LPS - Weatheroak Medical Practice

Quality Report

Weatheroak Medical Practice
35 Warwick Road
Sparkhill
Birmingham
B11 4RA
Tel: 0121 772 0352
Website:
www.weatheroakmedicalpractice.nhs.uk

Date of inspection visit: 17 October 2016 &1 November 2016
Date of publication: 25/01/2017

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LPS-Weatheroak Medical practice. Overall the practice is rated as Inadequate.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was no formalised process in place for receiving and responding to medicine and safety alerts.
- There was no systematic approach to national and local clinical guidance in place.
- The arrangements for managing medicines in the practice did not always keep patients safe. For example, the practice nurse was administering medicines, such as vaccines, without Patient Group Directions in place on 17 October. However, the practice took action on this immediately following the inspection.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the arrangements for managing high risk medicines were not always effective.
- No learning disability patients were recalled for annual health checks in 2015/16.
- Not all staff were up to date with mandatory training, for example annual basic life support was completed in March 2015. However following our inspection this was to take place 2 November 2016. The practice nurse had not completed training in the Mental Capacity Act, information governance, infection control or fire safety training at the practice.
- Patient records were not always managed in a secure way in that computer system smart cards were left unattended in clinical rooms. The keypad operated door to the first floor was found unlocked

Summary of findings

and patient paper records were held in an unlocked room and not housed in metal cabinets. Subsequent to the inspection the provider fitted a lock to the second floor records room.

- Patients spoken with were positive about their interactions with staff and said they were treated with compassion and dignity.
- Practice staff had good local knowledge about their local patient population and spoke several languages.
- There was continuity of care and urgent appointments were available the same day.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that care and treatment is provided in a safe way for service users. The provider must put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines and ensure guidelines are implemented.
- Ensure all clinical and non-clinical incidents and 'near misses' that may affect the health, safety and welfare of people using services are reported, recorded and investigated.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- The practice must ensure that internal procedures for responding to nationally recognised guidance for delivering safe care and treatment; including patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are followed and documented through to full completion.
- Ensure the proper and safe management of medicines. Ensure there is an effective repeat prescribing policy, system and protocol in place for the recall and review of patients; particularly those who are on medicines which require close monitoring. Ensure there are appropriate arrangements in place for managing Patient Group Directions (PGDs).
- Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Ensure systems are in place to keep all staff up to date with role specific training, including training in annual basic life support, and that appropriate records are kept.
- Ensure the complaints policy and procedures are in line with recognised guidance and contractual obligations for GPs in England.

In addition the provider should:

- Implement patient information literature which is in formats suitable for the patient group.
- Review systems to improve the identification of carers in order that the practice may provide appropriate support.

Where, as in this instance, a provider is rated as inadequate for one of the five key questions or one of the six population groups it will be re-inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, it has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place it into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

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

- Patients were at risk of harm because some systems and processes were not in place keep them safe.
- The practice internal procedures for responding to nationally recognised guidance for delivering safe care and treatment; including patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) needed to be documented through to full completion.
- The arrangements for managing medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example, we found the practice nurse was administering medicines, such as vaccines, without Patient Group Directions until after the inspection on 17 October 2016.
- There was no formalised process for disseminating NICE guidelines and for audit purposes to ensure guidelines were implemented for the practice as a whole.
- The repeat prescribing policy, system and protocol in place for the recall and review of patients; particularly those who are on medicines which require close monitoring was not always effective.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, we found there were very few documented events to review.

Are services effective?

Inadequate

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

- Data showed that care and treatment was not always delivered in line with recognised professional standards and guidelines. Data showed patient outcomes were low in some clinical areas when compared to local and national averages. For example, 53% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the Clinical Commissioning Group (CCG) average of 77% and national average of 78%.

Summary of findings

- The Quality Outcomes Framework 2015/16 showed that the practice in the diabetes clinical domain, had achieved 62.5% of the points available which was 29% below the CCG average and 27% below the national average.
- The practice had achieved 84% of the total number of QOF points available. This figure was 13% below the CCG average and 11.5% below the national average.
- There were training systems in place to keep staff up to date with role specific training, for example safeguarding children and adults. However we found requirements for annual training were not always completed within appropriate timescales. The practice nurse had gaps in their training which included Mental Capacity Act 2005, infection prevention and control and their immunisation refresher update was overdue.
- The practice system relied on the Lead GP to follow up on all patients recently discharged from hospital.
- Multidisciplinary working was taking place and the practice arranged meetings when required.

Are services caring?

Inadequate

The practice is rated as inadequate for caring and improvements must be made.

- Data from the National GP Patient survey were lower in some areas than local and national averages.
- A Birmingham South and Central GP patient survey was completed in December 2015. One hundred and fifty-five patients responded to the Friends and Family question about their likelihood to recommend the practice if they needed similar care or treatment. The results showed 87% of patients were either extremely likely or likely to recommend the practice.One patient out of the 155 patients surveyed stated that they would be unlikely to recommend the practice.
- The practice had protocols to help staff identify patients who were also carers. However, they had only identified 18 carers; which was less than one percent of the registered practice population. The practice were aware of these patients, however there was no systematic approach in the offering of appropriate support, such as annual health checks or flu vaccinations.
- No learning disability patients were recalled for annual health checks in 2015/16.
- There was insufficient information available to help patients understand the services available to them in their own language with the exception of information held on the practice website.

Summary of findings

- Patients and the Patient Participation Group said they were treated with compassion, dignity and respect and that they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Inadequate

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

- Information to help patients understand the complaints system did not detail who they should complain to, except to ask at reception and the documentation available at the practice was only provided in English. The complaint information did not provide Parliamentary Health Ombudsman contact details or the next steps to take in the event they wished to escalate their concerns.
- Literature was not available to patients in their own language with the exception of information held on the practice website. The GPs and staff were able to speak Urdu, Hindi, Bengali, Punjabi and Mirpuri to support its registered patients as well as providing translation services.
- Results from the national GP patient survey, July 2016 had lower satisfaction scores regarding practice opening times and ease of access by phone than those of the CCG and national averages.
- The practice had an active patient participation group (PPG) which in general represented the diversity of the registered population. The PPG found the GP and practice staff were proactive in listening to their concerns and attended each of the minuted meetings held.
- Practice staff had good local knowledge and awareness of its local patient population and the lead GP actively engaged with the local clinical commissioning group.
- The practice had good facilities and was well equipped to treat patients and meet their needs

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services and improvements must be made.

- Governance arrangements were not robust or always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date with sufficient detail for staff to follow.

Summary of findings

- Significant issues that threatened the delivery of safe care were not always identified or adequately managed.
- There was a clear leadership structure and clarity around staff responsibility and accountability.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and training sessions held each Wednesday. They felt confident in doing so and felt supported if they did.

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

Inadequate

The practice is rated as inadequate for the care of older people. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nationally reported data showed that some outcomes for patients for conditions commonly found in older people were often below average.
- The practice offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Chronic disease management was undertaken by the GP. The systems for recalling and reviewing patients with long-term conditions were opportunistic and therefore not always robust.
- As a result of a clinical audit completed by the lead GP between 2014 and 2016, outcomes for patients with asthma had improved, with greater attendance for their reviews and the practice QOF achievement had changed during the audit period from 50% to 87% as a result.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were arrangements to safeguard children and young people from abuse. Protocols were available to all staff on who to contact for further guidance if staff had concerns about a patient's welfare.
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours.
- The premises were suitable for families, children and young people to ensure the safety of this patient population group.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for working age people (including those recently retired and students). The resulting overall rating applies to everyone using the practice, including this patient population group.

- There was a low uptake for health screening.
- Health promotion advice was offered but there was limited accessible health promotion material available in the various languages of the patients registered at the practice.
- Patients could book appointments and order repeat prescriptions online.
- The practice was proactive in offering online services.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The resulting overall rating applies to everyone using the practice, including this patient population group.

- No learning disability patients were recalled for annual health checks in 2015/16.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children.
- Staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nationally reported Quality Outcomes Framework (QOF) data showed the clinical prevalence of depression amongst the registered patients was 4%, which was lower than the local CCG and national averages. The practice achieved 50% of the points available which was lower than the CCG average of 86% and the national average of 82%.

Summary of findings

- There was literature available at the practice but only in English, to inform patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice system relied on the lead GP 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. However, we found that the practice did not have a robust system in place to follow up all patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice performance was lower than national averages. Of the 357 survey forms only 64 forms were returned. This represented an 18% completion rate which represented 2.4% of the practice's patient list. The PPG had reviewed this data and felt this did not appropriately represent the views of the majority of the patients who attended the practice. The PPG planned to complete a survey on access and the improvements the practice had made in the near future. A Birmingham South and Central CCG GP patient survey was carried out at the practice in December 2015, 155 patients completed the survey, 5.9% of the practice population. The practice shared the findings with the Patient Participation Group (PPG) at a meeting held on 23rd March 2016. The action plan to the findings included, improving access and privacy at the reception area. Eighty-seven percent of patients in this survey highlighted that patients were either "extremely likely" or "likely" to recommend the practice to their friends and family. One patient out of the 155 stated they were "unlikely" to recommend the practice.

Results from the national GP survey published in July 2016 for example found:

- 62% of respondents were able to get an appointment to see or speak to someone the last time they tried which was lower than the local CCG average of, 81% and national average, 85%.
- 76% described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 58% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 78%).

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, four patients reported they had had difficulty accessing appointments and at times in getting through to the practice by phone. A PPG member reported that they had found it difficult to get through by phone at times and the lines were regularly engaged. They were positive that the practice acted on information they received regarding access to the service. The practice had explained to patients the need to cancel appointments if no longer required in order that others can attend.

The comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. We spoke with five members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Areas for improvement

Action the service MUST take to improve

Ensure that care and treatment is provided in a safe way for service users. The provider must put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines and ensure guidelines are implemented.

Ensure all clinical and non-clinical incidents and 'near misses' that may affect the health, safety and welfare of people using services are reported, recorded and investigated.

Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

The practice must ensure that internal procedures for responding to nationally recognised guidance for delivering safe care and treatment; including patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) are followed and documented through to full completion.

Ensure the proper and safe management of medicines. Ensure there is an effective repeat prescribing policy,

system and protocol in place for the recall and review of patients; particularly those who are on medicines which require close monitoring. Ensure there are appropriate arrangements in place for managing Patient Group Directions (PGDs).

Ensure that persons providing care or treatment to service users have the qualifications, competence, skills and experience to do so safely. Ensure systems are in place to keep all staff up to date with role specific training, including training in annual basic life support, and that appropriate records are kept.

Ensure the complaints policy and procedures are in line with recognised guidance and contractual obligations for GPs in England.

Action the service SHOULD take to improve

Implement patient information literature which is in formats suitable for the patient group.

Review systems to improve the identification of carers and provide support.

LPS - Weatheroak 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 GP, a CQC Pharmacy Inspector shadowing the inspection, and a practice manager specialist advisor.

Background to LPS - Weatheroak Medical Practice

LPS-Weatheroak Medical Practice is located in Sparkhill, Birmingham. The practice is in a converted residential house which is owned by the provider. The building is set over two floors with patient services provided on the ground floor. The main entrance to the practice on Weatheroak Road has a ramp to enable patient access. It is part of the NHS Birmingham South and Central Clinical Commissioning Group (CCG). The total practice patient population is about 2,627. The practice provides GP services in an area considered as one of the more deprived within its locality. The practice has a predominantly Asian registered patient list (68%) as well as 3% mixed, 6% black, 5% other non-white ethnic groups. The average life expectancy at the practice for males is 77 years and females 81 years, which are lower than the national life expectancy averages of 79 and 83.

The practice is open Monday to Friday from 8.30am to 6.30pm (excluding bank holidays) with the exception of Thursdays when they open 8.30am to1pm. The practice closes between 1pm and 4pm but is staffed from 3pm for telephone enquiries. The telephone lines during these periods are switched to accommodate emergency/urgent calls only to the GP out of hours service. The practice provides same day appointments and pre-bookable appointments for one day in advance. Urgent appointments are also available for patients that need them. The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through Badger Medical Services, the out-of-hours service provider.

The staff team comprises a full time GP Lead partner (male) and a female salaried partner who works a regular Thursday morning each week and an occasional second session. The practice is supported by a practice support manager, a healthcare assistant, a practice nurse, a receptionist, a receptionist/medical secretarial staff member and a cleaner.

The practice has a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

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

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 October 2016 and 1 November 2016. During our inspection, we spoke with a range of staff, which included the practice management, nursing staff, administrative/ receptionist staff and a GP. We spoke with five patients who used the service and were members of the patient participation group. We reviewed 43 comment cards where patients shared their views and experiences of the service.

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.

Inadequate

Are services safe?

Our findings

Safe track record

The practice had a system in place for reporting, recording and monitoring significant events and incidents. Staff we spoke with said these would be reported to the Lead GP or practice manager. We reviewed incidents and significant event documents and found that there was one significant event reported in 2016 and two in 2015. The event in 2016 had been documented, investigated and reviewed with the patient's involvement. The learning from the event had been implemented. This had included an amended policy regarding patient referrals; this included requesting that the patient contact the practice one week after their consultation to check referral documents had been sent. We saw no documentation that supported any system changes made as a consequence of events in 2015, which were patient prescription related. As there were so few significant events recorded, there was no annual trend analysis or records held of incident reports which included other clinical or staff members. The practice reported following the inspection they planned in December 2016 to hold a combined annual practice meeting about both significant events and complaints.

The lead GP was responsible for forwarding information from the Medicines & Healthcare products Regulatory Agency (MHRA) to staff in order for them to complete any patient searches required following alerts which had identified patient risks. The last MHRA alert patient search the GP could readily recall was from 2012 regarding a specific medicine interacting with another medicine. On 1 November we found the GP was aware of a more recent MHRA alert which was related to a substance misuse medicine and another potential medicines interaction. There was no documented system in place, or audit or review and the informal system was solely reliant on the lead GP. There was no evidence of previous alerts stored on their electronic systems or in hard copy.

Learning and improvement from safety incidents

We reviewed the records available to us such as historic meeting minutes, which were accessible to all staff. The meeting notes included for example, avoidable admissions (December 2015), complaints (2013) and palliative care meetings (2014). We asked to see if any electronic minutes were held and found that there was a safeguarding meeting held with the Health Visitor documented in 2016.

There was a lack of available documented evidence to show that lessons were shared or that action was taken to improve safety in the practice, with the exception of the significant event in 2016 and with complaints. Following the inspection visit in November 2016, the practice forwarded significant event recording minutes from the two events in 2015 which included staff learning.

Overview of safety systems and processes

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

- The practice had policies in place for safeguarding both children and vulnerable adults that were available to all staff. All staff had received role appropriate training to nationally recognised standards, for GPs this was level three in safeguarding children. The lead GP was identified as the safeguarding lead within the practice. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records. The practice had electronic systems in place, which flagged patients and families at risk.
- Chaperones were available when needed. Staff who acted as chaperones had received e-learning training; the provider had applied for all staff to have disclosure and barring services (DBS) checks and understood their responsibilities when performing chaperone duties. 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. The availability of chaperones was displayed in the practice waiting room.
- The practice was visibly clean and tidy and clinical areas had appropriate facilities to promote the implementation of the Infection Prevention and Control (IPC) guidance. An IPC audit of the whole service was completed in 2016. Staff had their handwashing technique assessed and feedback was given to staff when appropriate. We saw the practice took action following audits and changes in IPC guidance and had appropriate levels of personal protective equipment available for staff. There was no bodily fluid blood spillage kit available for staff in the event of spillage. The GP placed an order for this as soon as it was brought to their attention. We found during our inspection in November 2016 that this was available.

Inadequate

Are services safe?

- We could find no systematic review or documented evidence of changes made as a direct result of following the more recent National Institute for Health and Care Excellence (NICE) guidance and its implementation.
- Blank prescription forms and pads were securely stored but there was no formalised system in place to monitor their use. During our inspection in November, we found that the practice manager had sought appropriate advice in September 2016 in respect of best practice guidance from NHS Protect. They had implemented systems to monitor blank prescription use between our visit in October and November with the exception of the prescription pads held in GPs bags, which was in progress.
- Patient Group Directions were not available at the practice on 17 October 2016. The practice nurse and GP could not locate any PGDs or source electronic information on them. Patient Group Directions (PGDs) allow nurses to administer medicines, such as immunisations and vaccines, in line with legislation. Following the inspection the practice manager and GP met with a member of the CCG medicines team. PGDs were subsequently seen at the practice on 1 November 2016 and these were appropriately dated and signed.
- Two of the medicine fridges could be locked. Both were found unlocked in an unlocked room however the room was keypad lockable. The practice assured us that measures would be taken to address this. The temperatures of the fridges were recorded to ensure medicines were stored at the appropriate temperature.
- We reviewed five personnel files and found some of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. The practice had taken a recent decision to complete appropriate checks through the Disclosure and Barring Service for all its employees regardless of their role and the length of time they had been employed by the practice. We saw that these checks were in progress. We found that there were no documented references. We were informed that verbal references had been obtained but had not been subsequently written up and verified with the referee. The Lead GP managed the recruitment checks of locum GPs used at the practice. The practice nurse did not have a copy of their medical indemnity available at the practice during the inspection. The practice forwarded documentation onto the inspection team following the inspection but it did not demonstrate the nurse's indemnity. The GP assured us that they had taken advice and the nurse was covered on their indemnity as the nurse did not carry out any extended roles at the practice.

The process in place for handling requests for repeat medicines was not always robust. We found that there were gaps in the reviews of patients on a medicine requiring frequent monitoring.

- On 17 October 2016 we reviewed eight patient records. Three of the eight had no clear evidence recorded of their repeat prescriptions being reviewed when altering or adding medicines. There was no systematic process in place for handling the review of high risk medicines. For example, of three patients on a particular disease modifying medicine, one had appropriate monitoring in place and two had no current monitoring.
- On 1 November 2016 we saw that action had been taken in respect of the two patients on a particular disease modifying medicine without monitoring. The GPs actions had extended to ensuring that patients on disease modifying medicines were reviewed prior to being able to reorder prescriptions.

Patient records were not always managed in a secure way in that computer system smart cards were left unattended in clinical rooms. The keypad operated door to the first floor was unlocked and patient paper records were held in an unlocked room and not housed in metal cabinets.

Monitoring safety and responding to risk

- There was a health and safety policy available with a poster in the reception office, which identified local health and safety representatives.
- The practice had up to date fire safety policy reviewed in 2016. A risk assessment was carried out in March 2016 which included updated actions and the practice 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 the 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).

- We found during the inspection that the test sticks used to check urine samples in the health care assistants consulting room had an expiry date of 2014. These were removed and replaced during the inspection.
- The practice had a security system in place which had been subject to their health and safety risk assessment. The last health and safety risk assessment had taken place in October 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. As a smaller staff team they worked regular set hours and covered for each other in the event of sickness and annual leave to ensure enough staff were on duty. In the past year, the practice manager informed us that they had used a locum GP on only three occasions. The Lead GP said the practice would be able to provide or source adequate cover should the Lead GP have sickness, absence or annual leave.

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 rooms, which alerted staff to any emergency.
- We found that the last recorded basic life support training in the records reviewed had taken place in March 2015 and was overdue. Staff were to complete basic life support on-line training following the inspection on 2 November 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available to staff.
- 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 layout of the building had been considered when siting emergency medicines.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice did not have systems in place to ensure that all clinical staff were up to date with best practice. Clinical staff said they could access guidelines from NICE through their electronic systems and use this information to deliver care and treatment that met patients' needs.
- The practice utilised electronic templates which were devised using best practice guidance.
- The practice had no processes in place to monitor that these guidelines were followed.
- Changes to guidelines were not a standing agenda to be shared and discussed at practice meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 that the practice had achieved 84% of the total number of points available. This figure was 13% below the Clinical Commissioning Group (CCG) average and 11.5% below the national average. Data from 2015/16 showed:

- Performance for diabetes related indicators were lower than the national average. For example, 53% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 77% and national average of 78%.
- Performance rates for all the mental health related indicators were comparable with the local and national averages. For example, 97% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 92% and national average of 89%. Clinical exception reporting for this indicator overall was 9%, which was slightly higher when compared with the CCG average of 6% but in line with the national average of 9%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 85%, which was higher than the CCG average of 76% and national average of 75%. Clinical exception reporting was also lower at just over 1%, compared with the CCG average of 4% and national average, 8%.

The lead GP discussed the practice's performance for patients aged 18 or over with a new diagnosis of depression in the preceding 12 months, who had been reviewed between 10 days and 56 days after the date of diagnosis. The GP described their approach and ethos which was not to inappropriately 'label' patients with a diagnosis of depression. The data showed the clinical prevalence of depression amongst the registered patients was 4%, which was lower than the local CCG and national averages. The practice had achieved 50% of the points available when compared with the CCG average of 86% and the national average of 82%. The practice electronic systems data for 2015/16 showed that 10 out of the 16 eligible patients had been reviewed.

The practice had a system in place to "flag" patients with chronic or life limiting conditions to the out-of-hours service and provide information to enable continuity of care. At the time of the inspection there were no patients in receipt of end of life care.

There was some quality improvement changes made as a result of two audits in the last two years. We reviewed an asthma clinical audit from 2014 with a repeat in 2016 where the improvements made were implemented and monitored. Findings were used by the practice to improve services and information about patients' outcomes was used to make improvements, for example, the GP and healthcare assistant attended further asthma and Chronic Obstructive Pulmonary Disease (COPD) training. (COPD is the name for a collection of respiratory conditions). Patient reviews of these conditions were rearranged at a more convenient time for the patients and more administrative support was offered towards achieving greater attendance by recalling patients. This action had resulted in approved outcomes for patients with greater attendance for their reviews and the practice QOF achievement changed from 50% to 89% as a result.

Inadequate

Are services effective?

(for example, treatment is effective)

Effective staffing

The practice could demonstrate role-specific training and updating for the majority of their staff. For example, the healthcare assistant had completed additional training such as attendance at a suture removal workshop, a diabetes foundation course and a diabetic foot workshop.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff said they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing clinical support from the GPs and support for revalidating GPs. The staff had a regular annual appraisal and planned dates were in place for staff who had yet to receive an appraisal. All said that their training and development needs had been met and they would approach the lead GP if they had had any concerns.
- Staff received e-learning and external training as well as in-house training provided by the Lead GP. Training included safeguarding, fire procedures, basic life support, nurse's cervical cytology update training and information governance awareness. Some of the training however was overdue or had not been completed for some staff. For example, the practice nurse had not completed any training in the Mental Capacity Act, information governance, infection control or fire training at the practice. The nurse last completed safeguarding children's training in May 2015 and adults in February 2015.
- The practice nurse who administered vaccines had received specific training, which had included an assessment of competence. They could demonstrate how they stayed up to date with changes to the immunisation programmes, for example the nurse had completed a childhood immunisation update in August 2015 however this was also overdue.
- The GP felt there was adequate clinical capacity within the practice to meet anticipated demand, including internal cover for holiday leave and other planned absences. The GP informed us that there were plans for the practice nurse to increase their hours at the practice to cover the healthcare assistant's planned absence

Working with colleagues and other services

Medical records and investigation and test results were recorded in patients' records, and information needed to deliver care and treatment was available in this respect to relevant staff in a timely and accessible way.

- The practice shared relevant information with other services for example when referring patients to other services. We saw that referrals for care outside the practice were appropriately prioritised and the practice used approved pathways to do so with letters dictated and prioritised by the referring GP. We reviewed the practice's urgent referrals system known as 'the two week wait.' We found that the process in place included faxing details to the appropriate referral office, and the practice received acknowledgement of receipt. If they not receive acknowledgement a follow up phone call was made. The GP also forwarded a letter to the consultant specialist.

The information recorded in patient records was not always thorough. Documentation in records of GP consultations were sparse in places.

- On 17 October 2016, we sampled eight records and found an admissions avoidance registered patient who had had two hospital admissions in the past six months but had not been followed up. We saw in the record that the practice was asked to complete a screening referral for November 2016, but there was no evidence that this had taken place. A second patient on the practice admissions avoidance register had an incomplete care plan in place, dated 2014. In a third record, we saw that a patient with a complex medical history had no active plan in place and it was unclear in the record as to whether repeat prescriptions had been reviewed when altering or adding medicines.
- On 1 November 2016 we sampled six records and saw that patients with long term conditions had had care plans completed.

The practice told us they identified patients approaching the end of their life and there were processes in place to monitor and appropriately discuss the care of patients with end of life care needs. The practice informed us that multi-disciplinary team (MDT) meetings took place on a regular basis but we saw no minutes from the meetings other than a safeguarding MDT meeting held in 2016.

Inadequate

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The majority of staff at the practice had attended Mental Capacity Act 2005 training with the exception of the practice nurse. When providing care and treatment for children and young people, the GPs 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Health promotion and prevention

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and pregnant women. Patients were signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including patients living with a learning disability. However, we found that none of the 11 patients with a learning disability had a documented annual health assessment in 2015/16.
- The Patient Participation Group reported positively on their experiences of health promotion information within the practice and singled the lead GP out for praise on raising awareness amongst patients on, for example, the appropriate use of antibiotics, health screening and flu vaccinations.
- Health promotion literature was available but was only provided in English. More than 68% of the registered population were of Asian descent and no literature was available in different languages in the waiting room. The practice staff discussed the literacy needs of some patients. The GP, healthcare assistant and reception staff all spoke several languages and they provided health promotion information to patients, were able, in their first language verbally.

Data from 2014, published by Public Health England, showed that the number of patients who engaged with national screening programmes was lower than the national averages. The practice said it had encouraged its patients to attend national screening programmes:

- 58% of eligible females aged 50-70 had attended screening to detect breast cancer. This was lower than the CCG average of 67% and the national average of 72%.
- 34.5% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 46% and national average of 58%.
- We saw that 75% of eligible patients at the practice had a record of a cervical screening within the last 5 years, which was in line with the CCG and the national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.
- 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. The practice had completed 55 NHS health checks in 2015/16. The practice informed us that appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Inadequate

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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.

All 43 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. The majority of patients had chosen to write a significant amount about how much they valued the practice, the GPs, nurses and all staff inclusively. We spoke with five patients during the inspection inclusive of the practice patient participation group. All said they received excellent care and treatment and found staff to be professional, diligent, approachable, committed and caring. A Birmingham South and Central CCG patient survey was carried out at the practice in December 2015, 155 patients completed the survey, which represented 5.9% of the practice population. Eighty seven percent of patients in this survey highlighted that they were either 'extremely likely" or "likely" to recommend the practice to their friends and family. One patient out of the 155 stated they were "unlikely" to recommend the practice.

The national GP survey sent 357 surveys out to patients and 64 were returned, an 18% completion rate. Results from the July 2016 national GP patient survey for example found;

- 75% of patients said the GP was good at listening to them which was lower than the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 71% of patients said the last GP they spoke to was good at treating them with care and concern which was lower than the CCG average of 83% and the national average of 85%.
- 87% of patients said the GP gave them enough time, which was in line with the CCG average of 86% and the national average of 87%.
- 80% of patients said the last nurse they spoke to was good at treating them with care and concern which was lower than the CCG average of 88% and national average of 91%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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.

Results from the national GP patient survey showed patients responses to questions about their involvement in planning and making decisions about their care and treatment. For example, two were lower when compared with the CCG and national averages and two were comparable with these averages:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

Inadequate

Are services caring?

The practice said they 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 and that staff spoke several languages including Urdu, Hindi, Bengali, Punjabi and Mirpuri. However, the literature available for patients at the practice was provided in English.

Patient/carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available only in an English format in the patient waiting area. The information included how to access a number of support groups and organisations. However, more than 68% of the registered population were of Asian descent and no literature was available in different languages in the waiting room.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers (this was less than 1% of the practice list). We saw no written information available to direct carers to the various avenues of support available to them locally.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to find a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. We found that there had been no specific analysis of public health data carried out but that the practice followed the Quality and Outcomes Framework (QOF) for quality improvement.

- Same day appointments were available for children and those with more serious medical conditions.
- There were disabled facilities, translation services available, and a hearing loop.
- There were longer appointments available for patients with a learning disability.
- Home visits were prioritised in line with NHS England's guidelines. Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Patient Access was available to all patients aged 16 and over. Patient Access allowed patients to book appointments, order repeat prescriptions, update address details and view all aspects of their medical record online 24 hours a day.
- The practice worked with the patient participation group (PPG) to meet the needs of their registered population.
- Patients could book one day in advance to see the GP and two weeks in advance to see the practice nurse or healthcare assistant. The GP and nurse appointments could be booked online.
- The service hosted a weekly phlebotomy service (blood taking) on Tuesdays between 9.45am and 11.45am for routine blood tests.
- The GPs and some staff speak Urdu, Hindi, Bengali, Punjabi and Mirpuri.

Access to the service

The practice was open Monday to Friday from 8.30am to 6.30pm (excluding bank holidays) with the exception of Thursdays when they open from 8.30am to1pm. The practice was closed between 1pm and 4pm but was staffed from 3pm for telephone enquiries. The telephone lines during these periods were switched to accommodate emergency/urgent calls only. The practice provided same day appointments and pre-bookable appointments for GPs one day in advance. Urgent appointments were available for patients that needed them. The practice did not provide an out-of-hours service to its own patients but had alternative arrangements for patients to be seen when the practice was closed through Badger Medical Services, the out-of-hours service provider.

A Birmingham South and Central CCG GP patient survey was carried out at the practice in December 2015, 155 patients completed the survey which represented 5.9% of the practice population. These findings showed for example:

- 81% provided a rating of either, very good or good in accessing the practice by phone.
- 66% of patients provided positive responses regarding the ease of getting a routine appointment, whereas 23% felt that it was not easy to get an appointment.
- 49% of patients felt that it was quite easy to gain a same day appointment and 30% thought that it was not that easy.
- 47% of patients thought that there was a good choice of same day appointments available to them and 31% thought that there was not.

Results from the national GP patient survey, published July 2016, showed patient's satisfaction with how they could access care and treatment was lower when compared to the national average. For example:

- 71% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Out of the 43 comment cards received four patients reported they had had difficulty accessing appointments, and getting through to the practice by phone. The PPG members reported that some patients found it difficult to get through by phone at times and the lines were regularly engaged. They were positive that the practice acted on

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

information they received regarding access to the service. The practice had explained to patients the need to cancel appointments if no longer required in order that others can attend.

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.

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 a system in place for handling complaints and concerns.

- We saw that information was available in basic form on the practice website and within the practice brochure. The complaint literature for patients was brief and did not detail who they should complain to, except to ask at reception. This procedure did not contain the contact details for NHS England or the Parliamentary Health Ombudsman. Its complaints policy and procedures therefore were not in line with recognised guidance and contractual obligations for GPs in England. Complaint forms were not available in the various languages spoken by the practice's registered patients.
- There was a designated responsible person who handled all complaints in the practice, which was the practice manager and the GPs investigated the complaint(s).

There had been one complaint received in the last 12 months received via NHS England, which was ongoing. Therefore there was no evidence seen of analysis of any complaint trends to improve the quality of care. The complaint record reviewed demonstrated that the complaint was recorded and well documented.

Are services well-led?

Inadequate

(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 mission statement, which included providing high quality healthcare with dignity and respect, in a cultural sensitive manner and without any kind of discrimination. Staff knew and understood these practice values.

- The practice had no documented strategy or supporting business plan to reflect the vision and values. However, practice staff were all aware of the proposed changes expected over the next two year period, including the proposed succession plan.
- The practice also engaged with the Clinical Commissioning Group (CCG) to consider and develop plans to meet the needs of the local population.

Governance arrangements

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- An understanding of the Quality and Outcomes Framework (QOF) performance of the practice was maintained.
- Some internal audits/electronic patient searches were completed including some that were CCG led to monitor quality and to make improvements. In the past two years there had been two clinical cycle audits.

The GP lead held the responsibility and knowledge of the registered patients and patients reported that this was highly valued. However, a formal documented governance framework would improve consistency of approach in the event of GP absence. There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however, these were inconsistently applied. For example:

- We found there was no formal process for disseminating NICE guidelines to all GPs and clinical staff.
- The repeat prescribing policy and recall and review of patients; particularly those who are on medicines which require close monitoring was not always effective.
- Internal procedures for responding to nationally recognised guidance such as patient safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were not effective.
- Patient Group Directions (PGDs) were not present in the arrangements for managing vaccines during the inspection in October 2016.
- Not all staff were up to date with annual training.
- The complaints policy and procedures did not contain information on the Parliamentary Health Ombudsman.
- There was a lack of patient information literature in formats suitable for the registered patient groups taking into account patient literacy.
- The practice had only identified a small number of carers and there was a lack of information on how the practice could provide support for carers.

Leadership, openness and transparency

The practice 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). Staff encouraged a culture of openness and honesty.

- In the record reviewed we found the practice gave affected people reasonable support, information and a verbal and written apology.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular meetings although there were few documented minutes available for the meetings held in 2016. Staff held training events on Wednesday afternoons.
- Staff said they felt respected, valued and supported. Staff told us GPs were approachable and always took the time to listen to all members of staff, encouraged all members of staff to identify opportunities to train and develop and improve the service delivered by the practice.

Are services well-led?

Inadequate

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

Practice seeks and acts on feedback from its patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

- The PPG met three times a year and the minutes of their meetings were displayed, they carried out patient surveys and submitted proposals for improvements to the practice management team. The PPG advised that the GP and practice staff were present at their meetings.

The PPG had with the practice improved areas such as:

- In response to patients the PPG feedback that reception staff would benefit from being customer/patient focussed. The Lead GP arranged for staff to attend additional training and the PPG reported positive improvements to the welcome patients received.
- The practice were aware of the limited on road parking at the practice and made every effort to ensure disabled access.
- Improvements were made to the time at which patients called for blood test results (from12pm to 12.30pm) which had freed some phone line access in the morning for patients wanting appointments and a notice reminding patients of this was posted in the waiting room.

The practice had gathered feedback from staff through staff meetings, appraisals and daily discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with their colleagues including the GPs. Staff said they could add to the practice meeting agenda and in meetings discuss their thoughts and ideas; they felt involved and engaged in how the practice was run.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The process for repeat prescribing and the recall and review of patients was not always safe and effective. Patient records did not always have a documented treatment or care plan in place. Patient records were not always managed in a secure way.

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 There was a lack of systems in place to ensure all clinicians were kept up to date with national guidance and guidelines such as the National Institute for Health and Care Excellence (NICE) best practice guidance. The system in place for reviewing safety alerts, medicines alerts or high risk prescribing was not always robust. There was an ineffective process in place to ensure that clinical staff were up to date with their training. Significant events were not always being adequately identified, recorded, analysed or shared. There were inadequate systems or processes in place to ensure compliance with the requirements. We found they were not operating sufficient governance and assurance processes to monitor the service effectively. There was a lack of managerial and clinical leadership demonstrated by the GP partners.