Hamd Medical Practice

Quality Report

Washwood Heath Primary Care Centre
4 Clodeshall Road
Birmingham
West Midlands
B8 3SW
Tel: 0121 322 4480
Website: www.hamdmedicalpractice.com

Date of inspection visit: 6 May 2015
Date of publication: 12/11/2015

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hamd Medical Practice on 6 May 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to require improvement for providing effective and responsive services and inadequate for providing safe services. As a result, we found the practice requires improvement in providing services for people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health. It was good for providing a caring and well led service.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, information regarding significant events was not recorded in detail, for example not all recorded outcomes and there was limited evidence of learning from these events.
- Data showed patient outcomes were average for the locality. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Not all staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- There was an open culture within the practice and staff were actively encouraged to raise concerns and suggestions for improvement.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

The areas where the provider must make improvements are:

- Implement effective systems in the management of risks to patients and others against inappropriate or unsafe care. This must include systems to ensure effective significant event management, robust systems for the management and handling of complaints, that medication reviews are undertaken in a timely manner, robust recruitment checks for staff, and checks of emergency equipment are undertaken to ensure they are safe and ready to use.
- Ensure completed audit cycles are available that demonstrate improvements made to patients care and treatment.

In addition the provider should:

- Ensure there are effective arrangements in place to review and monitor patients with dementia to ensure they receive the care and support that they need.
- Ensure that appropriate infection control measures are in place with regards to furniture in the practice.
- Review the cold chain policy to include information to guide staff of the action to take in the event of a cold chain failure.
- Systems should be put in place to ensure that patients with end of life care needs are clearly identifiable.
- Consider how they ensure patient records remain relevant and up to date, for example for those patients with a child protection plan in place and systems to alert staff of patients who may require additional support.

Evidence in relation to the well-led domain indicates that the practice has the capacity to make improvements and would be able to put plans in place promptly to make improvements required.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Patients were at risk of harm because systems and processes had weaknesses in a way to keep them safe. For example, the practice had not obtained satisfactory evidence of conduct in previous employment for staff recently employed, checks had not been made on equipment to be used in an emergency to ensure they were in good working order and medication reviews were not undertaken for all patients in a timely manner

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. There was evidence of appraisals and personal development plans for all staff. There was no evidence of completed clinical audit cycles to drive improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. Patients said they found it easy to make an

Summary of findings

appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Patients could get information about how to complain in a format they could understand. However, there was no evidence that the practice had recorded all complaints received and that learning from complaints had been shared with staff.

Flags had not been put on the practice's computer systems to alert staff of all patients with palliative care needs. The palliative care file held at the practice contained out of date information.

The practice held a register of patients with dementia. However the number of patients who had received a face to face review with the GP within the preceding 12 months was low compared with the national average. The number of patients suffering from mental illness who had a care plan in place was also low compared with the national average.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a vision for the future and although this was not documented, staff were aware of the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Governance arrangements were not well embedded. For example there was limited evidence to demonstrate any learning from complaints or significant events. Records seen were not all up to date, for example the practice's palliative care register contained out of date information. The new practice manager had identified where improvements were required and was keen to develop systems to make governance arrangements more effective.

There were some systems for audit including infection control, those undertaken by the community pharmacist and clinical audits. We found that medicine and infection control audits were not always carried out effectively. The practice had not acted upon the findings of two audits undertaken by the community pharmacist and could not demonstrate any changes made following the conclusion of clinical audits.

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

Requires improvement

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia care. . There were no flags on the practice computer system to alert staff of those patients with palliative care needs or of those who had a DNAR in place.

The practice was responsive to the needs of older people and offered a dedicated telephone line, home visits and rapid access appointments for those with enhanced needs. Home visits were made to patients who required pneumococcal/shingles vaccinations which were also administered at dedicated clinics held at the practice. The practice provided open access to the patients aged over 75, who could see a GP on the day they requested to avoid attendance at A&E and prevent unplanned admissions. Patients at higher risk of admission to hospital were identified and reviewed as part of the unplanned admissions enhanced service.

People with long term conditions

Requires improvement

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We were told that multi-disciplinary meetings were held on a regular basis; however we were told that the minutes of these meetings were not always available.

Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. Health promotion and health checks were offered in line with national guidelines for conditions such as diabetes, chronic heart disease (CHD) and asthma. There was recall system in place to ensure that patients with long term conditions received appropriate monitoring and support where required.

Summary of findings

Although in-house services for patients with diabetes were available; including a clinic covering all aspects of diabetic care, performance for diabetes related QOF indicators was mixed. For example the number of patients with diabetes who had their total cholesterol measured within the last 12 months was 65% which was lower than the CCG average of 73.5%. Some of the other diabetes related QOF indicators were also below CCG and national averages.

The practice delivered, ambulatory blood pressure monitoring (ABPM) and ECG; this meant that patients did not have to travel to other services to undertake these procedures

Families, children and young people

Requires improvement

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. 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. 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. However on one occasion we saw that information passed to the practice by a health visitor had not been Read coded or updated on records appropriately. There was no alert for staff of siblings with a child protection plan in place.

The practice delivered the childhood immunisation programme in line with the national guidelines on vaccinations and also undertook child health screening.

The practice is a 'sexual health in practice' (SHIP) trained practice. All relevant staff regularly attended training days. The sexual health clinic provided advice on contraception and sexual health screening for men, women and young people, for example chlamydia testing was provided.

Working age people (including those recently retired and students)

Good

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as

Summary of findings

a full range of health promotion and screening that reflects the needs for this age group. Telephone consultations were available with a GP or practice nurse if appointments were not available or at the request of the patient. Extended opening hours were provided one evening per week to meet the needs of those patients with work commitments. The practice opened on Saturdays for extended hours for pre-bookable and on the day appointments.

The practice's performance for the cervical screening programme was 70.7%, which was below the national average of 81.8%. The practice had some difficulty encouraging women to attend cervical screening and tried to educate patients or refer to other services to have screening undertaken.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multidisciplinary teams in the case management of vulnerable people; however minutes of these meetings were not always available. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Staff monitored vulnerable adults or children who attended the accident and emergency department (A&E) frequently or who missed appointments. This information was brought to the GP's attention who arranged appointments or worked with other health care professionals to ensure vulnerable patients' health needs were being met.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as inadequate for providing a safe service and requires improvement for providing an effective and responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offers dementia screening and has a dementia register for at risk patients and the practice is a high achiever for dementia screening. However only 60% of people screened for dementia had received a

Summary of findings

face to face review within the preceding 12 months, compared to a national average of 83.3%. The practice also carried out advance care planning for patients with dementia. We also saw that 51% of patients on the practice's mental health register had a comprehensive care plan in place compared with a national average of 86%.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE. It had a system in place to follow up patients who do not attend their referral appointment or who had attended A&E where they may have been experiencing poor mental health. Patients were followed up with a review and an alternative appointment was arranged.

Summary of findings

What people who use the service say

As part of the inspection we sent the practice a comment box and cards so that patients had the opportunity to give us feedback. We received 31 completed comment cards and on the day of our inspection we spoke with three patients. We also spoke with one member of the patient participation group (PPG). All of the comments recorded were positive, we were told that staff were professional, helpful and caring. Patients we spoke with on the day of inspection said that staff were efficient, friendly and the nurse and GP were both excellent. We were told that patients had trust in the GPs and were quickly referred for further investigations or treatments when needed.

We looked at results of the national patient survey carried out in 2014. Findings of the survey were based on comparison to the regional average for other practices in the local Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. In some areas the practice performed below the CCG average:

- 74% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 82% national average 85%).
- 48% of respondents usually wait 15 minutes or less after their appointment time to be seen (CCG average 62% national average 65%).
- 80% say the last nurse they saw or spoke to was good at involving them in decisions about their care (CCG average 82% national average 85%).
- 77% say the last nurse they saw or spoke to was good at treating them with care and concern (CCG average 89% national average 90%).

In all other areas the practice performed better than CCG averages. This included:

- 75% of respondents who described their experience of making an appointment as good (CCG average 67%, national average73%)
- 92% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG average 87%, national average 86%).
- 93% of respondents said that the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 80%, national average 81%).
- 100% had confidence and trust in the last GP they saw or spoke to (CCG average 95%, national average 95%).
- 98% had confidence and trust in the last nurse they saw or spoke to (CCG average 96% national average 97%).
- 88% describe their overall experience of this surgery as good (CCG average 82% national average 85%).

Areas for improvement

Action the service MUST take to improve

- Implement effective systems in the management of risks to patients and others against inappropriate or unsafe care. This must include systems to ensure effective significant event management, robust systems for the management and handling of complaints, that medication reviews are undertaken in a timely manner, robust recruitment checks for staff, and checks of emergency equipment are undertaken to ensure they are safe and ready to use.
- Ensure completed audit cycles that demonstrate improvements made to patients care and treatment.

Action the service SHOULD take to improve

- Ensure there are effective arrangements in place to review and monitor patients with dementia to ensure they receive the care and support that they need.
- Ensure that appropriate infection control measures are in place with regards to furniture in the practice.
- Review the cold chain policy to include information to guide staff of the action to take in the event of a cold chain failure.

Summary of findings

- Systems should be put in place to ensure that patients with end of life care needs are clearly identifiable.
- Consider how they ensure patient records remain relevant and up to date, for example for those patients with a child protection plan in place and systems to alert staff of patients who may require additional support.

Hamd Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC lead inspector and included a GP specialist advisor and a practice manager.

Background to Hamd Medical Practice

Hamd medical practice is registered for primary medical services with the Care Quality Commission (CQC). Two GP partners work at this practice as well as regular locum GPs. The practice is located within the Washwood Health Primary Care Centre in Birmingham and is part of Birmingham Cross City Clinical Commissioning Group (CCG). Primary medical services are provided to approximately 3,500 patients in the local community under a general medical services (GMS) contract. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The staffing establishment at Hamd Medical Practice includes one GP (male), one GP (female), two practice nurses and two health care assistants (all female). There is a practice manager, a senior administrative assistant and five reception/administrative staff.

The practice offers a range of clinics and services including chronic disease management (asthma, diabetes, coronary heart disease), lifestyle management, minor surgery child health and development, and contraceptive services.

The practice is open from 8am to 6.30pm Mondays to Fridays with appointments available from 9am to 12pm and 4pm to 6.30pm. The GP conducts telephone triage each day from 11am to 11.30am. The practice is open on a Saturday from 9.30am to 12.30pm. Patients can book appointment over the phone, online and in the practice.

The practice had opted out of providing out-of-hours services to their own patients. This service was provided by an external out of hour's service contracted by the CCG.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

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.

How we carried out this inspection

Before inspecting we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed 31 comment cards where patients and members of the public shared their views and experiences of the service. We carried out an announced inspection on 6 May 2015. During our inspection we spoke with a range of staff including GPs, nurses, the practice manager and administrative staff. We

Detailed findings

also spoke with patients who used the service. We spent some time observing how staff interacted with patients. We spoke with the chair of the Patient Participation Group (PPG) who told us their experience not only as a member of the PPG but also as a patient of the service. The PPG is a way in which patients and the practice can work together to improve the service.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Inadequate

Are services safe?

Our findings

Safe track record

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Staff were able to complete computerised significant event forms and forward these to the practice manager. Staff told us they were aware of their responsibilities to raise concerns and were aware of the process for reporting issues that concerned them. For example, we saw that an event had been recorded which involved an incorrect prescription being issued. The analysis of the incident and details of action taken had been recorded, although incidents were reported they were not always recorded in sufficient detail. For example not all records seen recorded outcomes or learning documented. We saw that significant events had been discussed at practice meetings which demonstrated the willingness by staff to report and record incidents.

Learning and improvement from safety incidents

The practice's system for reporting, recording and monitoring significant events, incidents and accidents was not robust. We saw the records for significant events that had been recorded within the last 12 months. Not all records had been completed fully with clear outcomes and learning documented. The practice had recorded two medication errors as significant events, one in 2014 and one in 2015. There was no paperwork to show the investigation process. We saw limited evidence of dissemination of any learning. Significant events were discussed at practice meetings as and when they occurred. We saw minutes of practice meetings for January and April 2015 and saw that significant events were briefly discussed at these meetings. We did not see evidence of implementation of learning and future review of learning outcomes. We were told that there was no dedicated meeting to review past significant events in order to identify trends and monitor and review the outcome of actions and learning.

National patient safety alerts were sent directly to the GP. Staff had not been made aware of these. The newly appointed practice manager confirmed they would review the processes for cascading safety alerts and significant events to ensure incidents were reported, investigated, monitored and reviewed.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults with policies in place. Training records viewed showed that staff had received relevant role specific training on safeguarding. The practice had a GP identified as the safeguarding lead for vulnerable adults and children. We asked members of staff about their most recent training. Staff spoken with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible for staff.

Systems in place to highlight vulnerable patients on the practice's electronic records were not effective. Appropriate Read coding had not been applied to all records as appropriate to ensure staff were aware of any relevant issues when patients attended appointments, for example children who were considered to be at risk of harm. One alert seen stated that a child protection plan was in place for a patient aged over 18 years of age. We were told that the practice had not audited their records to make sure they were all up to date. A health visitor liaison form updating the practice of three children put on the child protection plan were not appropriately Read coded and there was no mention of a child protection plan on all three children's records.

The lead safeguarding GP was aware of vulnerable children and adults and there was active engagement in local safeguarding procedures and effective working with other relevant organisations including health visitors and the local authority. The GP discussed a recent safeguarding referral and we saw records to demonstrate that all procedures had been followed accordingly.

There was a chaperone policy in place. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. GPs told us they offered the chaperone service to patients and where chaperones were used had recorded this on patient records. Records seen demonstrated that the majority of staff had undertaken chaperone training. We were told that staff who had not undertaken the training would not be used as a chaperone.

Are services safe?

Staff we spoke with confirmed this. Staff told us they acted as chaperones when needed and they were clear about their responsibilities. This included, for example knowing where to stand when intimate examinations took place. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. (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).

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, however, the policy did not describe the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

The practice had a stock rotation and expiry date checking system in place. Systems were also in place to check the expiry dates for emergency medicines. However, we saw that one emergency medicine had expired in April 2015. This was removed and replaced during our inspection. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance and were kept securely at all times.

We saw records that noted the actions taken in response to a review of prescribing data. For example, patterns of antibiotic, prescribing within the practice. Records seen demonstrated a good reduction in overall antibiotic prescribing.

There was a system in place for the management of high risk medicines such as warfarin (blood thinner), methotrexate and other disease modifying anti rheumatic drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. However, one anonymised patient record that we checked showed that the patient's medication review was overdue. We saw that the blood test was completed in January 2015 and a review should have been completed in March 2015. We were told that staff would make two attempts to contact the patient and then a restriction would be placed on issue of a repeat prescription until the patient was seen face to face by a GP at the practice.

Cleanliness and infection control

We observed that the premises to be visibly clean and tidy. Patients we spoke with and comment cards received confirmed that they always found the practice clean and had no concerns about cleanliness or infection control. The practice employed a company to carry out the cleaning of the premises and clear procedures were in place. However, there was no cleaning process documented for consultation rooms and the practice did not conduct quality checks of cleaning undertaken of the general environment. We saw records to demonstrate that equipment in consultation rooms was cleaned on a regular basis.

The infection control policy documented a health care assistant (HCA) as the clinical lead and the practice manager as the non-clinical lead. Records seen demonstrated that infection control leads had undertaken relevant training.

Personal protective equipment including disposable gloves, aprons and coverings for examination couches were available for staff to use. Spill kits were available; these are used to treat any spillage of blood or bodily fluid to reduce the potential for spread of infection.

We saw evidence that infection control audits were carried out with the latest audit completed in March 2015. The audit did not identify any areas for action. Staff had recorded that furniture at the practice was of a type and material which was easy to clean. We saw that chairs in the treatment and consultation rooms had fabric coverings The chairs in the nurse's room required cleaning as a strong odor was emitting from these chairs. We were told that these chairs were steam cleaned every six months but we were not shown any records to confirm this.

We saw information which demonstrated that arrangements were in place for managing clinical waste. Clinical waste was being removed from the premises by an appropriate contractor.

Inadequate

Are services safe?

The practice had a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw records that confirmed that regular checks to reduce the risks to staff and patients had been carried out.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. Portable electrical equipment was routinely tested; we saw labels indicating the latest testing date of March 2015 displayed on equipment.

We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices, thermometers and pulse oximeters and all were last calibrated in April 2015.

Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. We looked at the files for three members of staff. Apart from references, records contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (These 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). The files for two members of staff did not contain any references; the third file reviewed contained one reference. We were told that two of these staff were known to the practice as they worked at other services located within the health centre.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that currently there was a vacancy for a part time practice manager and no other staff vacancies. We were told that reception and administrative staff multi-tasked and would be able to cover each other's job role at times of leave. The health care assistant confirmed that they were trained to undertake administrative duties and could assist when needed. Following concerns raised about telephone answering times, the practice manager had employed a further member of administrative staff who was due to commence their employment at the practice in May 2015. We were told that four members of reception/ administrative staff were on duty each morning to cover the busiest time of the day.

The practice told us they used locum GPs provided by an agency. Employment checks were carried out by the agency and this information was sent through to the practice. We saw records forwarded to the practice that included details of qualifications and checks that ensured they were able to work at the practice in the same way as other staff employed by the practice.

Monitoring safety and responding to risk

The practice had some systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. This included data log sheets for the control of substances hazardous to health (COSHH) to ensure an accurate record of all COSSH products, management of legionella and equipment. We saw records to demonstrate that fire equipment was tested to ensure it was in good working order.

The minutes of practice meetings that we saw did not record discussions held regarding risks or actions taken to reduce risks. However, staff told us they were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. Patients in mental health crisis would be seen straight away and taken into a separate room if they showed signs of poor mental health whilst they were at the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart

rhythm). When we asked members of staff, they all knew the location of this equipment. We were told that there were no records in place to demonstrate that the AED equipment was checked regularly.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use, however these processes were not robust. Records seen did not demonstrate that all the medicines were in date and fit for use, we noted that five vials of hydrocortisone had expired in April 2015. Staff confirmed that they had obtained the replacement medicines but had omitted to remove the expired medicines from the emergency medicines box.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, flood and short term and long term loss of access to the building. The document also contained relevant contact details for staff to refer to. Staff were also instructed to notify the Clinical Commissioning Group of any incident which affected the running of the practice. A copy of the continuity plan was kept off site by the practice manager.

We saw evidence that discussions had taken place regarding the recent Ebola outbreak. Practice meeting minutes for January 2015 demonstrated that staff were given guidance of the action to take should a patient present at the practice with symptoms of Ebola. Staff were informed of the location of an Ebola emergency box.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We discussed with the practice manager, GP and nurse how NICE guidance was received into the practice. They told us this was downloaded from the website and disseminated to staff as required. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

The practice managed the care and treatment for patients with long term conditions (LTCs). Staff described how they carried out comprehensive assessments which covered all health needs. People with long term conditions were involved in their treatment and a management plan was agreed with them, setting achievable goals. Health promotion and health checks were offered in line with national guidelines for conditions such as diabetes, chronic heart disease (CHD) and asthma. There was recall system in place to ensure that patients with LTCs received appropriate monitoring and support where required.

The practice used computerised systems to identify patients who were at high risk of unplanned admission to hospital. These patients were reviewed regularly to ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. The practice was open on Saturday mornings, patients were able to drop in or have a pre-booked appointment. GPs felt that this had helped to avoid unplanned hospital admissions. Records seen demonstrated that the QAdmissions score had reduced by over 20%. The QAdmissions score is used to estimate the risk of emergency hospital admission for patients aged 18–100 years in primary care. We saw that after patients were discharged from hospital they were followed up to ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

The practice showed us two clinical audits that had been undertaken in the last five years. None of the audits seen were completed audits where the practice was able to demonstrate the changes resulting since the initial audit. We did not see any evidence to demonstrate that audit outcomes had been recorded and information disseminated to practice staff.

The Quality and Outcomes Framework (QOF) is a voluntary incentive scheme for GP practices in the UK. The practice also used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The practice had reached performance levels that were mixed when compared with the national average. For example, the number of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 60% which was lower than the national average of 83%. However, the practice had achieved 100% for the percentage of patients with atrial fibrillation, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy compared with a national average of 98.3% Performance for diabetes related indicators was also mixed. For example 65% of patients with diabetes had their total cholesterol measured within the last 12 months compared with a clinical commissioning group (CCG) average of 73.5% and a national average of 72.3%. 72.3% of practice patients with diabetes had received retinal screening compared with a CCG average of 80.6% and a national average of 82.6% and 79.2% of diabetic patients had received a foot examination and risk classification compared with a CCG average of 83.8% and a national average of 82.1%. However 95.7% of newly diagnosed patients with diabetes were referred to education programmes within nine months compared with a CCG average of 85.7% and a national average of 84.4% and 95.4% of patients with diabetes had a dietary review within

Requires improvement

Are services effective?

(for example, treatment is effective)

the last 12 months compared with a CCG average of 80% and a national average of 82.2%. The percentage of patients with hypertension having regular blood pressure tests was similar to the national average

The practice had identified where its performance was not in line with the national or Clinical Commissioning Group (CCG) average and had assigned specific QOF domains to individual staff members and were in the process of introducing two weekly meetings to discuss how QOF performance issues were being addressed.

The practice kept a register of patients identified as being at high risk of unplanned admission to hospital and of patients in vulnerable population groups such as patients with a learning disability. Care plans had been developed for 94.8% of patients on the unplanned admissions register and annual health checks were completed for patients with a learning disability The practice carried out structured annual reviews for patients with long term conditions. Staff were proactive in monitoring if children or vulnerable adults attended A&E frequently. A system was in place for the monitoring and management of patients likely to attend A&E if an appointment was not available.

The community pharmacist attended the practice on a weekly basis. Prescribing issues were under review by the community pharmacist and audits had been completed. However, we did not see any evidence to demonstrate that the practice had acted upon the suggestions of two of the audits seen. For example in January 2015, the community pharmacist suggested changes to medication to meet the objectives of the cost improvement plan. These had not been acted upon. Prescribing data seen showed that the number of ibuprofen and naproxen items prescribed as a percentage of all non-steroidal anti-inflammatory drug items prescribed was similar to national averages. The percentage of antibiotic items prescribed that are cephalosporins or quinolones was similar to the national average. Quinolones and cephalosporins are semi-synthetic broad-spectrum antibiotics.

The practice did not have any systems in place to ensure that patients who had been given a two week wait appointment had been seen in a timely manner. (Two week wait appointments provide a quick and early assessment for patients that may have suspected cancer). We were told that the practice would be printing off all referrals and would check computer systems to monitor whether patients had received their appointments.

The practice did not participate in local benchmarking run by the CCG. (Benchmarking is a process of evaluating performance data from the practice and comparing it to similar surgeries in the area).

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with courses such as annual basic life support. On-line training was available for all staff. We saw a list of training undertaken by staff using this system.

All GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

All staff undertook annual appraisals that identified learning needs from which action plans were documented. We looked at appraisal documentation for nursing and administrative staff. We saw that the documentation for nursing staff was brief whilst a more in depth appraisal form was available for administrative staff.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, cervical sample taker update training, childhood immunisations and travel health. The practice nurse had requested to attend courses to build their knowledge, develop more skills and help provide more services within the practice. The practice nurse had identified that they wanted to update their diabetic insulin training which was booked for June 2015.

Staff files we reviewed showed that where poor performance had been identified appropriate action had been taken to manage this.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service

Requires improvement

Are services effective?

(for example, treatment is effective)

both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. Administrative staff scanned letters on the same day they arrived, these were then work flowed to the GP who was responsible for actioning the letter. Out-of hour's reports, 111 reports and pathology results were all seen by a GP on the day they were received. Discharge summaries and letters from outpatients were usually seen on the day of receipt and all within five days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There was a clear process in place to ensure that the letters were dealt with and filed accordingly in the patient record.

Emergency hospital admission rates for the practice were 9% compared to the national average of 7%. The practice was commissioned for the unplanned admissions enhanced service and had a process in place to follow up patients discharged from hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice held multidisciplinary team meetings every three months to discuss patients with complex needs. For example, those with multiple long term conditions, people from vulnerable groups or those with end of life care needs. We were told that these meetings were attended by district nurses, community matrons and health visitors. We were shown the minutes of one of these meetings but were told that minutes were not always available. Staff we spoke with told us that there was regular contact between GPs and other services. We were told that the communication within the team and with those external to the practice was good, however documentation to demonstrate this was limited.

We looked at the minutes of practice meetings for January, February and April 2015. We were told that additional meetings had been held but minutes of these meetings were not available However, informal meetings were held on a weekly basis, or more often if required between the two GP partners and the practice nurse but minutes of these meetings were not available.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP extended hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

For patients who were referred to hospital in an emergency there was a policy of providing a printed copy of a summary record for the patient to take with them to A&E.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and told us that the system was easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. However, we identified that appropriate codes had not always been inputted on patient records. We noted that some patient records had not been Read coded appropriately, for example patients with immunosuppression and fragility fractures were not all Read coded. We saw one record for a patient who had signed an advanced directive regarding their death which had been inappropriately Read coded. Read codes are the standard clinical terminology system used in General Practice in the United Kingdom. We were told that issues had been identified regarding Read coding and that these were being addressed with the introduction of a new computer system.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. GPs had undertaken training regarding this. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it. Staff gave an example of how a patient's best interests were taken into account for a patient who was assessed as not having capacity to make a decision. We were told that the GP attended a best interests meeting and appropriate decisions were made in conjunction with the patient. We saw records to confirm this.

Patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans had a section stating the patient's preferences for treatment and decisions.

Requires improvement

Are services effective?

(for example, treatment is effective)

All GPs spoken with demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The practice actively promoted chlamydia screening and chlamydia testing kits were available. This was particularly important for this practice as they had a larger than average younger age population. Weight management clinics were provided by the Health Exchange and patients could be referred to this service by the GP. The practice also provided a range of clinics regarding the management of long term conditions such as diabetes, coronary heart disease and asthma and systems were in place to ensure that patients regularly received a review of their condition.

The practice were able to identify patients who needed additional support, and it offered additional help. For example, the practice had identified the smoking status of 86% of patients over the age of 16 and 71% of these patients had been offered nurse-led smoking cessation clinics. Similar mechanisms of identifying 'at risk' groups were used for patients who were obese and an obesity register had been developed for patients aged over 16 years with a body max index (BMI) greater than 30. The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. Annual health reviews were also carried out and blood tests were undertaken as required by the health care assistant.

The practice's performance for the cervical screening programme was 70.7%, which was below the national average of 81.8%. The practice nurse said that it was difficult to encourage people to attend cervical screening. The nurse actively targeted those patients that required cervical screening when they attend the practice for other reasons. There was a policy to offer written reminders for patients who did not attend for their cervical screening test. A practice nurse had responsibility for following up patients who did not attend.

We were told that currently the practice did not undertake spirometry. Patients who required this service were referred to a separate service. The results from any tests completed were returned to the practice. These were Read coded and scanned on to the patient's notes. The practice nurse confirmed that they would attend spirometry training in the near future to enable this service to be provided at the practice. Spirometry is used to measures lung function including the volume and speed of air that can be exhaled and inhaled.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. For example:

- Flu vaccination rates for the over 65s were 61.4%, which was below the national average of 73.2% and at risk groups was 69.8% which was above the national average of 52.29%.

The practice website gave detailed information about all the services they provided. This also included links to additional information about health conditions and other services that patients could access outside the practice. The website also had a translation section where information could be translated into any of 90 languages for patients.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey and patient satisfaction questionnaires sent out to patients by each of the practice's partners during 2015. The evidence from all these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed that 82% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 74% and a national average of 78%. The practice was also above average for its satisfaction scores on consultations with doctors. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 92% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 98% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and national average of 97%

Patients completed CQC comment cards to tell us what they thought about the practice. We received 31 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were highly trained and professional. They said staff treated them with dignity and respect. Three comments were less positive where patients commented that they found it difficult to get through to the practice on the telephone. We also spoke with three patients on the day of our inspection. All were positive about the care they received and said their dignity and privacy was respected. We were told us that reception staff were happy and friendly, staff abided by the data protection act and were very good at maintaining confidentiality.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The practice reception and waiting area was shared with another practice which made confidentiality difficult. Staff we spoke with told us that they tried to ensure patient confidentiality was maintained during discussions but this was sometimes difficult. Patients we spoke with also commented that it was sometimes difficult to have a private conversation at the reception desk. However patients commented that reception staff were kind and friendly. The results of the national patient survey also identified that 88% of respondents found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example:

- 92% 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%.
- 93% 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%.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. We were told that GPs took time to listen and explain, and all staff were supportive and helpful. Patients told us that they had been referred to other services as required, such as healthy minds and also had regular health checks at the practice. Patient feedback on the comment cards we received was also positive and aligned with these views.

Good

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patents this service was available. Reception staff also spoke various local languages and would be able to translate for patients if required.

Patient/carer support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 94% 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%.
- 92% say the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86% and national average of 87%.

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with the survey findings. For example, comments received highlighted that staff responded compassionately when they needed help, GPs showed patients respect and provided support when required.

Due to a lack of space in the patient waiting area, there was limited information available to patients for example, how to access support groups and organisations. However, the practice website gave useful information and links to the NHS Choices website and other useful support organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had developed a carer's identification and referral form. This form enabled carers to request an adult care services carers needs assessment or authorised the practice to pass their details on to a carers service. This helped to ensure that those people with caring responsibilities received support required.

We were told that if patients had suffered bereavement they were usually supported by their family. However, staff gave leaflets signposting patients to support services such as the Samaritans. The practice did not write to patients or offer an appointment to see their usual GP.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. We were told that those patients with palliative care needs were offered an appointment on the same day that they telephoned if required. People experiencing poor mental health and those with long term conditions were offered longer appointments. Home visits were undertaken for those patients who were unable to attend the practice due to frailty or immobility. Appointments were available outside of school hours for children and young people and patients who work during normal office hours.

The practice referred patients who needed mental health services to other appropriate services such as Healthy Minds and the mental health team. Patients who did not attend their referral appointment were followed-up with a review and an alternative appointment was offered and arranged. The practice was a high achiever for dementia screening and had a dementia register for these patients. However only 60% of people screened for dementia had received a face to face review within the preceding 12 months, compared to a national average of 83.3%. The practice also carried out advance care planning for patients with dementia. We also saw that 51% of patients on the practice's mental health register had a comprehensive care plan in place compared with a national average of 86%.

Hospital passports were given to those patients with a learning disability. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital.

The practice told us how it delivered services to meet the needs of its patient population. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and diabetes. There were nurse led services such as the vaccinations, cervical screening tests as well as disease management services which aimed to review patients with common illness and aliments.

The practice had a palliative care register and had regular internal as well as multidisciplinary meetings to discuss patient and their families care and support needs. We were told that where patients were in need, referrals were made to appropriate services to ensure patient's care and safety needs were met. The healthcare needs of these patients were prioritised and therefore there was flexibility to ensure these patients had an appointment when needed. We looked at the records of two patients with palliative care needs. We saw that although patient records had been Read coded, there was no flag on the system to alert staff that these patients had palliative care needs. One of the records seen recorded that the patient did not wish to be resuscitated in the event of their death (DNAR). This important information should be alerted to staff. The practice had a file which contained the details of patients with palliative care needs. We saw that some of the information in this file was out of date.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patient participation group (PPG). We were told that patients had found the telephone ring tone irritating and this had been changed with the phone company.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services such as carers and vulnerable patients who were at risk of harm. The computer system used by the practice alerted GPs if patients had a learning disability, or if a patient was a carer so that additional appointment time could be made available. Staff told us that translation services were available for patients who did not have English as a first language. This service could be arranged to take place either by telephone or in person. There was a translation service also available on the practice website and many staff at the practice spoke a variety of languages and could translate for patients if they preferred this.

Staff told us that they registered patients who lived in a local hostel. We spoke with a patient who lived at the hostel on the day of our inspection. We were told that they received an excellent service including referral to external services such as healthy minds and regular diabetic check-ups.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

The practice was proactive in removing any barriers that some patients may face in accessing or using the service. For example, the practice had one male and one female GP. This helped to ensure that the needs of those patients who preferred to see a female GP were catered for.

The practice shared some of the building with other GP practices. The reception area was shared and there was no clear divide between the two practices. The self-check in was not working at the time of inspection. It was not easy to identify which receptionist to book in with. The administration office was also shared and the practice did not appear to have sufficient storage space for records which were currently kept in storage boxes.

There were arrangements in place to ensure that care and treatment was provided to patients giving consideration to patients with a disability. For example, there was a lift to gain access to the practice which was located on the first floor and doors were wide enough for patients in wheelchairs to gain access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. Parking bays were available for patients with limited mobility to be able to park close to the entrance of the practice.

Training records seen demonstrated that the practice had provided equality and diversity training through e-learning. Staff we spoke with confirmed that they had completed the equality and diversity training in the last 12 months.

Access to the service

The practice was open from 8am to 6.30pm on Monday to Friday; with appointments available from 9am to 12pm and 4pm to 6.30pm. The GP conducted telephone triage each day from 11am to 11.30am. The practice was open on a Saturday from 9.30am to 12.30pm. Patients could book an appointment over the phone, online and in the practice.

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Longer appointments were also available for older patients, those experiencing poor mental health, patients with learning disabilities and those with long-term conditions. This also included appointments with a named GP or nurse.

The patient survey information we reviewed showed patients responded positively to questions about access to appointments and generally rated the practice well in these areas. For example:

- 76% were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 75% described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 72% said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 70% with a preferred GP usually get to see or speak with that GP compared to the CCG average of 58% and national average of 60%

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a doctor on the same day if they felt their need was urgent although this might not be their GP of choice. Routine appointments were available for booking two weeks in advance. Comments received from patients also showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice. For example, one patient we spoke with was attending the practice for a 'sit and wait' appointment but was happy with this because they felt that they needed to see the GP on that day.

We were told that home visits were available as required for those patients who were unable to attend the practice due to ill health or immobility. The GP discussed how they met the needs of patients at the practice who required regular home visits.

The GPs told us there were sufficient appointments available for high risk patients, such as patients with long

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

term conditions, older patients and babies and young children. Patients were offered appointments that suited them, for example the same day, next day or pre-bookable appointments with their choice of GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The GP was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system, although due to the limited space in the reception area, patients would need to request this information from reception staff. Reception staff we spoke with were aware that they had to give a copy of the complaints information to patients who requested this. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at one complaint received in the last 12 months and found that improvements were required to complaint processes. From documentation seen we could not find evidence to demonstrate that an explanation of incidents and the outcome of complaints were explained to the complainant. A copy of a final letter to the complainant was not available.

We saw a copy of an annual complaints review. Information recorded related to complaints made about telephone access to the service. There were no individual entries and the complaint information we saw during the inspection was not included in this analysis.

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 moved into the health centre in 2012 and has rapidly grown with a patient list size of 3,500 patients to date. We were told that practice staff had worked to establish systems and procedures to move the practice forward and make improvements to the services provided for patients. Further changes were identified which included employment of more staff. The practice did not have a documented future strategy. However, the newly appointed practice manager said that future plans had been discussed at staff meetings and the practice manager explained how the practice would like to move forward to meet changing demands.

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 mission statement and aims and objectives prior to the inspection of the service. We spoke with seven members of staff and they all knew and understood the values of the practice and knew what their responsibilities were in relation to these.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. All of the policies and procedures we looked at had been reviewed annually and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, the HCA was the lead for infection control and the senior partner was the lead for safeguarding. We spoke with seven members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

Aspiring to Clinical Excellence (ACE) is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices. The ACE programme is based on the strategic objectives of the CCG and the NHS Outcomes Framework indicators. ACE is a programme of improvement aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. There are two levels, ACE Foundation and ACE Excellence. The six components identified as priorities for the ACE Foundation level programme for the year 2014-2015 were Engagement & Involvement, Medicines Management, Quality & Safety, Carers, safeguarding and Prevention. The two component of the ACE Excellence Pilot were holistic care and diagnosis of patients with long term conditions and integration of community teams into general practice and delivery of holistic care. Achievement of ACE is verified by a practice appraisal process. This practice had completed the foundation level and was working towards achieving ACE Excellence.

The GP and practice manager took an active leadership role for overseeing that the systems in place to monitor the quality of the service were consistently being used and were effective. The included using the Quality and Outcomes Framework to measure its performance (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The QOF data for this practice showed that it was performing below national standards in some areas. However, we saw that QOF data was discussed at two weekly meetings and action plans were produced to maintain or improve outcomes.

The practice did not have an on-going programme of clinical audits. We were shown two clinical audits that had been undertaken in the last five years. These were not completed clinical audits and the practice did not use audit to monitor quality and systems to identify where action should be taken.

There were processes in place to review patient satisfaction and some action had been taken, when appropriate, in response to feedback from patients or staff. The practice regularly submitted governance and performance data to the CCG.

The practice told us that there were no meetings held to specifically discuss governance issues. Any governance issues would be discussed as and when required at practice meetings. For example, confidentiality was a regular feature on practice meeting agendas due to the layout of the reception area which was shared with other practices and staff were reminded of their responsibilities regarding confidentiality

Leadership, openness and transparency

Are services well-led?

Good

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

The partners in the practice were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice. The practice patient participation group (PPG) was set up when the practice opened in 2012 and had 16 members. We spoke with the chair of the PPG who told us that planned changes were discussed and the practice was open to suggestions made by the PPG and practice patients.

The GP told us that they tried to hold practice meetings on a monthly basis but these were sometimes a little late. We saw the minutes of the practice meetings held in January, February and April 2015. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported.

Seeking and acting on feedback from patients, public and staff

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the friends and family test (FFT), patient participation group (PPG), surveys and complaints received. Some actions had been taken to address issues raised, such as the employment of a new member of reception staff. It had an active PPG which included representatives from various population groups; such as working age and older people. The PPG had carried out surveys and met every quarter. The practice manager showed us the analysis of the last patient survey, which was discussed in conjunction with the PPG. The results and actions agreed from these surveys are available on the practice website and on display on a noticeboard within the practice. We spoke with one members of the PPG and they were very positive about the role they played and told us they felt engaged with the practice. (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).

We saw that there was a suggestions/comments box in the reception area. Staff told us that this was rarely used.

However, we saw that patients were able to make comments via the practice website. The website encouraged patients to make suggestions as to how services could be improved.

We also saw evidence that the practice had reviewed its' results from the national patient survey to see if there were any areas that needed addressing. As a result an increased number of GPs and appointments had been made available on some days of the week.

Both positive and negative feedback had been recorded on the NHS Choices website. The practice manager confirmed that they had been unable to respond to feedback on this website as they were new to the practice and had not yet registered to be able to do this.

Staff said they felt supported and could speak to the practice manager, senior administrator or a GP at any time to get advice or support.

Management lead through learning and improvement

A new practice manager had recently been employed. The practice manager told us that they were keen to implement new procedures to ensure clear systems, procedures and protocols were in place which were understood by all staff.

We saw that staff appraisals took place annually and staff confirmed the practice was very supportive of training and development opportunities. Systems were in place to record incidents, accidents and significant events and to identify risks to patient and staff safety, although records seen had not been completed in any detail. The results were discussed at practice meetings and if necessary changes were made. The practice had not undertaken any monitoring to identify any trends and there was limited evidence to demonstrate learning and improving outcomes for patients following review of significant events or complaints.

Systems in place for recording and reviewing of complaints were not efficient. Staff had not recorded all complaints and there was limited evidence to demonstrate learning following review of complaints.

We were told that daily meetings were held with the GPs, nurse and administrative supervisor to discuss issues of the day. There were no minutes of these meetings as they were informal discussions which were not documented.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints How we found the regulation was not being met We found that the registered person had not established and was not effectively operating an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16(1)(2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the Regulation was not being met Systems in place regarding the management of risks to patients and others against inappropriate or unsafe care were not robust. Complaints and significant events were not recorded in sufficient detail, medication reviews were not undertaken in a timely manner and checks of some of the emergency equipment had not been undertaken to ensure they are safe and ready to use. The practice did not have a programme of clinical audit. The practice did not demonstrate changes resulting from clinical audit had resulted in improved outcomes for patients. We found that the provider had not protected people against the risks of inappropriate or unsafe care and treatment by means of effective operation of systems designed to enable the registered person to regularly assess and monitor the quality of services provided in

This section is primarily information for the provider

Requirement notices

the carrying on the regulated activity, identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity.

Regulation 17(1)(2)(a)(b)