Dr Jagtar Chaggar

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr. Jagtar Chaggar on 8 December 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, but records did not clearly evidence that learning had taken place and that action points had been addressed.
- A system was in place for the management of high risk medicines, however we saw that one high risk medicine had not been included in this monitoring process.
- The practice did not demonstrate that they had an effective system in place in access and monitor quality improvements within the practice. However the practice proactively sought feedback from staff and patients, which it acted on.
- Staff had been trained and had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The provider was aware of and complied with the requirements of the duty of candour.
- The leadership structure was not clear in relation to roles and responsibilities.

The areas where the provider must make improvement are:

- The provider must have systems and processes for quality monitoring and improvement, of the service such as an effective audit process and analysis and learning from incidents.

Summary of findings

- The provider must do all reasonably practicable to mitigate risks, for example by ensuring clinical oversight of patient referral letters, including urgent referral via the two-week wait.

The areas where the provider should make improvement are:

- Continue to identify carers registered at the practice so as to offer appropriate support and guidance.
- Consider findings from the national patient survey in order to identify ways to make improvements to the patient experience.
- Review clinical knowledge of the care planning system to ensure accurate and up to date care plans for patients where appropriate.
- In the absence of a hearing loop consider how patients and visitors who may require this facility would be supported to ensure information is accessible.
- Clarify the lead roles and responsibilities within the practice.
- The system for monitoring of high risk medicines should be reviewed to ensure all appropriate medicines are included and review emergency medicines to ensure they are in line with guidance
- The practice should consider how to further promote reviews and attendance at national screening programmes.
- The practice should record checks made of the emergency equipment to ensure appropriate monitoring takes place.
- The practice should regularly review the Patient Group Directions (PGD) to ensure these are current and signed by the lead GP.

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 to report incidents and near misses, but records did not clearly evidence that learning had taken place and that action points had been addressed. Reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- The Patient Group Directions (PGD) were not always signed and authorised appropriately.
- Although some risks to patients were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, he procedure for prescribing medicines which require regular monitoring were not implemented consistently for all patients prescribed high risk medicines.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed most outcomes were comparable with or above the national average. However the practice had no plan to address and improve the high exception reporting in respect of the management of patients diagnosed with COPD.
- Clinical audits did not demonstrate quality improvement.
- There was evidence of appraisals and personal development plans for all staff except one.
- The system for care planning was not effective and the lead GP was not able to access these on the clinical system on the day of our visit.
- There was no clinical oversight of referral letters to secondary care services like hospitals. This included patients referred under the two week wait.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher or in line with others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients told us they had difficulty accessing the first floor consulting rooms. This had been risk assessed and the practice had plans to relocate to new premises, or extend the existing premises by the end of 2017. There were alternative arrangements for patients who were not able to access the first floor and they were seen in one of the ground floor clinical rooms.
- The practice did not have hearing loop installed and had not considered how patients and visitors who may require this facility would be supported to ensure information was accessible. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for being well-led.

- Some staff told us that there was no clear leadership structure and that the roles and responsibilities of the management team were not always clear. They told us that they felt supported by the management team.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework however clinical audits were not driving improvements in patient care.

Summary of findings

- Not all clinical staff were able to access patient care plans to ensure they were kept up to date and relevant to their health needs.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- Although recognised as a well-established part of the practice team, by working almost 50% of the clinical sessions available, locum GPs did not appear to have engagement in areas such as QOF performance and the management of long term conditions. They were not routinely involved in evidence based guidelines discussions and there was a risk they may therefore not be aware of valuable clinical information. Also, there was infrequent attendance at practice clinical meetings.

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 practice is rated as requires improvement for the care of older people.

- Care and treatment of older patients, including those receiving end of life care, did not always reflect current evidence-based practice, and home visits were not routinely offered.
- A dedicated phone line was available for easy access to the reception team, or to speak to a clinician.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, 86% of diabetic patients on the practice register had recorded a BP reading of 140/80mmHg or less in the last twelve months, compared to CCG and national averages of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Where a patient's condition worsened, they would be offered an appointment for this to be followed up promptly.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Childhood immunisation rates for the vaccinations given compared with CCG/national averages. Vaccinations given to under two year olds ranged from 1% to 94%, compared

Summary of findings

to the CCG average of 31% to 94% and the national average of 73% to 95%. However, since the inspection the practice had presented information demonstrating they were achieving high immunisation rates in under two year olds. For five year olds the vaccination rates ranged from 88% to 95%, compared to the CCG average of 55% to 95% and the national average of 81% to 95%.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 96% of females under the age of 65 were recorded as having a cervical screening test in the preceding five years. This compared to a CCG average of 79% and a national average of 81%. However there was a high exception reporting rate which was 25%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as making appointments and ordering repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Some early morning and late appointments were available for patients for convenience to fit into their lifestyle arrangements.
- NHS health checks were available including, stroke, kidney disease, heart disease, diabetes and dementia.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- The practice offered same day and longer appointments for patients with a learning disability and also offered a direct access telephone number. The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered health checks to carers as well as discussing them at multi-disciplinary team meetings. There was a carer's notice board in reception.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and national average of 84%. Exception reporting was 6%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record in the last 12 months. This was in line with the CCG average of 91% and the national average of 89%. Exception reporting was 4%.
- The practice regularly worked with multidisciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. These showed mixed results compared to local and national averages. 371 survey forms were distributed and 95 were returned. This represented 1% of the practice's patient list.

- 77% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 56% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 61% and the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were mostly positive about the standard of care received. Patients felt that all staff groups were helpful and appointments were generally available when needed.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice invited patients to complete the NHS Friends and Family test, (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2015. These indicated that 67% were "extremely likely" to recommend the practice to their friends and family.

Areas for improvement

Action the service MUST take to improve

- The provider must have systems and processes for quality monitoring and improvement, of the service such as an effective audit process and analysis and learning from incidents.
- The provider must do all reasonably practicable to mitigate risks, for example by ensuring clinical oversight of patient referral letters, including urgent referral via the two-week wait.

Action the service SHOULD take to improve

- Continue to identify carers registered at the practice so as to offer appropriate support and guidance.
- Consider findings from the national patient survey in order to identify ways to make improvements to the patient experience.
- Review clinical knowledge of the care planning system to ensure accurate and up to date care plans for patients where appropriate.
- In the absence of a hearing loop consider how patients and visitors who may require this facility would be supported to ensure information is accessible.
- Clarify the lead roles and responsibilities within the practice.
- The system for monitoring of high risk medicines should be reviewed to ensure all appropriate medicines are included and review emergency medicines to ensure they are in line with guidance
- The practice should consider how to further promote reviews and attendance at national screening programmes.
- The practice should record checks made of the emergency equipment to ensure appropriate monitoring takes place.
- The practice should regularly review the Patient Group Directions (PGD) to ensure these are current and signed by the lead GP.

Dr Jagtar Chaggar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Dr Jagtar Chaggar

The practice is situated in Smethwick, West Midlands. The surgery operates out of two-storey premises and clinical services are delivered on both floors. The facilities are generally accessible for patients with a disability. However, there is no lift to the first floor, although there are arrangements in place for patients with mobility difficulties to be reviewed in the ground floor consulting rooms. There is limited on-site parking but patients are able to park on the streets around the practice.

The staffing team consists of one principle male GP and a male salaried GP, both working seven sessions a week. There are two part-time female regular locum GPs, one working five sessions per week and the other eight sessions per week. There is also a part-time nurse practitioner, three part-time office managers who are supported by a team of part-time receptionists, administrators and a medical secretary. The practice also has a business manager who works on a part-time basis.

The practice is planning to move into purpose-built premises by the end of 2017, or alternatively, to extend the existing premises.

The practice is open between 8am and 6.30pm Mondays to Fridays. Appointments are available from 8.30am to 12.30pm and from 3.30pm to 6pm Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays appointments are available 9pm to 12.30am and 3.30pm to 6pm.

When the practice is closed, patients are redirected to their out of hours provider, 'Primecare'.

There are 7,170 registered patients on the practice list. The practice is in the second lowest decile for deprivation. 10% of the practice population are over the age of 65 and 38% have long-term conditions.

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.

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 8 December 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including the principle GP, the salaried GP, the nurse practitioner, an office manager, the business manager, a receptionist and an administrator. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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.

Requires improvement

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 practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice did not demonstrate that they had carried out an analysis of the eighteen incidents recorded, in order to identify emerging trends and learning. Since the inspection the practice have informed us that this process is now in place.

We reviewed safety records, incident reports, patient safety alerts and Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and minutes of meetings where these were discussed. We pathway tracked safety alerts, including searches to identify potential patients. We saw evidence that action had been taken in relation to safety alerts, one of which had resulted in patient's prescription being reviewed.

Overview of safety systems and processes

The practice had clearly defined and embedded 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. These arrangements reflected relevant legislation and local requirements. 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Other staff were trained to levels one and two depending on their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice generally kept patients safe (including obtaining, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice used a spreadsheet which contained comprehensive details of the monitoring requirements, doses and latest results. However, one high risk medicine was not included in the monitoring which had resulted in one patient not receiving regular reviews.
- We noticed that a medicine included in a GPs home visit bag which could be used in the event of a medical emergency was not the recommended strength and could make it difficult to draw up the correct dosage in the event of an emergency.
- The practice carried out medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

there were systems in place to monitor their use. The Advanced Nurse Practitioner prescribed medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation, although the practice was not monitoring the PGD folder regularly, in order to exclude those which were out-of-date and to ensure that all were signed appropriately.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. All electrical equipment was 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 infection control 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Although we were told these were checked regularly, there was no written record of this.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff 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 major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

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 clinical staff up to date, however the practice did not demonstrate that long term locum GPs were routinely included in this.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.

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 showed the practice had achieved 97% of the total number of points available. Overall exception reporting in the clinical areas was 10%, the same as the national average and similar to the CCG average 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).

This practice was an outlier for any QOF (or other national) clinical targets. Data showed that performance for diabetic and mental health related indicators was better than CCG and national averages, for example:

- 86% of diabetic patients on the practice register had recorded a blood pressure reading of 140/80mmHg or less in the last twelve months, compared to CCG and national averages of 78%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the last 12 months, which was in line with the CCG average of 91% and the national average of 89%.The exception rate was 4%.
- The exception reporting rate for those patients with Chronic Obstructive Pulmonary Disease, (COPD), **(**diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register was 20%,compared to a CCG average of 10% and the national average of 9%.

Although recognised as a well-established part of the practice team, by working almost 50% of the clinical sessions available, locum GPs did not have engagement in areas such as QOF performance and the management of long term conditions. They were not routinely involved in evidence based guidelines discussions and there was a risk they may therefore not be aware of valuable clinical information. Also, their attendance at practice clinical meetings was occasional.

There was no evidence to show that the practice were using any regular processes to review clinical practice and drive improvement There had been two clinical audits undertaken in the last two years. Whilst these were completed audits, it was not clear what improvements had been made to patient outcomes as a result and they lacked sufficient detail. One audit carried out in April and September 2016, included only three patients in the first cycle and two in the second. The second audit was routinely carried out as part of the QOF performance assessment and did not demonstrate quality improvements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months, except for the office manager.

- Most of the staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Two staff members were due updates and arrangements were in place for this to be undertaken shortly.

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 care and risk assessments, care plans, medical records and investigation and test results. However, we felt that clinical knowledge of the care planning system within the clinical record was inadequate, as when discussing this with the lead GP, we found that they were not familiar with accessing patient's care planning templates, to ensure accurate and up to date care plans for patients were available.
- The practice shared most relevant information with other services in a timely way, for example when referring patients to other services. However, we found the doctors did not have clinical oversight of patient referral letters, including urgent referrals via the two-week wait, as during a conversation with the medical secretary we were informed that they were taking responsibility for preparing these letters, including those for urgent two-week wait referrals.
- We were informed that the majority of test results were being handled by the salaried GP by remote access whilst outside of the practice.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- 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.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 96%, compared to a CCG average of 79% and a national average of 81%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The exception reporting rate for cervical screening was 25%, compared to the CCG average of 9% and the national average of 7%. This was explained to us as mainly an ethnicity issue and efforts were being made to encourage stronger engagement with the screening programme. Non-attenders were flagged on the clinical system for discussion and follow-up. There were failsafe systems in

Requires improvement

Are services effective?

(for example, treatment is effective)

place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Attendance at both bowel and breast screening were below the local and national averages with 59% of eligible females screened (three year coverage) compared to the local average of 66% and the national average of 72%. Eligible patients screen for bowel cancer in the last 30 months was 35% compared to the local average of 45% and the national average of 58%. The practice had recognised these relatively low figures, but was working with their patients to improve these.

- Childhood immunisation rates for the vaccinations given compared with CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 1% to 94%, compared to the CCG average of 31% to 94% and the national average of 73% to 95%. However, since the inspection the practice had presented information to demonstrate they were achieving high immunisation rates in under two year olds. For five year olds the vaccination rates ranged from 88% to 95%, compared to the CCG average of 55% to 95% and the national average of 81% to 95%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 mostly in line with local and national averages for satisfaction scores on consultations with GPs and nurses. For example.

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt 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. We also saw that care plans were personalised.

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 mostly comparable with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% 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. We were unable to find a notice in the reception areas informing patients this service was available and this was addressed at the time.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 55 patients as carers (0.8% of the practice list), and was continuing in its attempts to identify more by using posters in the reception and staff enquiries when patients visited the practice. Since the inspection, the practice have informed us that the carers register had increased to 96 patients registered with the practice. Carers were offered annual flu vaccinations and annual health checks. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, counselling would be made available if requested, as well as advice on how to find a support service. A poster was also on display in reception offering information about these services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice has signed up to working with the CCG and the NHS five year forward view in the form of a Primary Care Commissioning Framework. This framework ensured all areas of patient care were met and enabled patients to be treated closer to home by offering a wider range of services.

- Longer appointments for patients with a learning disability were offered when required.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The earliest appointment available for working patients was 8.30am to see the GP or nurse and 9am for the HCA. Nurse and HCA appointments were available up to 6pm and up to 6.10pm to see the GP.
- Same day appointments were available for children and those patients with medical problems who required same day consultation.
- There were disabled facilities; however, there was no lift to the first floor, although there were arrangements in place for patients with mobility difficulties to be reviewed in the ground floor consulting rooms. Translation services were available. Several staff were also able to speak different languages.
- There was no hearing loop in the practice and we were told this had not presented itself as a problem for their patients. Should this arise in the future, they would consider how this group of patients and visitors would be supported.

Access to the service

The practice was opened between 8am and 6.30pm Mondays to Fridays. Appointments were available from 8.30am to 12.30pm and from 3.30pm to 6pm Mondays, Tuesdays, Wednesdays and Fridays. On Thursdays appointments were 9pm to 12.30am and 3.30pm to 6pm.

When the practice was closed, patients were redirected to 'Primecare', the out of hours provider for the Birmingham area.

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. Appointments could also be booked online and repeat prescriptions could also be booked this way.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The majority of the 44 patient Care Quality Commission comment cards we received supported this statement.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

On receiving a request for a home visit, the receptionist would log this for the duty doctor who would decide whether to telephone the patient or carer in advance to gather further information. This would enable them to make an informed decision also to prioritise according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system displayed in the reception area and was also referred to in the practice leaflet.

We looked at five written complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint received in November 2016 concerning the attitude of a member of the reception team had resulted in more reception staff training and discussion at both reception team and practice meetings.

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 had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice also had plans to relocate to new premises by the end of 2017.

Governance arrangements

The practice had an overarching governance framework but it was not always effective in supporting the delivery of the strategy and good quality care. For example:

- There was a staffing structure and most staff were aware of their own roles and responsibilities. However some staff told us that the management team roles needed clarifying in order to define a clear line management structure. We discussed this with the lead GP, who said that action was being taken to establish a practice manager role, which would help to resolve this issue.
- Practice specific policies were implemented and were available to all staff.
- Documentation from the completed clinical audits did not demonstrate improvements to patient outcomes.
- The practice did not demonstrate that there were arrangements in place for identifying, recording and managing risks, in particular learning from incidents and implementing mitigating actions.
- The practice was unable to demonstrate they had a comprehensive understanding of the performance of the practice across all areas, for example, how they were addressing the high exception reporting for COPD patients.
- Although recognised as part of the practice team by working almost 50% of the clinical sessions, the (long term) locums employed at the practice did not have clinical oversight of QOF and management of long term conditions. They were not routinely involved in evidence based guidelines discussions and there was a risk they may therefore not be aware of valuable clinical information. Also, their attendance at practice clinical meetings was occasional.

Leadership and culture

Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice; the practice encouraged 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, additional information had been provided in reception for those patients diagnosed with diabetes. They had also been kept fully informed of the practice's plans to move to purpose-built premises. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Requires improvement

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

- The practice was planning to move into purpose-built premises by the end of 2017, or alternatively, to extend the existing premises, which would enable them to develop their services and better respond to their patients' needs.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment • The provider must do all reasonably practicable to mitigate risks, for example by ensuring clinical oversight of patient referral letters, including urgent referral via the two-week wait. **There must be a system for the proper and safe management of medicines, including of patient group directions, the procedure for prescribing medicines which require regular monitoring must be implemented consistently for all patients prescribed high risk medicines.** **This was in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** .

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance • The provider must have systems and processes for quality monitoring and improvement of the service. They must improve audits and their analysis and learning from incidents. **This was in breach of regulation 17 (1) & (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**