we spoke with were not aware of who carried out this role.
- We saw that the provider carried out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The service had audited antimicrobial prescribing.

Track record on safety

The service had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The provider had a clinical governance committee who oversaw any safety or risk issues and received assurance that all risk had been addressed.
- There was a system for receiving and acting on safety alerts. The provider ensured all clinical staff received all medicines and safety alerts.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. For example, they changed their system for checking emergency medicines following a significant event.
- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team.

Good

Are services effective?

(for example, treatment is effective)

Our findings

We rated the service as good for providing effective services.

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Clinical staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to help ensure that people's needs were met. They also had access to locally agreed pathways and guidance via the computer system.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff assessed and managed patients' pain where appropriate.

Monitoring care and treatment

There was evidence of quality improvement activity, which included audits. The service routinely reviewed the effectiveness and appropriateness of the care provided through these audits. We reviewed three audits, one of which was two-cycle audit which demonstrated appropriate antibiotic prescribing. Other audits were one cycle exploring the length of antibiotic courses prescribed and controlled drug prescribing patterns.

The provider monitored the appointment availability and uptake. The number of appointments available from April 2017 to February 2018 was 30,970. The number of appointments booked was 24,554 and the number of appointments attended was 20,781. Patients registered from 104 GP practices attended the extended hours appointment service which included patients from out of the area.

We noted there was no system in place for clinical supervision for example, records review, which would have provided an opportunity to monitor care was being delivered appropriately.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff. This covered such topics as standard operating procedures, fire, and infection control.
- The provider ensured that all staff worked within their scope of practice and had access to clinical support when required.
- The staff were employed from a bank of staff already employed by the local GP practices where their learning needs were identified and training provided to meet these. Whilst the provider had verbal assurance that this had been carried out, there was no formal system to confirm this or record that ongoing training needs had been met. All records of skills, qualifications and training were established and recorded at the time of recruitment but there was no system in place to continually update this information. Staff were encouraged and given opportunities to develop. The provider told us during the inspection that they had identified that this required addressing. They were in the process of commissioning the services of a recruitment agency to facilitate the implementation of an ongoing training matrix record and provision of support to their human resources manager. Following our inspection the provider sent evidence to confirm that this had been agreed and implemented.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together, and worked well with other organisations to deliver effective care and treatment.

- Patients received coordinated and person-centred care. Staff communicated promptly with patients' registered GPs so that the GP was aware of the need for further action. Staff also referred patients back to their own GP to ensure continuity of care, where necessary. There were established pathways for staff to follow.
- Patient information was shared appropriately, and the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way.

Good

Are services effective?

(for example, treatment is effective)

- The service ensured that care was delivered in a coordinated way and took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- There were clear and effective arrangements for booking appointments. It had been agreed between all practices in the GP Alliance that any referrals necessary would be referred to the patient's registered GP and there were systems in place to communicate this to the GP.

Helping patients to live healthier lives

Staff were consistent and proactive in empowering patients, and supporting them to manage their own health and maximise their independence.

- The service identified patients who may be in need of extra support. For example, we noted how patients who had given rise to concerns had been discussed at a staff meeting and the concerns had been conveyed to the registered GP. Risk factors, where identified, were highlighted to patients and their normal care providers so additional support could be given.
- Where appropriate, staff gave people advice so they could self-care. Systems were available to facilitate this. Leaflets and information were available in the waiting areas of the hosting practice.
- Where patients' needs could not be met by the service, staff redirected them to the appropriate service for their needs. For example, to the Improving Access to Psychological Therapies (IAPT) service and the mental health crisis team.

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The provider did not carry out minor surgery and consent was required for immunisation and the provider ensured this was recorded in the child health record.

Good

Are services caring?

Our findings

We rated the service as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to all patients.
- The service gave patients timely support and information.
- All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. This was is in line with the results of the NHS Friends and Family Test and other feedback received by the service. The provider had reviewed the responses of 139 patients who had used the service which all expressed satisfaction with the service. Patients had specifically commented on the kindness and efficiency of the reception staff and that the GPs were approachable and provided a high standard of care.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Information leaflets were available in easy read formats, to help patients be involved in decisions about their care.
- Patients told us through comment cards, that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.
- Staff communicated with people in a way that they could understand.

Privacy and dignity

The service respected and promoted patients' privacy and dignity.

- Staff respected confidentiality at all times.
- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- Staff supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The service monitored the process for seeking consent appropriately.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the service as good / outstanding for providing responsive services.

Responding to and meeting people's needs

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

- The provider understood the needs of its population and tailored services in response to those needs. For example, the provider had set up their service in host practices in areas which would provide access to patients in the greatest need. They had originally provided services from three sites across the area but had now extended this to eight sites across Coventry and Rugby.
- The provider improved services where possible in response to unmet needs. For example, some areas had a lower than average uptake of cervical screening and therefore they provided this in the extended appointments service to encourage people who were working or could not get to a GP during normal hours to attend. They provided nurse appointments to facilitate this.
- The service had a system in place that alerted staff to any specific safety or clinical needs of a person using the service. For example, children on the child protection register. Care pathways were appropriate for patients with specific needs, for example those at the end of their life, babies, children and young people.
- The facilities and premises were appropriate for the services delivered.
- The service was responsive to the needs of people in vulnerable circumstances.

Timely access to the service

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

- Patients were able to access care and treatment at a time to suit them. The service operated from Monday to Friday from 6.30pm until 9.30pm and on Saturday and Sundays from 9am until 12pm.
- The appointment system was easy to use. Patients could access the extended hours service via their own GP practice. The service was by appointment only.
- The provider offered longer appointments, for example, there were five appointments every hour instead of six allowing 12 minutes per appointment. Appointments were initially only bookable 24 hours in advance, but the provider had changed this to one week in advance in response to patient feedback.
- Where patient's needs could not be met by the service, staff redirected them to the appropriate service for their needs.
- Referrals and transfers to other services were made by the patient's registered GP. The extended hours service informed them and had a system in place to follow this up to ensure the information had been received.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and told us they responded to them appropriately to improve the quality of care. However, there had been no formal complaints in the year directly from patients. They had received a complaint via one of the host practices regarding the attitude of a staff member and had addressed this. They also told us they logged informal concerns expressed although we did not see evidence of this.

- Information about how to make a complaint or raise concerns was available and it was easy to do.
- The complaint policy and procedures were in line with recognised guidance.
- The one complaint had been addressed and we saw that the provider fed back all issues to staff via their staff meetings.
- The service learned lessons from individual concerns and also from analysis of trends. It acted as a result to improve the quality of care.

Are services well-led?

Requires improvement

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

Our findings

We rated the service as requires improvement for leadership.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the service strategy and address risks to it, although there were some gaps evident in demonstrating the governance assurance. The provider was responsive to suggestions of areas of improvement and immediately explored how this could be achieved.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. Discussions with staff confirmed this
- Senior management was accessible throughout the operational period, with an effective on-call system that staff were able to use.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

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

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- The service developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The provider planned the service to meet the needs of the local population.
- The provider monitored progress against delivery of the strategy.

Culture

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

- Staff felt respected, supported and valued. They were proud to work for the service.
- The service focused on the needs of patients and had introduced more venues across the area where the service could be accessed.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Staff were employed from a bank of personnel who worked at GP practices within the GP Alliance. They accessed appraisal and training for their roles at their own practice. However, whilst staff we looked at had the appropriate training, there was no formal process for recording and maintaining an accurate record of training or training needs. The provider told us they intended to develop a training matrix and was exploring the option of commissioning a recruitment company to assist them in this process. Following our inspection the provider sent confirmation that they had made the decision to commission this. This process would enable them to maintain a centralised document management system to include all logs such as training, appraisal, complaints and induction.
- The GP Alliance provided training and educational sessions for all staff at the practices within the Alliance.
- There was a strong emphasis on the safety and well-being of all staff.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management within the provider organisation. Structures, processes and systems to support good governance and

Are services well-led?

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management were set out and understood and effective generally. However, there were some gaps in the documented responsibilities between the GP Alliance and the GP practices. Following our inspection the provider confirmed that the clinical leads were working to develop governance mapping to provide more clarity around responsibilities.

Staff were clear on their roles and accountabilities including in respect of safeguarding.

Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The provider had processes to manage current and future performance of the service. Leaders had oversight of MHRA alerts, incidents, and complaints. Performance was regularly discussed at senior management and board level. However, we noted there was no process for clinical supervision for example, through audit of the GPs consultations.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to resolve concerns and improve quality.
- The providers had plans in place and had trained staff for major incidents although the business continuity plan required some amendments to be more site specific. Following our inspection the provider submitted assurance that this had been addressed.
- The provider implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored, and management and staff were held to account.
- The provider had a Clinical Risk/Governance Committee which was chaired by an independent GP. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The service used information technology systems to monitor and improve the quality of care.
- The service submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, they had incorporated additional venues to deliver the service and changed how far in advance appointments could be made. The provider had also responded to staff that had expressed difficulty in attending meetings and had introduced teleconference meetings to accommodate them and increase staff engagement. We saw evidence of the most recent meetings and how the provider had encouraged feedback and shared information.
- The provider had invited a patients and partner representative of the local patient participation group (PPG) to provide feedback from patients across the area.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement at all levels within the service. The GP

Are services well-led?

Requires improvement

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

Alliance provided protected learning time education sessions for all practices within the Alliance and responded to suggestions of the need for specific education sessions.

- Staff knew about improvement methods and had the skills to use them.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- There was a strong culture of innovation and the provider shared ideas of improving and expanding services in the future with an exploration of a more integrated urgent care service for patients, including a single point of entry, online consultations and video links with paramedics.