

Reservoir Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Reservoir Road Surgery on 15 June 2016. Overall the practice is rated as requires improvement.

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

- Most risks to patients were assessed and well managed. However, some systems and processes were not in place to keep patients safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control had not been monitored or completed.
- There was a process for reporting incidents, near misses and concerns but there was insufficient evidence of learning and communication with all staff.
- Data from the Quality and Outcomes Framework (QOF) showed the practice was an outlier for clinical targets

in coronary heart disease (CHD) prevalence, diabetes, hypertension, mental health and cervical screening. We saw no evidence that audits were driving improvements to patient outcomes in these areas.

- Patients we spoke with and the comment cards we received were positive about their interactions with staff and said they were treated with compassion and dignity. The national patient survey results indicated that patient satisfaction with GP and nurse consultations was generally above local and national averages.
- The appointment systems were not working well so patients did not receive timely care when they needed it. The practice had installed a new telephone system to improve phone access although the impact of this had not yet been assessed.
- Information about how to complain was available and some improvements were made to the quality of care as a result of complaints and concerns. However, learning from complaints was not effective.
- The practice had a number of policies and procedures to govern activity, but not all had become embedded.

Summary of findings

- The practice did not proactively seek feedback from staff and patients and a patient participation group had not become established.
- The practice had insufficient leadership capacity and management support to properly establish formal governance arrangements and have robust oversight of practice processes.

The areas where the provider must make improvements are:

- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Implement systems to assess, monitor and improve the quality of the service and patient outcomes. For example, take action to deliver improvements in identified areas such as reviews of long term conditions and cytology screening.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure there is sufficient leadership capacity and management support to effectively deliver improvements.

The areas where the provider should make improvement are:

- Strengthen the processes for sharing significant events, incidents, safety alerts and complaints to ensure lessons are learned, properly shared and where appropriate further risks are mitigated.
- Review procedures to ensure effective documentation and organisation of information to enable easier monitoring processes.
- Consider a more robust monitoring process for staff training and ensure action is taken when training is overdue.
- Further progress the steps taken to improve the process for making appointments, the availability of non-urgent appointments and to reduce appointment waiting times.
- Consider the benefits of actively using the carers register to support and improve patient care and welfare.
- Take action to progress steps to establish a patient participation group.

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?

- There was a system in place for reporting and recording significant events. Although the practice had carried out some analysis of the significant events, opportunities for learning had not been fully utilised.
- There was some evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate.
- The practice had defined systems, processes and practices in place to keep patients safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Although most risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe such as in recruitment or infection control.

Requires improvement



Are services effective?

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- We viewed five clinical audits that had been completed in the last two years. Two of these were completed audit cycles where the improvements made were implemented and monitored.
- Data showed that some patient outcomes were low compared to the locality and nationally. For example, the practice was an outlier for QOF (or other national) clinical targets in coronary heart disease (CHD) prevalence, mental health, diabetes, cervical screening and hypertension. There was no evidence that audits were driving improvement in patient outcomes in any of these identified areas.
- Some multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Requires improvement



Are services caring?

- The national GP patient survey results published on 7 January 2016 showed that the practice performance was mixed. However, patients rated the practice in line with local and national averages for its satisfaction scores in relation to GP and nurse consultations.

Requires improvement



Summary of findings

- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Some information for patients about the services was available although carers were not being actively identified and supported.

Are services responsive to people's needs?

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Results from the national GP patient survey published on 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was consistently lower than local and national averages.
- The practice had installed a new telephone system to improve phone access although the impact of this had not yet been assessed.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. However, there was limited evidence that learning from complaints had been shared with staff.

Requires improvement



Are services well-led?

- The practice did not have a clear vision and strategy and staff were not clear about their responsibilities in relation to the vision or strategy.
- There was a leadership structure in place, however not all staff we spoke with felt listened to by the practice leadership team.
- Although there was some use of clinical and non-clinical audits to improve patient outcomes, there were no systems in place to act on all of the identified improvements required.
- The practice had a number of policies and procedures to govern activity, but not all were reflective of practice processes or being followed effectively.
- The practice did not hold regular governance meetings and staff meetings were mainly informal with few meetings being documented.

Requires improvement



Summary of findings

- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Lack of management time and leadership support had not allowed the establishment of the PPG to be actively pursued.
- There was evidence of appraisals for most staff.

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

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- GPs conducted weekly visits to three of the local nursing and residential homes.
- Patients had access to appropriate health assessments and checks. These included NHS health checks for patients aged 40–74.
- A phlebotomy service was available at the practice for the convenience of patients requiring blood tests.
- There were disabled facilities available and the practice had a level access entrance to the building with automatic doors to enable easy access for patients with mobility difficulties.
- The consultation rooms were all located on the ground floor.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Nationally reported data showed that outcomes for patients for some long term conditions were below local and national averages. For example, the CCG average of 83% and a national average of 84%.
- Additionally, performance for patients with diabetes in whom the last blood pressure reading is 140/80 mmHg or less which was 63% for the practice compared with a CCG average of 75% and a national average of 78%.
- Longer appointments and home visits were available when needed.
- For those patients with palliative care needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Same day appointments were normally available for children and those with serious medical conditions.
- Breast feeding and baby changing facilities were available.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 73% which was below the CCG average of 78% and the national average of 82%. Exception reporting was slightly higher at 11% (3% above the CCG average and 5% above the national average).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice carried out eight-week and three years old health checks for babies and children with aspects of postnatal care being incorporated into the eight-week check.
- The practice worked with health visitors and midwives to support young families.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered extended hours on Tuesdays from 6.30pm to 8pm and opened on Saturdays from 8.30am to 11.45am to accommodate working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online.
- One of the GP partners held a weekly community ENT (Ear, Nose & Throat) Clinic which was open to outside referral from neighbouring practices.
- Health promotion advice was available at the practice.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

- The practice held a register of patients with a learning disability and the practice had carried out annual health checks for people with a learning disability.
- There were longer appointments available for patients with a learning disability.
- A hearing loop was available at the practice and one of the practice staff had completed a level one sign language course.
- Translation services were available.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.
- Staff we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for all domains. The issues identified as requires improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The recorded performance for mental health related indicators was below both local and national averages (67% for the practice compared to a local average and national averages of 87%).
- The practice has large numbers of patients experiencing poor mental health but low numbers of patients with mental health issues had care plans in place.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was mixed compared with local and national averages. Four hundred and three survey forms were distributed and 108 were returned. This represented a 27% survey response rate.

The practice was in line with or above CCG and national averages in relation to all aspects of both GP and nurse consultations:

- 82% said that 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%.
- 88% 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%.
- 92% said that the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 90% said that the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 91% and national average of 92%.

The practice was below the CCG and national averages in relation to all aspects of appointment access, appointment waiting times and interactions with reception staff times:

- 80% of patients said that the last appointment they got was convenient compared to a CCG average of 91% and a national average of 92%.
- 27% of patients found it easy to get through to this practice by phone compared to a CCG average of 62% and a national average of 73%.
- 77% of patients found the reception staff at the surgery helpful compared to a CCG average of 84% and a national average of 87%.

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average 85%.
- 27% of patients said they didn't have to wait too long to be seen compared to a CCG average of 55% and a national average 58%.
- 71% of patients described their overall experience of the practice as good compared to a CCG average of 83% and a national average 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 74% and a national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards, 11 which were wholly positive about the standard of care received whilst five were mixed and the remaining three were negative. Overall, the 11 positive comment cards indicated patients felt listened to, that the practice offered an excellent service and staff were helpful and caring. The five with varied responses were also mainly positive about the staff and practice but complained about issues related to waiting times and appointments access. The three negative responses related to poor mental health care, reception staff attitude and being unable to access appointments.

We spoke with eight patients during the inspection. All the patients we spoke with told us said they were generally happy with the care they received and thought staff were approachable, committed and caring. However, two of the patients told us that appointment access was an issue whilst six patients told us that they faced long waiting times after their scheduled appointment time.

Areas for improvement

Action the service MUST take to improve

- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

Summary of findings

- Implement systems to assess, monitor and improve the quality of the service and patient outcomes. For example, take action to deliver improvements in identified areas such as reviews of long term conditions and cytology screening.
 - Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
 - Ensure there is sufficient leadership capacity and management support to effectively deliver improvements.
- Action the service SHOULD take to improve**
- Strengthen the processes for sharing significant events, incidents, safety alerts and complaints to ensure lessons are learned, properly shared and where appropriate further risks are mitigated.
 - Review procedures to ensure effective documentation and organisation of information to enable easier monitoring processes.
 - Consider a more robust monitoring process for staff training and ensure action is taken when training is overdue.
 - Further progress the steps taken to improve the process for making appointments, the availability of non-urgent appointments and to reduce appointment waiting times.
 - Consider the benefits of actively using the carers register to support and improve patient care and welfare.
 - Take action to progress steps to establish a patient participation group.

Reservoir Road Surgery

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, a practice manager specialist adviser and an Expert by Experience.

Background to Reservoir Road Surgery

- Reservoir Road Surgery is located in Erdington, Birmingham and operates within a health centre that shares the premises with two other GP practices and a variety of other support services.
- The practice has seen a large increase in its patient list size within the last six years from approximately 7000 patients registered with the practice to the current 12,185.
- The practice has three male GP partners and four female salaried GPs. There are also five practice nurses (four female and one male), two healthcare assistants, a practice manager, an assistant practice manager and 14 reception/administrative staff.
- Reservoir Road Surgery is also a teaching and training practice and takes on both medical students GP registrars periodically. There was one GP registrar at the practice at the time of the inspection.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments take place from 9am to 12pm every morning and 3.30pm to 5.30pm daily. The practice offers extended hours on Tuesdays from

6.30pm to 8pm and is open on Saturdays from 8.30am to 11.45am. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service on the practice answer phone message.
- The practice has a higher proportion of patients between the ages of 25 and 35 years than the national average. They have a lower than average number of patients who are over 50.
- The practice is located in close proximity to a large mental health hospital and the practice has large numbers of patients experiencing poor mental health.
- The practice is in an area with high levels of social and economic deprivation.

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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff (the three GP partners, the practice manager, two practice nurses and three reception/admin staff).
- Spoke with patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the reception manager or practice manager of any incidents. Staff described how they would document events in an incident book kept in reception. However, staff were unable to provide examples of lessons learnt following an incident in the practice.
- The practice had listed 13 significant events in the past 12 months. The practice informed us that clinical significant events were discussed at monthly clinical meetings and saw one example where this had been documented as these meetings were not regularly minuted. The practice also told us that the list of significant events was discussed annually. Although we viewed the significant events list, as before, discussion and learning points had not been documented. For example, the practice were unable to demonstrate that those not at the meetings were able to benefit from the discussion and learning.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology (or written where appropriate). However, patients were not always informed of any actions to improve processes to prevent the same thing happening again.

The GP we spoke with demonstrated knowledge of recent safety alerts although not all had yet been acted on. The practice told us that these were discussed informally with the clinical team where appropriate although this was not always documented. There was no system in place to record the decision making process following receipt of an alert.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who

to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the lead member of staff for safeguarding. The safeguarding lead attended external safeguarding meetings when possible and staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. We saw evidence to demonstrate that the GPs were trained to safeguarding level 3 whilst the practice nurses were trained to safeguarding level 2.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- We observed the premises to be clean and tidy. One of the practice nurses and the assistant practice manager were the joint infection control leads who liaised with the local infection prevention teams. There was an infection control protocol in place. Annual infection control audits were undertaken via the Clinical Commissioning Group (CCG). The previous audit took place in June 2015 and a more recent one had taken place in June 2016 (resulting in 95% compliance). The practice informed us that they had currently suspended minor surgery due to issues with infection control in the room used. We saw that some of the actions from the previous audit had been identified again in the more recent audit. There was no evidence to indicate that action had been taken to address the improvements identified as a result as the action plan was not being effectively monitored.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines and the practice had carried out regular medicines audits. Prescription stationery was securely stored and there were systems in place to monitor the use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Are services safe?

- We reviewed four personnel files (which included one practice nurse, one GP and two reception/ administrative staff). Only one member of staff (a receptionist) had been recently employed (in June 2015) with other staff being employed for over five years. For the receptionist recruited in 2015, we found that the appropriate recruitment checks had not been undertaken prior to employment and the practice recruitment policy had not been followed. For example, we saw that in all cases references and proof of identification were missing.
- We saw that DBS checks had not been carried out for one of receptionists nor a risk assessment to assess if this was required. The practice informed us that a DBS check had been applied for this staff member.
- We asked for evidence to demonstrate that registration of all the practice nurses with the appropriate professional body was up-to-date. However, no evidence was provided to demonstrate this was the case or that monitoring of this was taking place.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. We found that all electrical equipment we reviewed had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to

monitor safety of the premises such as control of substances hazardous to health and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other, working additional hours if required. We were told locums were used to provide any required clinical cover. However, the practice acknowledged that staffing levels were not always sufficient to keep up with demand and that the availability of management support was insufficient.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff we spoke with knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for a range of major incidents such as power failure or building damage. The plan was sufficiently detailed and included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- One of the GPs was the lead member of staff for this who ensured they were up-to-date with the latest guidance through attendance at external meetings.
- The GP told us that new and amended guidelines were discussed internally at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) for the practice were 91% of the total number of QOF points available. This was similar to the CCG & national QOF averages of 94%.

The practice had an 11% exception reporting which was slightly above the CCG and national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for QOF (or other national) clinical targets in coronary heart disease (CHD) prevalence, diabetes, hypertension, mental health and cervical screening. QOF data from 2014/2015 showed;

- Patients with diabetes in whom the last blood pressure reading is 140/80 mmHg or less was 63% for the practice compared with a CCG average of 75% and a national average of 78%.
- Performance for mental health related indicators was 67% which below the CCG average of 87% and a national average of 87%.

- The ratio of reported versus expected prevalence of CHD for the practice was low at 0.42 compared to 0.62 for the CCG and 0.71 nationally.
- The percentage of patients with hypertension having regular blood pressure tests was 72% which was lower than the CCG average of 83% and a national average of 84%.

We found that the practice was aware of the areas requiring improvement although no action had been taken to improve patient outcomes in the above identified outliers. When asked, the practice told us that they did not currently have the capacity or time available to look into these issues.

There was some evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- We viewed five clinical audits which had completed in the last two years. Two of these were completed audits (HIV medication documentation audit and antibiotic prescribing audit) where the improvements made were implemented and monitored.
- We saw that findings had been used by the practice to improve services. For example, recent action taken had resulted in reduced levels of antibiotic prescribing and significant improvement in correctly recorded HIV medication on the clinical system. However, no audits or reviews had been undertaken for the areas where the practice had been identified as an outlier.

Effective staffing

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

- The practice did not currently have an induction programme in place for all newly appointed staff although only one member of staff had recently been employed. The practice told us that this was in the process of being developed. We viewed an induction checklist although we noted this had not yet been used and that it did not specify the training areas to be covered such as safeguarding or infection prevention and control.
- We saw evidence to demonstrate that one of the practice nurses administering vaccines had received

Are services effective?

(for example, treatment is effective)

specific training. There was evidence to demonstrate how the practice nurse stayed up to date with changes to the immunisation programmes, for example by access to on line resources and training.

- The practice was also a teaching and training practice and took on both medical students GP registrars periodically. There was one GP registrar at the practice at the time of the inspection.
- The learning needs of staff were identified through a system of annual appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We reviewed four staff files and found three of the four staff had received an appraisal within the last 12 months whilst one was overdue.
- Some staff had received training that included: safeguarding, fire procedures, basic life support, infection control and information governance awareness. However, not all staff were up to date. For example we noted that five staff members were overdue basic life support training whilst another had not completed any and only a few members of staff had completed fire safety training. The practice informed us that they were in the process of making use of e-learning training packages to ensure all staff received the relevant training and to allow effective monitoring of this.

Coordinating patient care and information sharing

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

- This included medical summaries, investigations and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice told us that they held quarterly meetings with health visitors and that end of life

care multidisciplinary team meetings took place on a six-weekly basis. This involved the GPs, practice nurse, practice manager and a representative from John Taylor Hospice.

Consent to care and treatment

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

- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GP had received Mental Capacity Act training and had given a presentation to all practice staff regarding this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We found that the practice used consent forms for recording written consent when appropriate although the process for seeking consent had not been monitored through patient records audits. The practice informed us that they had currently suspended minor surgery due to issues with infection control in the room used.

Supporting patients to live healthier lives

Some patients who may be in need of extra support were identified by the practice. For example:

- Patients receiving end of life care and patients with learning disabilities. However, other groups of patients were either not being identified or being provided with extra support. For example, a carers register was not being maintained or used to proactively support carers and patients with poor mental health did not all have care plans in place.
- Health care assistants and practice nurses were able to provide advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialised services where appropriate.
- Midwives, health visitors and other support services were available on the shared premises within the health centre and the practice was able to link in with the appropriate services when required.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 73% which was below the CCG average of 78% and the national average of 82%. Exception reporting was slightly higher at 11% (3% above the CCG average and 5% above the national average). The practice informed us that they sent reminder letters to patients who did not attend their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice was in line with CCG and national averages for national screening programmes for bowel cancer screening (practice average 48% compared

to CCG average of 51% and national average of 58%) and above average for breast cancer screening (practice average 75% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were either in line or above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 84% to 97% and five year olds from 93% to 98% for the practice compared with CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Patients were treated with dignity and respect.

- We saw that curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with told us that they would take a patient to a private room or area when patients wanted to discuss sensitive issues or appeared distressed.

Most of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they felt that the practice offered an excellent service and staff including the GP listened to them, were helpful, supportive and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

We spoke with eight patients on the day of the inspection. Patients told us they felt involved in decision making involved in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. However, there were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

We saw that there were some leaflets in the patient waiting areas that provided patients information on how to access

Are services caring?

support groups and organisations although these were limited. We were told that this was due to restrictions by the premises owners which meant that only very limited information was displayed. For example, we saw leaflets providing contact numbers for domestic violence support services and support for patients with HIV.

We were told that the practice had a carer's register but the practice was unable to provide any more information including the number of patients at the practice that had been identified as carers. We were also told that there was no formal system to support carers or for those who had suffered bereavement although bereaved relatives were sometimes contacted at the GPs discretion.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was some evidence that the practice had worked with the local CCG to plan services and to improve outcomes for patients in the area through involvement with the CCG Aspiring to Clinical Excellence (ACE) programme. ACE is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices to further improve care offered to patients. For example the practice had installed a new telephone system to try and improve patient phone access. However, the practice had not acted to improve in other areas identified such as patient outcomes for diabetes, mental health or hypertension.

- The practice offered extended hours on Tuesdays from 6.30pm to 8pm and opened on Saturdays from 8.30am to 11.45am to accommodate working patients who could not attend during normal opening hours.
- A facility for online repeat prescriptions and appointments bookings was available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- GPs conducted weekly visits to three of the local nursing and residential homes.
- There were longer appointments available for patients with a learning disability.
- Same day appointments were normally available for children and those with serious medical conditions.
- The practice carried out eight-week and three years old health checks for babies and children with aspects of postnatal care being incorporated into the eight-week check.
- A phlebotomy service was available at the practice for the convenience of patients requiring blood tests.
- One of the GP partners held a weekly community ENT (ear, nose and throat) Clinic which was open to outside referral from neighbouring practices.
- There were disabled facilities available and the practice had a level access entrance to the building with automatic doors to enable easy access for patients with mobility difficulties.
- Translation services were available.
- A hearing loop was available at the practice and one of the practice staff had completed a level one sign language course.

- Breast feeding and baby changing facilities were available.
- The consultation rooms were all located on the ground floor.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm every morning and 4pm to 5.30pm daily. The practice offered extended hours on Tuesdays from 6.30pm to 8pm and opened on Saturdays from 8.30am to 11.45am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were lower both local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 27% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 27% of patients said that did not normally have to wait too long to be seen compared to a CCG average of 55% and a national average 58%.
- 71% of patients described their overall experience of the surgery as good compared to a CCG average of 83% and a national average 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 74% and a national average 78%.

The practice had installed a new telephone system to improve phone access although the impact of this had not yet been assessed or reviewed.

We spoke with eight patients on the day of the inspection. Six of the patients told us that they were either not always or hardly ever able to get appointments when they needed them. Six of the patients we spoke with also told us that appointments often ran late resulting in longer waiting times.

We found that the practice had a system in place to assess:

- whether a home visit was clinically necessary

Are services responsive to people's needs?

(for example, to feedback?)

- to determine the urgency of the need for medical attention.

Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. This was done through gathering of information by non-clinical staff beforehand to allow for an informed clinical decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager 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. For example, there was a complaints summary leaflet available in the waiting area.

We saw that 12 complaints had been received in the last 12 months. We saw that these were logged with brief details of the complaint and a summary of the response from the practice. We reviewed two of these and found that they had been dealt with in a timely way with openness and transparency. However, we found no evidence of lessons learnt from individual concerns and complaints or an overall analysis to pick up any trends.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

One of the GP partners presented a values statement for the practice. They told us it was to have a holistic approach to patient care with access to a variety of services to make the patient journey easier, quicker and successful.

However, other staff we spoke with were unaware of the practice values statement and we did not find any other reference related to this. We discussed the vision and strategy for the practice with a GP:

- The GP told us that as the practice patient list size had expanded rapidly and was continuing to rise, they were looking to increase the number of GPs further and secure more space. However, a strategy had not yet been developed and it was acknowledged that securing further space was difficult.
- The practice had developed a patient charter listing the rights and responsibilities of patients and the practice.

Governance arrangements

The practice had some structures and procedures in place to support them with the delivery of the strategy and good quality care. However, the practice did not demonstrate that policies were effectively embedded and reflected the process and systems in place at the practice. We found that:

- There was a staffing structure in place and that staff were aware of their own roles and responsibilities.
- The practice did not hold regular governance meetings and staff meetings were mainly informal with few meetings being documented.
- There were some policies and processes in place but not all of these were effectively embedded or monitored such as the recruitment procedures.
- Processes at the practice were disorganised and when asked, the practice found it difficult to find relevant policies or information easily.
- Although there was some use of clinical and non-clinical audits to improve patient outcomes, there were no systems in place to act on all of the identified improvements required. For example, the practice was an outlier for some QOF and other local and national clinical targets such as diabetes, hypertension and mental health but no action had been taken to improve patient outcomes in these areas.

Leadership and culture

All three of the GP partners were at the practice on the day of the inspection. The partners in the practice told us they prioritised safe, high quality and compassionate care. However, management support was inadequate to ensure practice management functions were properly carried out and there was limited clinical leadership capacity at the practice. For example, this was demonstrated by the lack of embedded processes at the practice, difficulties in locating policies, procedures and other documentary evidence, not being able to commit time to allow the the establishment of the patient participation group or to take action on areas of clinical targets underperformance identified.

The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and an apology.
- The practice kept records of written correspondence although verbal interactions were not always documented.

There was a leadership structure in place.

- Staff told us the practice held monthly reception team meetings, monthly practice nurse meetings and fortnightly GP partners team meetings. However, these were documented on an infrequent basis and it was therefore difficult to demonstrate meeting outcomes, shared learning and improvement actions.
- Staff told us they had some opportunity to raise issues at reception team meetings. However, staff were not fully involved in discussions about how to run and develop the practice or encouraged by all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had collected limited feedback from patients, the public and staff.

- The practice had gathered feedback from patients through complaints received and the national patient survey had been reviewed by the practice. As a result, a new telephone system had been installed to improve patient phone access.
- A patient participation group (PPG) was not currently active. We saw evidence that one initial meeting that

Are services well-led?

Requires improvement 

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

had taken place over six months ago but the group had since been dispersed as there had been no momentum to keep the group going. The practice told us there were plans to re-establish the PPG and a list of potential patients to proactively target via letters of invitation had been drawn up. However, the practice told us that the lack of management time and leadership support did not currently allow this to be actively pursued.

- The practice manager and staff members informed us that they were able to provide feedback at meetings, annual appraisals and on a one-to-one basis. However, not all staff we spoke with felt listened to by the practice leadership.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice could not provide any evidence to demonstrate that improvements identified from the infection control audit were being monitored or implemented to ensure effective completion.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found the provider did not assess, monitor and improve the quality and safety of the services provided in all areas identified for improvements. For example by taking effective action to deliver improvements in areas such as health screening and reviews.</p> <p>The practice did not have effective monitoring and assessment processes in place to ensure effective oversight of the quality of the service provision. For example there was limited documentation available and information was difficult to find.</p> <p>The provider did not seek and act on feedback from relevant persons and other persons on the services provided for the purposes of continually evaluating and improving services (for example through proactive engagement with patients and staff).</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person did not do all that was reasonably practicable to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the rising demands of the service.

For example, they had failed to mitigate the risks associated with the lack of sufficient leadership capacity and management support to ensure effective delivery of service despite concerns being raised.

The practice was unable to provide evidence to demonstrate that professionals requiring registration with a health or social care regulator (such as practice nurses), had been monitored to ensure that their registration continued to be valid.

The practice did not provide an effective induction programme for all newly employed staff.

This was in breach of Regulation 18 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work.

This section is primarily information for the provider

Requirement notices

The provider had not ensured that recruitment procedures were being operated effectively or that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity.

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