Lozells Medical Practice

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?	Good
Are services caring?	Good
Are services responsive to people's needs?	Inadequate
Are services well-led?	Requires improvement

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We completed a comprehensive announced inspection at Lozells Medical Practice on 12 March 2015. Overall the practice is rated as requires improvement.

We found that the practice was good for providing an effective and caring service and required improvement for being safe and well-led. However, we found the practice to be inadequate for providing a responsive service. As a result, we found the practice required 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.

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

- Patients were at risk of harm because systems and processes in place to keep them safe were not effective. For example appropriate steps had not been taken to ensure sufficient numbers of staff were on duty on each occasion, systems in place regarding emergency equipment were not robust and the practice had not undertaken infection control audits.
- Systems were in place to review the needs of those patients with complex health needs or those in vulnerable circumstances.
- Patients said that the GPs listened to what they had to say and treated them with compassion, dignity and respect. However the results from the last national patient survey showed that the practice was below CCG and national averages regarding the percentage of patients who felt that they were involved in their care and decisions about their treatment.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through the practice when phoning to make an appointment.

Summary of findings

- Staff felt supported by management and the practice proactively sought feedback from staff and patients, which it acted on.
- There was an open culture within the practice and staff were actively encouraged to raise concerns and suggestions for improvement.
- The practice had limited formal governance arrangements, not all staff had access to policies and procedures.

However, there were areas where the provider must make improvements

Importantly, the practice must:

- Implement effective systems in the management of risks to patients and others against inappropriate or unsafe care. This must include robust management of recruitment of staff and environmental checks.
- Ensure audit processes are in place to assess the risk, prevent, detect and control the spread of infection.
- Implement systems to ensure that all complaints received are recorded and appropriate action is taken regarding investigation, corresponding with the complainant and review.

There were also areas where the practice should make improvements.

- Implement Incident/significant event reporting, recording and monitoring processes to ensure trends and lessons learnt are captured and shared internally, and where appropriate externally.
- Provide staff with information regarding the roles and responsibilities of a chaperone and ensure that the practice's chaperone procedure is followed.
- Ensure staff training records are well maintained so that the practice can be assured the training relevant to staff roles have been completed.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services. Staff understood their responsibilities to raise concerns, and report incidents and near misses. However, when things went wrong, reviews and investigations were not sufficiently thorough and lessons learnt were not communicated widely enough to support improvement.

Staff were not sure of the roles and responsibilities of a chaperone but were expected to undertake this role.

Not all of the risks to patients who used services were assessed. For example there had been no infection prevention and control audit undertaken and records were not available to demonstrate that equipment to be used in an emergency situation was checked to ensure it was in good working order. Recruitment systems were not robust and the practice had not obtained satisfactory evidence of conduct in previous employment for the most recent staff member employed. Systems to ensure that all staff received relevant training were not evident; one member of staff spoken with had not undertaken fire safety or chaperone training.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. NICE guidance is referenced and used routinely. People's needs were assessed and care was planned and delivered in line with current legislation. This included assessment of capacity and the promotion of good health. Clinical staff had received training appropriate to their roles and further training needs had been identified and planned. The practice could identify the personal development plans for all staff but appraisal documentation should be improved upon. Multidisciplinary working was evidenced. The practice had completed a low number of NHS health checks. There was limited evidence from completed clinical audit cycles that audit was driving improvement in performance to improve patient outcomes.

Are services caring?

Good

The practice is rated as good for being caring. Data showed patients rated the practice lower than some for several aspects of care. The majority of patients spoken with said they were treated with

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compassion, dignity and respect and they were involved in care and treatment decisions. We also saw that staff treated patients with kindness and respect and tried to ensure confidentiality was maintained

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. Patients reported issues with telephone access and the availability of appointments. We were told that there was a long wait to get an appointment with the female GP. The practice had identified that appointments booked up quickly and this was under review to ensure that provision was appropriate. On-line booking had been introduced but had a low uptake. 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.

The practice was equipped to treat patients and meet their needs. Information about how to complain was only available in English and therefore not available to all patients in a format they could understand. One patient that we spoke with told us that complaints forms were not available when the wanted to raise a concern. There was limited evidence to demonstrate that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led. Staff spoken with were aware of the ethos of the practice and their responsibilities in relation to this. Staff said that they felt supported by management but not all staff were aware of who held lead roles, for example in safeguarding. The practice had a number of policies and procedures to govern activity and there were some systems in place to monitor and improve quality. Not all of the staff we spoke with were aware of how to access policies and procedures or where they were kept.

The practice had not considered the full range of incidents which could be classed as significant events. Where significant events were recorded there was limited evidence to demonstrate from these incidents learning had taken place. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. Arrangements for identification and management of risk were not robust.

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 requires improvement for providing a safe and well led service and inadequate for providing a responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice offered personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example the unplanned admissions enhanced service, (a scheme to avoid unplanned hospital admissions by focusing and coordinating care for the most vulnerable patients), atrial fibrillation screening for over 65 year olds, and facilitating timely diagnosis and support for people with dementia. Patients in this population group aged 75 years and over had a named GP. Those patients identified as the most at risk of an unplanned hospital admission had been given a separate direct dial telephone number which enabled them easier access to obtain an appointment. Care plans were in place and regularly reviewed and rapid access appointments were available. The practice was responsive to the needs of older people, including offering home visits and longer appointments. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for providing a safe and well led service and inadequate for providing a responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice had identified patients and developed care plans for those with the most complex needs as part of the unplanned admissions enhanced service There were arrangements to ensure the continuity of care for those who needed end-of-life care. Patients with urgent health needs were able to access same day appointments. Emergency admissions for 19 ambulatory care sensitive conditions was in line with the national average. These are chronic conditions that can be appropriately managed in the primary care setting. When needed longer appointments and home visits were available. Patients in this population group had structured annual reviews to check their health and medication needs were being met.

In-house services for patients with diabetes, including insulin initiation was available, this included input from a consultant and nurse specialist. Separate meetings were held with this multi-disciplinary team regarding these patients. Spirometry

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services were also provided including diagnosis and screening. The practice were high achievers regarding the quality and outcomes framework (QOF) and were above the clinical commissioning group (CCG) average. 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.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for providing a safe and well led service and inadequate for providing a responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. Immunisation rates were high for all standard childhood immunisations and systems in place ensured that non-attenders were contacted. Appointments were available outside of school hours and the premises was suitable for children and babies. We were provided with good examples of joint working with midwives, district nurses and health visitors.

All staff had received training in safeguarding children so that they had the knowledge and understanding to act if they were concerned a child may be at risk of harm. Safeguarding procedures were in place for identifying and responding to concerns about children who were at risk of harm and systems were in place for identifying at risk patients, both children and adults. For example patients at risk of domestic violence or children on the child protection register.

Women were offered cervical screening and there were systems in place to contact patients who did not attend their appointment.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for providing a safe and well led service and inadequate for providing a 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 flexible and offer continuity of care. The GPs at this practice were sexual health in practice (SHIP) trained. The SHIP scheme includes specific training regarding sexually transmitted infections, HIV, contraception, unintended pregnancy, young people's access and sexual health promotion. The practice offered extended opening hours for appointments until 8pm on a Monday and 7pm on a Tuesday, and online appointment booking and ordering of repeat prescriptions had recently been introduced which currently had a low uptake. Health promotion advice was offered

Summary of findings

and accessible health promotion material was available in the waiting area. Women were offered cervical screening and there were systems in place to contact patients who did not attend their appointment.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for providing a safe and well led service and inadequate for providing a 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 those with learning disabilities and this showed that annual health checks had been completed and 100% of these patients had received a follow-up. The practice offered longer appointments for people with learning disabilities and for those patients whose first language was not English. Flags were put on computer systems to alert staff if a patient had a learning disability, for those whose first language was not English or patients who had drug or alcohol problems. This enabled staff to allow additional time or make appropriate arrangements, such as interpreters, when making appointments for these patients.

The practice provided an enhanced service to avoid unplanned hospital admissions. This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. An enhanced service is a service that is provided above the standard general medical service contract (GMS).

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations such as Healthy Minds. Staff knew how to recognise signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for providing a safe and well led service and inadequate for providing a responsive service. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations including Healthy Minds. A counsellor is available at the practice on a weekly basis. The practice website contains links to services such as the Alzheimer's society, health talk online and the mental health

Summary of findings

foundation. Information was available to patients from these organisations. The practice had a system in place to follow up on patients who had attended accident and emergency where there may have been mental health needs.

Performance data available for patients in relation to outcomes for patients with dementia were above the CCG average. Performance data available for in relation to outcomes for patients with mental health conditions including schizophrenia, bipolar affective disorder and other psychoses were also above the CCG average. Depression screening is undertaken and direct referral to the community mental health team as necessary.

Dementia screening is undertaken for appropriate at-risk patients, for example those with peripheral arterial disease or a history of CVA.

Summary of findings

What people who use the service say

As part of the inspection we sent the practice a comments box and cards so that patients had the opportunity to give us feedback. We received 17 completed comment cards and on the day of our inspection we spoke with four patients. The vast majority of comments received were positive. Patients commented that staff were caring, the GP was helpful and the service was efficient. Some patients were less satisfied with the availability of appointments, the layout of the reception area which did not allow for confidential discussions between patients and staff and difficulty in getting through to the practice was mentioned.

We looked at results of the national GP patient survey carried out in July 2014. Findings of the survey were based on comparison to the regional average for other practices in the local Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Areas that were assessed as worse than expected included the percentage of patients who would recommend their GP surgery, patient satisfaction with opening hours, the percentage of patients who found it easy to get through to the practice on the telephone and the percentage of patients rating their experience of making an appointment as good. Areas in which the practice does best related to the GP being good at explaining tests and treatments, the GP being good at treating patients with care and concern and the GP being good at listening to them and these results were in line with national averages.

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 robust management of recruitment of staff and environmental checks.
- Ensure audit processes are in place to assess the risk, prevent, detect and control the spread of infection.
- Implement systems to ensure that all complaints received are recorded and appropriate action is taken regarding investigation, corresponding with the complainant and review.

Action the service SHOULD take to improve

- Implement Incident/significant event reporting, recording and monitoring processes to ensure trends and lessons learnt are captured and shared internally, and where appropriate externally.
- Provide staff with information regarding the roles and responsibilities of a chaperone and ensure that the practice's chaperone procedure is followed.
- Ensure staff training records are well maintained so that the practice can be assured the training relevant to staff roles have been completed.

Lozells Medical Practice

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 second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

Background to Lozells Medical Practice

Lozells Medical Practice is located in the Finch Road Primary Care Centre and in the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). The practice provides primary medical services to approximately 3,900 patients in the local community under a general medical services (GMS) contract. The practice is located in one of most deprived areas in the country. The population served is younger than the national average.

There were two GP partners, both male, only one partner was working at the practice during the inspection. In addition a female locum GP also works regularly at this practice. A practice manager, IT manager, practice nurse (female) and three administrative staff also work at the practice.

The practice opening times and surgery times are from 10am until 1pm Monday to Friday and from 4.30pm to 6.30pm on Wednesday and Friday. Extended opening hours are provided until 8pm on Mondays and Tuesdays until 7pm. The practice is closed on a Thursday afternoon. This information was available on the practice website.

The practice manager told us that when the practice was closed during the day and on a Thursday afternoon, general medical service were commissioned by the practice from Primcecare the out of hours provider. Primecare also provide out of hours cover when the surgery closed in the evening until 10am the following morning. A duty doctor is on call from 8am until 10am and from 1pm until 4.30pm Monday to Friday to answer calls forwarded to the practice from Primecare.

Why we carried out this inspection

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

We previously carried out a focused inspection of the Lozells Medical practice on 30 May and 27 June 2014 in response to specific concerns and found that improvements were required. We carried out a comprehensive inspection of this service on 12 March 2015 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share

Detailed findings

what they knew. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We carried out an announced visit on 12 March 2015. During our visit we spoke with a range of staff including a GP, nurse, practice manager, IT manager and administrative staff and we spoke with patients who used the service. We also spent some time observing how staff interacted with patients**.** This practice had an active patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of care.

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

Requires improvement

Are services safe?

Our findings

Safe Track Record

The practice did not have effective systems in place to ensure that the full range of information was used to identify risks and improve patient safety, for example, reported incidents as well as comments and complaints received from patients. We noted that the practice had a low number of significant events recorded. Staff spoken with had not considered the wide range of events that could be classified as a significant event. The staff we spoke with did not routinely recognise and report incidents

There was no system in place to monitor complaints, both formal and informal in order to identify trends which may affect the safety of the care and treatment provided to patients.

Learning and improvement from safety incidents

The practice's system for reporting, recording and monitoring significant events, incidents and accidents was not robust. There were three records of significant events that had occurred during the last 12 months and we were able to review these. However only one practice related incident had been recorded. This related to a patient who was booked in for an emergency appointment but the prescription issued was for a patient with a similar name. This error was identified by reception staff and all records were corrected.

Significant events were not a standing item on the practice meeting agenda. We looked at the practice meeting minutes for May, July and December 2014 and saw that significant events were briefly discussed at two of these meetings, the practice informed us that there had been no complains written or verbal to discuss at these meeting. We were told that there was no dedicated meeting to review actions from past significant events and complaints. There was no evidence available to demonstrate that any trends were monitored or actions taken reviewed.

National patient safety alerts were disseminated by the GP or practice nurse to practice staff. A member of reception staff told us that all staff had access to the practice email system and they were sent national patient safety alerts by email. One member of staff spoken with was not able to recall any recent patient safety alerts.

Reliable safety systems and processes including safeguarding

Policies were available regarding safeguarding vulnerable adults and children. These policies had been reviewed and recorded a date for future review.

The practice had systems to manage and review risks to vulnerable children, young people and adults. Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. GPs were appropriately using the required codes on their electronic case management system to ensure that staff were aware of any relevant issues when patients attended appointments; for example children with a protection plan or those at risk of domestic violence.

A GP was appointed as the lead in safeguarding vulnerable adults and children. We saw records to confirm that all clinical and non-clinical staff had undertaken training appropriate to their role in safeguarding adults and children. Contact details for relevant agencies were available and staff were aware where these contact details were located and who to contact externally both in and out of hours. Not all staff we spoke with were aware who the safeguarding lead was within the practice.

The practice had a chaperone policy. 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. We were told that the nurse would act as a chaperone when necessary. If these staff members were not available, then non-clinical staff would act as the chaperone. Non-clinical staff that we spoke with were not clear about their responsibilities regarding this, including where to stand to be able to observe the examination. Chaperone training had not been undertaken by any staff. The policy did not give clear guidance to staff on the role of the chaperone or where to stand to observe the examination and was not in accordance with General Medical Council guidance. Whilst information on chaperoning was available on the practice website and practice leaflet there was no information on display in the practice, to inform patients of the availability of chaperones. Following this inspection we were told that notices regarding chaperones were put on display.

Medicines Management

Requires improvement

Are services safe?

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We were shown records to demonstrate that stock rotation took place and a log of vaccine batch numbers and expiry dates was available. We saw records to demonstrate that the temperature of fridges used to store vaccines were recorded on a daily basis. We saw that there was a protocol and guidance for staff recording the action to take in the event of a fridge power failure and staff we spoke with were clear about the action they would take to ensure vaccines were appropriately stored or disposed of.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were securely stored.

Monthly medicines management support was provided by the clinical commissioning group (CCG). Records seen confirmed that the practice were currently slightly above their prescribing budget but significant improvements were noted on the previous year.

There was a system in place for the management of high risk medicines, which included regular monitoring in line with national guidance. Appropriate action was taken based on the results.

Cleanliness & Infection Control

We observed the premises to be visibly clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. We were told that an external company completed the cleaning of the premises. The practice had been unable to obtain copies of the cleaning schedules to demonstrate that appropriate cleaning of the practice.

An infection control policy and supporting procedures were available for staff to refer to; however, we were told that there was no infection control audit undertaken. The practice nurse was the lead for infection control and had undertaken further training to enable them to provide advice on the practice infection control policy. The practice nurse had recently completed an on-line infection prevention and control training update. We were told that staff had not undertaken any training regarding hand hygiene techniques. However, hand hygiene techniques signage was displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

We saw that a needle stick injury protocol was available for staff which gave guidance regarding the action to take if they received a needle stick injury. This protocol also included information for staff regarding hand washing techniques.

Spills of blood or bodily fluid need to be treated promptly to reduce the potential for spread of infection; spill kits we saw were out of date. However new spill kits had been purchased and were awaiting delivery. We saw that wipe clean couches and chairs were provided in treatment and consultation rooms for ease of cleaning. Carpets were laid in consultation rooms and in the waiting area. We saw that the carpet in the waiting area was heavily stained in places and some stains were noted in consultation rooms. The practice manager told us that the carpets were deep cleaned but was unable to find records or any other information to demonstrate this.

We saw that the immunisation history of staff was recorded in their personnel files and we were told that all clinical staff had received the necessary immunisations. Immunisation of healthcare workers is important as it may protect the individual from an occupationally acquired infection and also protects patients.

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

We discussed the legionella risk assessment with the practice manager. A legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place. We were told that the NHS property services had completed the risk assessment but the practice had no documentary evidence to confirm this. This information was provided following this inspection.

Equipment

Requires improvement

Are services safe?

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We were told that an ambulatory blood pressure monitor (ABPM) was purchased within the last 12 months as well as office equipment and weighing scales.

The practice manager told us that portable appliance testing (PAT) testing was due to be completed the week prior to our inspection but due to unforeseen circumstances had been cancelled. Stickers on electrical appliances seen recorded that the next test was due on 1 March 2015. We discussed the calibration of equipment with the practice manager. We were shown a list which recorded the sphygmomanometers (an instrument for measuring blood pressure) had been calibrated within the last 12 months. We were told that some equipment such as medication fridges that were purchased in 2013 and scales in 2014 had not been calibrated. Calibration of this equipment had been booked for 27 March 2015.

NHS property services were responsible for undertaking checks on all firefighting equipment within the building such as fire alarm system, emergency lighting and fire extinguishers. We saw records to demonstrate that checks and servicing was completed regularly.

Staffing & Recruitment

We asked the practice how they ensured that there were enough staff on duty to maintain the smooth running of the practice and to keep patients safe. We found the arrangements in place were not adequate. The practice manager told us that the administrative staff worked flexibly to cover any sickness or leave. The practice did not have any formal arrangements to cover the practice nurse's annual leave. The practice nurse worked each weekday morning and also on a Friday afternoon until 6pm. Clinics were not scheduled during the nurses' leave. We were told that currently there was a vacancy for a practice nurse and an administrative/reception staff member Locum staff were used to cover any annual leave of the GPs. We saw records to confirm that appropriate checks, such as DBS, training and GMC registration had been undertaken on locum GPs before they worked at the practice.

We looked at the staff personnel file of the staff member most recently employed. Records seen contained evidence that recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, details of work history and criminal records checks via the Disclosure and Barring Service (DBS). However, we could not find evidence that references had been obtained. The practice manager told us that verbal references had been obtained but these had not been recorded. We reviewed four staff personnel files and saw that DBS checks were in place for these members of staff and we were told that these checks had been completed on all staff employed.

We saw evidence that the practice nurse had up to date registration with the Nursing and Midwifery Council (NMC), the nurses' governing body. All nurses and midwives who practice in the UK must be on the NMC register.

Monitoring Safety & Responding to Risk

The systems in place to manage and monitor risks to patients, staff and visitors to the practice were not sufficient. For example the practice had not identified any risks that may impact on the running of the service such as staffing issues. Records made available to us lacked detail and did not provide assurance that risks were being effectively managed. Two of the risk assessment forms we saw contained maintenance issues and the third form contained information about an aggressive patient. There was no evidence of any risk or mitigating actions recorded to reduce and manage the risk. The minutes of practice meetings that we saw did not record discussions held regarding risks or actions taken to reduce risks.

The practice manager did not have access to control of substances hazardous to health (COSHH) information, as they had been unable to obtain this from the landlord. There were no COSHH assessments for the products held at the practice. The practice did not have assurance that a legionella risk assessment had been completed and without sight of this information the practice manager could not be assured that all risks had been identified and mitigating action taken. Since the inspection we have received a copy of this information.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to manage emergencies. We saw records showing that all staff had received training in basic life support. Emergency oxygen was not available but records seen demonstrated that a supply of oxygen had been purchased and was awaiting delivery. The practice had access to an automated external defibrillator (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) which was owned by another GP practice based at the primary medical centre. We did not see any documentation to demonstrate that agreement had been given to share this equipment with the practice and we were not shown any records to demonstrate that this equipment was checked regularly and in good working order. The practice manager felt that it was not their responsibility to undertake these checks. However, if the practice was relying on the use of this equipment in an emergency assurances should be available that the equipment was regularly checked and suitably maintained. Since the inspection the practice has purchased a defibrillator.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

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 access to the building. The document signposts staff to contact NHS property services. Staff contact details were recorded along with external professional contact details such as district nurses, health visitors this would enable staff to notify them of any changes to the working arrangements at the practice. Details of the action to take in case of epidemic or pandemic were also included in the plan.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. One staff member we spoke with said that they had not undertaken fire safety training within the last year.

Security staff were employed at this medical Centre. We were told that in case of an emergency staff had access to a panic button. The alarm identified in which room assistance was needed and the security guard would provide the necessary assistance. We were told that there was a zero tolerance to aggressive behaviour. Reception staff told us that they would immediately approach the GP if any patients showed signs of ill health including mental health crisis.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We discussed how relevant and current evidence-based guidance, standards, best practice and legislation were used to develop how care and treatment were delivered. The GP was aware of the need to stay updated regarding changes to guidelines and accessed national guidelines online on an ad hoc basis.

Systems were in place to review the needs of those patients with complex needs or those in vulnerable circumstances. Annual health checks had been completed for patients with learning disabilities. The practice did not attend palliative care meetings as there were currently no patients on the practice's palliative care register.

The practice had a scheme to avoid unplanned hospital admissions by providing an enhanced service. An enhanced service is a service that is provided above the standard general medical service contract (GMS). This focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to prevent avoidable admission to hospital by managing their health needs at home. These patient groups would include vulnerable, older patients, patients needing end of life care and patients who were at risk of unplanned admission to hospital.

NHS health checks were undertaken by the practice nurse. Records seen showed that a low percentage of eligible patients had received this check up to January 2015. Subsequent information provided by the practice acknowledged that these checks had been completed but had been incorrectly coded on the computer system.

The data in relation to outcomes for patients with mental health conditions including schizophrenia, bipolar affective disorder and other psychoses was higher than the local average. This included agreeing care plans and recording the smoking status and alcohol consumption for these patients. For example

- 91.18% of patients with schizophrenia, bipolar affective disorder and other psychoses have a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared with a national average of 86.09 %
- 97.6% of patients with schizophrenia, bipolar affective disorder and other psychoses have a record of alcohol consumption in the preceding 12 months compared with a national average of 88.65%
- 100% of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months compared with a national average of 83.83%
- 98.8% of patients with physical and/or mental health conditions notes record smoking status in the preceding 12 months compared with a national average of 95.29%

Systems were in place for monitoring patients with long term conditions and longer appointments were given for these checks. We were told that blood tests for diabetic patients were conducted on a three monthly basis if required.

The practice referred patients appropriately to secondary and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enabled patients to choose in which hospital they would prefer to be seen.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management.

The practice showed us three two cycle clinical audits that had been undertaken in the last two years. One of these was a completed audit regarding compliance with CCG antibiotic prescribing guidelines. The practice was able to demonstrate the changes resulting since the initial audit. We were also shown a review of compliance to CCG SIP-feed guidelines. This resulted in an action plan which included written guidance for patients and better monitoring of compliance by locums. Sip feeds are prescribable oral nutritional supplements to enhance or provide the complete nutritional requirements for an individual.

We saw that patient records had alert systems in place to notify if a patient was taking a disease modifying anti-rheumatic drug (DMARD) as part of a shared care protocol. Patients taking this medication would be subject

to regular blood tests to assess side effects. Shared care protocols outline the ways in which the responsibilities for managing the prescribing of a medicine can be shared between a specialist and a GP.

The practice carried out reviews as part of the Quality and Outcomes Framework (QOF). QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. Overall the practice was meeting their performance targets for QOF.

Midwives were no longer based at this medical centre; patients were referred by the GP and seen by a midwife at the Cherry Tree Children's Centre. We were told that GPs completed post natal checks on new mothers when they undertook the eight week check on the baby.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed the staff personnel files of four staff members. Training records seen demonstrated that these staff were up to date with annual basic life support, infection control and safeguarding training. Copies of training certificates were kept on staff files. We could not find evidence that all staff had undertaken training regarding the roles and responsibilities of a chaperone, mental capacity and fire safety. We were told that the practice manager had completed fire training and that the GP had undertaken mental capacity act training.

We discussed training with the practice nurse and reviewed their training records. We saw that the practice nurse had defined duties that they were expected to perform. Training records seen demonstrated that this staff member was trained to fulfil these duties, for example NHS health check training, seasonal flu and cervical cytology. Records seen demonstrated that clinical staff attended protected learning time (PLT) training up to six times per year. This gave staff the opportunity to address their learning and professional development needs. We saw that administrative staff also attended PLT sessions up to six times per year.

We were told that further training regarding the computer system was booked. Administrative staff told us that they were all taught administration and reception duties to ensure that they could cover each other's role. This helped to ensure that systems and processes continued when staff took annual leave.

We discussed the appraisal systems in place and reviewed a random sample of appraisal records.

Staff told us that they all had annual appraisals. We saw that learning and development plans were in place and the practice manager told us that the only discussions held related to learning and development needs. Appraisal records seen did not, for example examine work performance or job satisfaction.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage those patients with complex needs. All clinical letters and information such as blood and X ray results, letters from hospitals including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. Correspondence was seen by a GP. The GP seeing these documents and results was responsible for the action required.

We looked at the minutes of three practice meetings which had been held between October 2014 and February 2015. All practice staff and the Community Matron attended these meetings. The minutes seen demonstrated that the needs of complex patients, for example those patients under the unplanned admissions enhanced service were discussed. We also saw that a meeting had been held with health visitors in June 2014 to discuss children on the at risk register and a meeting had been held with the diabetes specialists (DICE Team). We were not shown minutes of meetings to demonstrate that these meetings were held on a regular basis. The prescribing support team met with practice staff to discuss the practice's prescribing policies and practices.

Information Sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely

Good

Are services effective?

(for example, treatment is effective)

manner. Electronic systems were also in place for making referrals, and the practice used the Choose and Book system to make referrals. (The Choose and Book system enabled patients to choose which hospital they would be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice also signed up to the electronic Summary Care Record and had plans to have this fully operational by mid-2015. (Summary Care Records provide healthcare staff treating patients in an emergency or out-of-hours with faster access to key clinical information)

The practice had systems in place to provide staff with the information they needed. The system in use enabled staff to look at information regarding hospital admission, clinical correspondence and test results. This intranet site provided GPs and practice staff with clinical information for patients seen at Queen Elizabeth Hospital and Sandwell, Birmingham and West Birmingham Hospitals. An electronic patient record was also used by all staff to coordinate, document and manage patients' care. Staff were receiving further training on the system the week following our inspection and also had one further training session to be provided by the clinical commissioning group (CCG). Staff we spoke with told us that they found the system quick and easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Systems were in place to communicate with health visitors regarding children aged up to five years newly registered at the practice. Information was also recorded regarding those children who de-registered with the practice or who moved out of the area. A copy of this information was given to the Child Health Department to enable them to keep records up to date.

Consent to care and treatment

Clinical staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. These staff understood the key parts of the legislation and were able to describe how they implemented it in their practice for adults who lacked capacity to make decisions. They also knew how to assess the competency of children and young people regarding their ability to make decisions about their own treatments. Clinical staff understood the key parts of legislation of the Children's and Families Act 2014 and were able to describe how they implemented it in their practice.

We inspected this practice previously in May and June 2014 and identified that the process for obtaining and recording consent for a minor surgical procedure was inadequate. During this inspection, staff spoken with were aware of the procedures to follow regarding informed consent and records we saw had been completed appropriately.

Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner.

The GPs at this practice were trained in sexual health in practice (SHIP). The SHIP scheme includes specific training regarding sexually transmitted infections, HIV, contraception, unintended pregnancy, young people's access and sexual health promotion. We saw that the practice issued free condoms and undertook chlamydia screening. Patients who wished to have an intrauterine contraceptive device (IUCD) fitted were referred to a nearby service.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities or mental health conditions and these patients had received an annual health review within the last 12 months. An alert was placed on records to notify staff that these patients may require longer appointments or closer monitoring.

A noticeboard at the entrance to the medical centre contained useful information about local services available, for example a sexual health clinic, contact details to report suspected abuse and Birmingham Ring and Ride. Other health promotion information such as healthy weight program and childhood flu vaccination program was also available.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Last year's performance was above average for the majority of immunisations where comparative data was available. For example:

Good

Are services effective?

(for example, treatment is effective)

- Flu vaccination rates for the over 65s were 95.7%, and at risk groups 75.8%. These were above national averages.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 98.7% to 100% and five year olds from 96.1% to 100%. These were above CCG averages.

The practice's performance for cervical screening uptake was 79.3% which was in line with the national average of 81.8%. There was a clear policy for following up non-attenders by a medical secretary. However, one patient told us that the practice were not flexible regarding cervical smear tests and held a cervical smear clinic which was not convenient to them. The practice told us that alternative appointments could be arranged if necessary, however we did not see information advising patients of this.

Patients were encouraged to take an interest in their health and to take action to improve and maintain it. A health promotion clinic was run by the practice nurse once per week. The practice website gave links to various other information sources regarding healthy living such as the NHS Choices website. Information about long term conditions such as diabetes and asthma were available on the practice website. Patients were also signposted to services which offered advice and support. Health promotion literature was readily available in the waiting area.

Good

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2014 national patient survey and a survey of 86 patients undertaken by the practice's Patient Participation Group (PPG). 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 86% of respondents said that the GP treated them with care and concern and 94% said that they had confidence and trust in the GP, these results were in line with national averages.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 17 completed cards and the majority were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We spoke with four patients on the day of our inspection and all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Disposable 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. However, we noticed that it was difficult to hold a private conversation in the reception area due to the layout of the building. Patients were not made aware that a room was available to have a private conversation with a member of staff if required. There were no signs in the reception area asking patients to respect other people's privacy and stand away from the reception desk until it was their turn to be seen. Following this inspection we were informed that signs had been put in place informing patients of the availability of a private area if confidential issues needed to be discussed with reception. Signs were also put up requesting patients to stand back from the reception desk until it was their turn to be seen.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us referring to this had helped them diffuse potentially difficult situations. The practice leaflet and website also records that the practice had a zero tolerance for inappropriate or threatening behaviour.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed 85% of patients responded positively to questions about the GP explaining treatment and results which were in line with the CCG and national averages. When asked about their involvement in planning and making decisions about their care and treatment 70% responded positively, this was below the CCG average of 76% and the national average of 81%.

Care plans were in place for patients with a view to avoiding unnecessary hospital admissions. We saw that computerised records contained an alert to notify staff that the patient was included in the unplanned hospital admissions register. Care plans were also in place for patients with a learning disability, those with complex mental health needs and patients with long term conditions such as asthma. We were told that all of these patients had a care plan in place which was subject to regular review. Systems were in place to ensure that patients' records were updated following any hospital admission or outpatient appointment.

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 and the practice website also informed patients that this service was available. This helped to ensure that patients understood information given to them and were able to be involved in decisions about their care and treatment**.**

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our inspection and the comment

Good

Are services caring?

cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer and the practice had a register of carers. We told that information would be given to carers to ensure they understood the various avenues of support available to them.

Notices in the patient waiting room and on the practice website signposted patients to a number of support groups and organisations. Staff told us families who had suffered bereavement were called by their usual GP which would be followed by a patient consultation at a flexible time and location to meet the family's needs. The GP would also signpost patients to support services such as CRUISE or Healthy minds. We were told that the GP had close links to the local Mosque's bereavement officer.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice told us that they had no patients with palliative care needs. We were told that previously the practice had a palliative care register and had regular multidisciplinary meetings to discuss patients and their families care and support needs but this was not required at the moment. We spoke with the district nurses who confirmed this.

Longer appointments were available for people who needed them. For example, the practice's computer system alerted staff if a patient's first language was not English, patients with learning disabilities or complex mental health needs so that double appointments could be offered. Patients were able to speak with the GP over the telephone who would decide whether the patient needed to have an appointment. Home visits were also undertaken by the GP and patients were able to make appointments with a named GP or nurse.

The practice had an active patient participation group (PPG). The practice manager told us that they were continually recruiting for new members. A PPG noticeboard gave information about future meetings and about joining the PPG. The practice website also encouraged patient's to be a member and an enrolment form was available. PPGs are a group of patients who meet on a regular basis and are involved in decisions that may lead to changes to the services the practice provides. We saw some evidence that the practice had implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the PPG. For example the practice had implemented online access for booking appointments and a second telephone line number had been given to housebound patients and those patients with care plans to enable them easier access to the service.

Systems were in place to ensure that any patient discharged from hospital with complex mental health needs were followed up to ensure their care was still appropriate. Where patients did not attend (DNA) their appointment this was followed up with the community psychiatric nurse and the GP.

Systems were in place to assess and manage the care of patients with long term conditions such as diabetes, asthma and COPD. In-house services were provided for patients with diabetes. This service included input from a consultant and nurse specialists with insulin initiation being available. An in-house spirometry service was provided included diagnosis and screening. (Spirometry is a test that can help diagnose various lung conditions, most commonly chronic obstructive pulmonary disease (COPD).

Tackle inequity and promote equality

The practice had access to online and telephone translation services and the GP and administrative staff spoke various languages such as Urdu, Punjabi and Bangladeshi. The practice website could be translated into various languages; therefore giving access to the information for patient's whose first language was not English. The website informed patients that they were able to use translation services if they notified staff when they booked their appointment. We observed reception staff speaking with patients in languages other than English.

The practice website signposted patients to fact sheets that explained the role of the NHS to newly arrived individuals seeking asylum. Information included how to register and how to access emergency services. These fact sheets were available in 20 languages as well as English.

The practice was accessible to patients with disabilities. Disabled parking spaces were provided and entrance to the surgery was via automatic doors. All services for patients were provided on the ground floor. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access via wide corridors to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice including baby changing facilities.

Access to the service

The lead GP at Lozells medical practice was male; a female locum worked seven sessions per week at the practice. This helped to ensure that patients had some choice when arranging an appointment with a GP of the same sex as themselves. However, one patient we spoke with said that it was difficult to get an appointment with the female GP as there was often a long wait.

Appointments were available from 10am to 1pm each weekday and then again from 4.30pm to 6.30pm on Wednesday and Friday. Extended opening hours were provided on a Monday evening until 8pm and a Tuesday

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

until 7pm. This was particularly useful to patients with work commitments. The practice was closed on a Thursday afternoon and cover was provided by an out of hours provider who also provided cover when the surgery was closed each night until 10am the following morning. An on-call duty doctor answered telephone calls forwarded by Primecare from 8am – 10am and from 1pm – 4.30pm each day. We spoke with four patients during this inspection; none of these patients were satisfied with the practice opening hours or the ability to get an appointment.

We reviewed the results from the national patient survey from July 2014 to March 2015. Patients were asked about their satisfaction with the opening times of the practice. Forty seven percent of respondents were satisfied. This fell below the CCG and national averages of 72% and 75%. Thirty one percent were very dissatisfied compared to 3% of respondents nationally.

When patients were asked if they were able to get an appointment to see or speak to someone 43% of those responding said no, this was considerably higher than the CCG and national averages of 18% and 11%. When asked if the appointment was convenient 66% responded fairly convenient compared to 89% average for the CCG and 92% nationally who found their appointments very or fairly convenient. At Lozells Medical Practice no one responding found their appointment very convenient. Nationally 74% rated their overall experience of making an appointment as very or fairly good. None of the patients responding rated their overall experience as very good, 21% rated their experience fairly good. In addition 25% rated their experience as very poor.

We saw that 100 surveys were handed out to patients and 86 completed surveys returned. The main two issues identified during the most recent survey were the length of waiting time before the consultation with the GP and the ability to get through to the practice over the telephone. The minutes of the meeting recorded some actions to address these issues such as educating patients to use on-line booking and to book appointments and not just arrive at the practice and wait to be seen. The number of a second telephone line had been given to housebound patients and those with care plans to enable them to have easier access to the practice. We saw evidence of this in patient records seen. The practice had obtained quotations for installing telephone hardware which should improve telephone systems. The results from the national patient survey regarding waiting times were aligned to the findings of the practice survey. For example 37% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65% and 16% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

Triage systems were in place for those patients who were unable to attend the practice. Reception staff took details of the patient's concern and gave these to the GP who then called the patient and either gave telephone advice or requested the patient to call in to the practice for an appointment. We were told that the GP also undertook home visits as required for those patients who were housebound.

The practice had systems in place for managing emergency appointments. Up to four slots were left available each morning and afternoon to be used for patients who needed to be seen urgently. We were told that children would always be seen on the same day that they telephoned. However we were told that occasionally the practice had problems when managing systems for appointments and waiting times as patients attend the surgery in person requesting an emergency appointment and waiting in reception to be seen instead of going home and coming back at their appointment time. This sometimes meant that a patient could wait for up to an hour. The practice manager confirmed that patients were encouraged to return to the practice at the allocated time but the majority preferred to sit in reception and chat. All of the patients that we spoke with on the day of inspection told us that they had difficulty getting an appointment and two of these patients also said that they had previously found it difficult to get an urgent appointment.

The practice manager told us that patients could book up to four weeks in advance to see a GP but this was being monitored and would be reduced if they did not attend (DNA) rate increased. Previous audits identified that there was an increase in DNA rates when patients were able to book four weeks in advance. Three GPs were available at the practice on a Monday and Friday morning and two GPs for each other morning. The practice manager confirmed that appointments booked up quickly and this was under review to ensure that provision was adequate.

Comprehensive information was available to patients about appointments on the practice website. This included

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

how to arrange urgent appointments and home visits and how to book appointments through the website. Patients were advised that staff at the practice spoke Urdu, Punjabi, Bengali and Hindi and that a translation service was available if required for patients who spoke other languages. The website recorded that the practice would see patient's relatives and friends from overseas as a temporary resident should they fall ill during their visit.

There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. The practice website also gave contact details for the out of hours service, the nearest walk in centre and NHS 111.

Listening and learning from concerns and complaints

The practice's system for handling complaints and concerns was not effective. The complaints policy and procedures were detailed and covered, for example information regarding how to make a complaint, preventing complaints and gave timescales in which complaints would be responded to. The practice manager was the designated responsible person who handled all complaints in the practice. We were told that complainants were offered a meeting with the practice manager to discuss their concerns.

We saw that information was available to help patients understand the complaints system. The practice leaflet guided patients how to make a complaint and timescales for response from the practice. However the patient information leaflet did not record the contact details of the person to speak with at the practice to raise a complaint. Contact details for the patient advice and liaison service (PALS) was also recorded. The practice website gave the same information as recorded on the practice leaflet. A separate complaints leaflet was available which recorded details of NHS England and the local CCG to enable patients to forward their complaints to these authorities if they wished. Patients we spoke with were aware of the process to follow should they wish to make a complaint. One of the patients spoken with had said that they had requested a complaints form from reception as they had wanted to make a complaint about the practice. The leaflet was apparently not available and the patient had not followed this up or put their complaint to the practice in writing.

We were told that the practice had only received one complaint in the last twelve months. We saw the complaint form which recorded the details of the complaint, action taken by the practice and learning points. The practice had not responded to the complainant in writing. The practice manager told us that this was because the complaint was dealt with on the day that the complaint was raised.

We were shown a complaints book which recorded verbal complaints received between 2002 and 2015. There was no documentary evidence to demonstrate that these complaints had been reviewed with the aim of identifying any themes or trends.

We were also shown a letter received in January 2015. This had not been recorded as a complaint, however the letter related to dissatisfaction that a medication had not been prescribed for a patient. We saw that the practice had sent a letter of response within their agreed timescales. However, there was no other information available to demonstrate any investigation, outcome or further contact with the complainant.

Information on display in the practice regarding how to make a complaint was not available in any languages other than English. This poster gave details of the person in the practice to contact regarding complaints.

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

The practice did not have a documented strategy or action plan regarding any long-term aims.

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice leaflet and website recorded the practice and patient responsibilities. This included providing the best possible service to patients who had a right to expect a high standard of care from the surgery. A patient leaflet was also available which recorded that the practice aimed to treat the patient and their relatives and carers with dignity and respect in a prompt and courteous manner.

We spoke with six members of staff who were aware of their roles and responsibilities and how they helped to ensure that a high level of service was provided to patients. Staff spoken with felt that the practice was at the heart of the community and we were told that often patients called in for a chat. We witnessed this on the day of our inspection.

Staff we spoke with demonstrated an understanding of their areas of responsibility and they took an active role in ensuring that a high level of service was provided. They also told us they felt valued and they were able to contribute to the shaping of the practice for the benefit of patients.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff via the desktop on any computer within the practice. However one member of staff we spoke with was not aware of the location of these policies and did not know how to access them. Policies and procedures we looked at had been reviewed annually and were up to date. The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards. The practice had been awarded 895 QOF points out of the 897 points available meaning that the large majority of QOF targets had been achieved.

We saw that the surgery regularly attend monthly meetings with the Sandwell and West Birmingham Clinical Commissioning Group (CCG and took part in external peer review. We looked at the report from the last peer review which showed that the practice had the opportunity to measure their service against others in the area and identify areas for improvement.

The practice did not have robust arrangements in place for the identification and management of risk regarding the premises, equipment or infection control. We identified weaknesses regarding the reporting of and learning from significant events and complaints, and the systems in place to cover any leave of the practice nurse.

The practice had completed three two cycle clinical audits, for example compliance with CCG antibiotic prescribing guidelines. This audit was completed in March 2015 and improvements in compliance were noted. We were also shown a review of compliance to CCG SIP-feed guidelines (completed Feb 2015); This resulted in an action plan to improve compliance. For example written guidance for patients and better monitoring of compliance by locums.

Leadership, openness and transparency

We were shown a clear leadership structure which had named members of staff in lead roles. For example there was a lead nurse for infection control and the senior partner was the lead for safeguarding, and clinical governance. We spoke with six members of staff and they were all clear about their own roles and responsibilities but some staff were not clear who held lead roles within the practice. However, staff told us that they would speak with the practice manager or a GP if they had any concerns or wanted advice. Staff told us that they were well supported and felt valued.

Staff we spoke with told us that practice meetings were held on a monthly basis and staff were able to include items to be discussed during these meetings. We saw minutes of practice meetings which confirmed that these meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at practice meetings.

Practice seeks and acts on feedback from users, public and staff

Are services well-led?

Requires improvement

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

The practice had gathered feedback from patients through the friends and family test (FFT) a suggestions box, through complaints and through regular satisfaction surveys undertaken by the PPG. The practice website also invited patients to send any comments or suggestions to the practice via email.

We looked at the results of the national GP patient survey undertaken in July 2014. The practice was rated as worse compared to the national average for some questions asked and achieved high positive responses for others. The main areas of low satisfaction rates related to ease of getting through on the phone, ability to get an appointment and overall experience of making an appointment. However patients said that the GP listened to them and the GP explained tests and treatments. The practice had discussed these issues during a PPG meeting and had taken some action to address issues identified.

The practice had an active PPG which had six members who regularly attended meetings. We were told that some new members had also recently been recruited. We were told that the PPG met every three months, and we saw minutes of meetings which confirmed this. We were told that the GP always attended these meetings and practice staff provided support to the group, writing minutes and agendas. Posters were in place in the waiting area advertising the PPG and encouraging patients to join.

We were told that the practice manager and GP had an 'open door' policy meaning that staff could speak with them at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said that they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistle blowing policy which was available to all staff. The policy encouraged staff to be open and voice concerns.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. We looked at three staff files and saw that regular appraisals took place. Appraisal records seen did not demonstrate that staff had the opportunity to discuss job satisfaction, working environment, or raise issues or concerns. The appraisal process involved the completion of a personal development plan and identification of training needs only. Staff told us that the practice was very supportive of training and that they had staff attended protected learning time on a regular basis.

The practice had not considered the range of incidents that could be considered a significant event and incidents that had occurred at the practice had not been recorded as such. Although significant events were discussed at practice meetings, 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 review of complaints were not efficient. Information regarding how to make a complaint was not easily accessible to all patients, staff had not recorded all complaints and there was limited evidence to demonstrate learning following review of complaints.

The results of satisfaction surveys seen demonstrated that a large percentage of patients were not satisfied with the practice's opening hours, the ability to get through on the telephone and the availability of appointments. The views of patients spoken with on the day of inspection aligned with these findings.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment This was a breach of Regulation 12 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How we found the regulation was not being met We found the provider had not protected persons employed, service users and others who may be at risk against identifiable risks of acquiring a health care associated infection by: The audit of maintenance of appropriate standards of cleanliness and hygiene in relation to premises used for the purpose of carrying on the regulated activity; Implement risk assessments to ensure that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way. Regulation 12 (1)(2)(a)(b)(d)(e)(g)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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

This section is primarily information for the provider

Requirement notices

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met 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 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)