

Croft Medical Centre

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Croft Medical Centre on 26 April 2017. Overall the practice is rated as Requires Improvement.

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

- The practice had defined systems and processes in place to minimise risks to patient safety and we found there was an effective system in place to demonstrate what action had been taken with safety alerts received including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we did find that a gap in the administrative process and actions taken were not always recorded. We found evidence of one alert that had not been actioned. Since the inspection we have received evidence to confirm that the alert had been acted on and we also received assurances that alerts have been added as a fixed agenda item for discussion at all clinical meetings.
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations and no risk assessments had been completed in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- There was an open and transparent approach and a system in place for reporting and recording significant events and incidents.
- The practice had adapted the long term conditions clinical templates to suit their practice population to ensure the needs of the patients were being met.
- Events had been organised by the practice to promote awareness and to support patients who were undergoing treatment, this included a breast friends event for patients with breast cancer and their families.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patient feedback from CQC comment cards and patients we spoke with was positive about the care received. However, the latest national patient survey showed scores were lower than other practices locally and nationally for access to appointments. The practice had acted on this feedback with continual review and had made changes to the appointment system in order to improve access. Appointments were available on the day of our inspection.
- The practice encouraged staff to develop their roles and one of the practice nurses had been a finalist for the Solihull Together Awards, Health Professional of the year. This was due to undertaking cancer care reviews to support patients with any issues relating to their care and treatment. The practice nurse held clinics once a week for patients undergoing treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Due to the resignation of two GPs, the practice had increased the number of staff in the nursing team and had employed two nurse prescribers to support the clinical team.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- Seek patient views and act on feedback to evaluate and improve services and telephone access.

The areas where the provider should make improvements are:

- Review current processes for identifying carers and information available to encourage patients to notify the practice if they are carers.

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?

- The practice had defined systems and processes in place to minimise risks to patient safety and we found there was an effective system in place to demonstrate what action had been taken with safety alerts received including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we did find that a gap in the administrative process and actions taken were not always recorded. We found evidence of one alert that had not been actioned. Since the inspection we have received evidence to confirm that the alert had been acted on and we also received assurances that alerts have been added as a fixed agenda item for discussion at all clinical meetings.
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations.
- The practice had implemented a protocol and utilised the clinical system to alert the clinical team if patients required blood tests or reviews who were on high risk medicines.
- We found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Requires improvement



Are services effective?

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average. The latest published results showed the practice had achieved 100% of the points available. The practice used this information to monitor performance against national screening programmes and outcomes for patients.

Good



Summary of findings

- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.
- The practice had adapted clinical templates to meet the needs of the local population.
- Clinical audits demonstrated quality improvement and the practice carried out regular audits to monitor patient satisfaction.
- Staff had the skills and knowledge to deliver effective care and treatment. The practice was proactive in ensuring staff learning needs were met and encouraged staff to develop their roles. For example, the practice nurses had completed the recognised national qualification for practitioners who regularly perform spirometry.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

- Data from the national GP patient survey showed patients responses were lower than the local and national averages for several aspects of care.
- Information for patients about the services available was accessible and information screens were situated in the waiting room to advise patients of services.
- The practice had organised a breast cancer friends event to support patients and their families. A male cancer event was being organised for May 2017.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example the practice held an INR clinic three mornings a week. (INR clinics are to carry out regular checks and tests to review and monitor patients on anticoagulation treatment).
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it difficult to access the practice by telephone and book appointments. This was

Requires improvement



Summary of findings

supported by the results of the national patient survey. For example: 12% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

- The practice had good facilities and was well equipped to treat patients and meet their needs and had both male and female members of the nursing team.
- Information about how to complain was available and evidence reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and staff were encouraged to develop their roles.
- GPs and nurses who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported two nursing homes and held monthly multi-disciplinary team meetings to discuss patients' needs.
- Data provided by the practice showed the practice had 1,737 patients over the age of 65 years and 66% had received a flu vaccination.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice had a named nurse who had completed the McMillan Cancer Care course and was the lead clinician responsible for reviewing patients following diagnosis. Data provided by the practice showed 25 patients on the palliative care register and we saw evidence to support that all patients were discussed at monthly meetings.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. For example, the latest published QOF results showed 91% of patients with chronic obstructive pulmonary disease (COPD) had received a review in the past 12 months, in comparison to the local average of 89% and the national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Requires improvement



Summary of findings

- One of the health care assistants had undertaken training and diabetes education to better support patients and nursing team in the management of patients with diabetes. The practice held a register and followed up patients at risk of developing diabetes.
- Patients on anti-coagulation therapy were able to access INR clinics at the practice three mornings a week.
- All these patients had a named GP and there was a system to recall patients for 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.

Families, children and young people

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 83% which was comparable to the national average of 81%.
- The practice offered a full range of family planning services, including implants and the fitting of Intrauterine Contraceptive Devices (IUCDs). One of the practice nurses specialised in the fitting of IUCDs.
- We saw examples of joint working with midwives and the midwife ran ante natal clinics three days a week.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours three evenings a week.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. This included referrals to the health trainers who reviewed patients to support them with lifestyle changes.
- Data provided by the practice showed 2,715 patients were currently registered as smokers and 98% had received support to quit smoking.
- The practice made use of texting to remind patients of their appointment.
- The practice offered extended opening hours on a Tuesday, Thursday and Friday evenings for the convenience of patients who worked.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Data provided by the practice showed 117 patients on the learning disability register and 43 had received an annual review. The practice told us that the enhanced service requirements was for patients with moderate to severe disabilities to receive an annual review, of which the practice currently had 45 registered, but they had not reviewed the other patients on the list.
- The practice held a register of 95 carers, which represented 0.9% of the practice list. There was no carers' pack available and the practice told us they identified carers when carrying out dementia reviews with patients. There was no information seen on display in the waiting room to encourage patients to advise the practice if they were carers.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had organised breast cancer event to support patients and had a male cancer event organised for next month.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe, caring and responsive services; this affects all six population groups.

- There were 105 patients on the dementia register. The latest published QOF data for 2015/16 showed 75% of patients had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia and had access to support services through Solihull Healthy Minds (IAPT) counselling service who held a clinic once a week at the practice .
- Data provided by the practice showed 134 patients on the mental health register. The latest published QOF data for 2015/16 showed 91% of patients had a comprehensive, agreed care plan documented in their medical record in the last 12 months, which was comparable to the national average of 89%. Unverified data provided by the practice showed 125 patients were on the mental health register and 91% had a care plan in place.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice had scored lower than local and national averages. Three hundred and fifteen survey forms were distributed and 101 were returned. This represented 0.9% of the practice's patient list.

- 59% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 31% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 49% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received seven comment cards which were all positive about the standard of care received, but some patients had commented on the difficulties in accessing appointments.

We spoke with four patients during the inspection, including two patients from the patient participation group (PPG). All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, but commented on the difficulties in accessing the practice via telephone. The latest results of the friends and family test showed 84% of patients were likely to recommend the practice.

The practice produced a regular newsletter which included details of the practice performance with the friends and family test which invites patients to say whether they would recommend the practice to others. The friends and family test results for April 2016 to April 2017 showed 84% of the 701 patients who responded were likely or extremely likely to recommend the service to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- Seek patient views and act on feedback to evaluate and improve services and telephone access.

Action the service **SHOULD** take to improve

- Review current processes for identifying carers and information available to encourage patients to notify the practice if they are carers.

Croft Medical Centre

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 Croft Medical Centre

Croft Medical Centre is based in the Chelmsley Wood area of the West Midlands. There are approximately 10700 patients of various ages registered and cared for at the practice. The practice has seen an increase in the number of patients joining the practice with 1000 patients registered in the past 12 months.

Whilst waiting for their current premises to be completed, Croft Medical Centre was in temporary accommodation for three years. The practice moved to the new premises in 2015 and share the building with a dentist and pharmacy. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients. The area served has higher deprivation compared to England as a whole.

There are three GP partners (2 male, 1 female) and three salaried GPs (female). The nursing team consists of two nurse practitioners (1 male, 1 female) 1 specialist nurse prescriber (female), four nurses and two health care assistants. The non-clinical team consists of a practice

manager, assistant practice manager, administrative and reception staff. Following the resignation of two GPs, the practice has been unable to recruit more GPs; therefore it has increased the nursing team with nurse prescribers to support the GPs in the management of patients with acute illnesses. The practice is a teaching practice for the University of Warwick medical school. The practice also has close links with Birmingham City University and supports the training of nurses.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Extended hours appointments are available Tuesday 6.30pm to 7.30pm, Thursday 6.30pm to 7.45pm and Friday 6.30pm to 7pm. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by Badger Out of Hours Service and NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

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

Detailed findings

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. We carried out an announced visit on 26 April 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was a system 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).
- The practice carried out a thorough analysis of the significant events and we saw evidence to confirm that these were discussed with staff at meetings every month. All events were recorded to ensure appropriate action was taken and learning was shared with staff to minimise risks. We reviewed five significant events which showed that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice used an electronic reporting system for recording significant events and actions taken which enabled them to be shared with the local clinical commissioning group (CCG).
- The practice had defined systems and processes in place to minimise risks to patient safety and we found there was an effective system in place to demonstrate what action had been taken with safety alerts received including those from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we did find there was a gap in the administrative process of recording what actions had been taken and we found evidence of one alert that had not been actioned. The alert was concerning an interaction between two specific medicines and a search of patients showed 100% on this combination had received appropriate monitoring. The practice demonstrated the active use of the clinical system for prescribing and the interaction of

medicine alerts which provided effective checks. Since the inspection we have received assurances that alerts have been added as a fixed agenda item for discussion at all clinical meetings.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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. Alerts were placed on patient records so that staff were aware of anyone who might be at risk and there was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- A notice in each consulting 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. There were cleaning schedules and monitoring systems in place and staff had access to appropriate hand washing facilities and personal cleaning equipment.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and the last audit completed in August 2016 and the practice had achieved 100%.
- The practice had some immunisation records for staff, but we found there was no system in place to ensure all staff were up to date with routine immunisations.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had implemented a protocol and had utilised the clinical system to alert clinicians if patients on high risk medicines required a blood test or review. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

The report also showed the practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use. Three of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had an up to date fire risk assessment and carried out regular fire drills. There was a fire evacuation plan. Fire alarms were checked regularly and all fire equipment was checked by an external contractor on an annual basis.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- There was a health and safety policy available and a range of 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. The provider has struggled to recruit permanent GPs and had increased the nursing team with nurse prescribers to support the GPs in the management of patients with acute illnesses.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had adapted the clinical templates to ensure the needs of the local population were being met and to support clinical reviews of patients with long term conditions.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. This included review of discharge summaries following hospital admission to establish the reason for admission.

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 (2015/16) showed that the practice achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 11% which was comparable to the CCG average of 8% and the national average of 10%. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 99% which was higher than the CCG average of 93% and the national average of 90%. Exception reporting rate was 12% which was comparable to the CCG average of 9% and the national average of 11%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 96% and the national average of 93%. Exception reporting rate was 10% which was comparable to the CCG average of 10% and the national average of 11%.

There was evidence of quality improvement including clinical audit:

- We saw evidence that a range of audits had been undertaken in the last 12 months, including clinical audits. We reviewed two of the audits to see what improvements had been implemented. For example: One audit was to review patients with recurrent chest infections with chronic obstructive pulmonary disease (COPD) who had also been diagnosed with bronchiectasis (Bronchiectasis is a disease in which there is permanent enlargement of parts of the airways of the lung) who had received two week antibiotic course. The first audit showed 57 patients had been diagnosed with bronchiectasis and two had received antibiotics, the recognised guidelines showed all patients should have received antibiotics. A second review after six months showed 11 patients had been treated for exacerbations and eight had received a two week course of antibiotics. A further re-audit is planned to ensure all clinicians are prescribing within the recommended guidelines.
- Findings were used by the practice to improve services. For example, the practice had carried out a minor surgery histology audit to ensure all histology reports had been received since patients had undergone minor surgery. The audit showed one result had been returned to another clinic with a similar name. The practice had set up a system to monitor the return of results.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had completed the recognised national qualification for practitioners who regularly perform spirometry.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff 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.

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.
- 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice implemented the principles of the gold standards framework (GSF) for end of life care. This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every month.

Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service and support continuity of care.

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 and signposted them to relevant services. For example patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice and support in relation to their lifestyle.

The practice offered support including pre-diabetes screening and referred patients to services such as the health trainers for lifestyle support and other organisations promoting health and wellbeing. Patients were also able to access services to diagnose and monitor patients with long term conditions, support for patients who misused drugs and smoking cessation services.

The televisions in the waiting area displayed health advice on flu vaccinations and patient education campaigns.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 83%, which was comparable with the national average of 81%. Exception reporting was slightly higher at 11% compared with the national average of 7%. 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 as a result of abnormal results. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were lower than the CCG and national averages. For example,

- 54% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 46% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, rates for the vaccines given to under two year olds were above the national average of 90% and five year olds ranged from 94% to 97%.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs and one part of the reception desk was reserved for patients to have private conversations with staff.
- Staff wore name badges so it was clear to patients who they were speaking with.

All of the seven 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 four patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed mixed responses from patients about if they were treated with compassion, dignity and respect. The practice was below average for the majority of its satisfaction scores on consultations with GPs[GR1], but the practice had not reviewed the results of the survey and feedback from patients we spoke with did not align with these results. For example:

- 76% of patients said the GP was good at listening to them compared with the clinical commissioning group CCG average of 88% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%

The results for nurses showed:

- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group CCG average of 92% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

The results for receptionists showed:

- 65% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 gave mixed responses to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.

Are services caring?

- 63% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available, however staff told us they very rarely had to book interpreters.
- Information leaflets were available in easy read format and large print leaflets were available for patients with sight difficulties.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

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 team had organised a breast friends event, for patients with breast cancer and their families to offer support and advice and was planning a male cancer event in May 2017.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 95 carers (0.9% of the practice list). There was no written information available to direct carers to the various avenues of support available to them. The practice told us they identified carers when patients came for dementia reviews, but there was no information on display to encourage patients to notify the practice if they were carers.

Staff told us that if families had experienced bereavement, the practice sent a sympathy card and all staff were notified to ensure patients' families were well supported.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Tuesday, Thursday and Friday evening for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS and were directed to other clinics for vaccines available privately.
- The premises were accessible to patients with mobility difficulties. This included automatic doors and part of the reception desk had been lowered. Disabled toilet facilities were also available. Parking was an issue for the building and this was being reviewed with the local council to offer disabled parking facilities for patients.
- There was a specific room available with baby changing facilities and there was a hearing loop to support patients with hearing difficulties and interpretation services available. The hearing service held a clinic at the practice one morning a week.
- Patients were able to access a range of services including minor surgery, joint injections, family planning, recovery for substance misuse, smoking cessation. As well as diagnostic and monitoring services such as phlebotomy, spirometry, prediabetes reviews.
- The community phlebotomist was available once a week and the Citizens Advice Bureau offered advice from the practice premises once a month.

- The practice had introduced a structured diabetes education for newly diagnosed diabetics. The health care assistant had undertaken a diabetes course to support the nurses in the in providing support in-house to their patients.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 3pm to 6pm every afternoon. The phone lines were closed between 12.30pm and 2pm each day, but the practice remained open and patients could access the service face to face if necessary. Extended hours appointments were offered at 6.30pm to 7.30pm Tuesday, 6.30pm to 7.45pm Thursday and 6.30pm to 7pm on Friday, this included extended hours appointments with a nurse and health care assistant. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group CCG average of 75% and the national average of 76%.
- 12% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 92% of patients said their last appointment was convenient compared with the CCG average of 92% and the national average of 92%.
- 31% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 39% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 57% and the national average of 58%.

Patients told us on the day of the inspection that accessing the practice by telephone and booking appointments was difficult. The practice had reviewed the telephone system

Are services responsive to people's needs?

(for example, to feedback?)

and had tried various options to improve access, however none had been successful. A new appointment system had been introduced in June 2016 to include prebookable appointments, book on the day, telephone triage appointments and telephone consultations. The practice told us they had increased availability by 98 appointments per week. The practice had installed a telephone logging system which showed how many patients were waiting on the phone and the length of time patients were having to wait. On the day of inspection the results of the telephone logging system for the morning showed:

174 calls had been received, 156 had been answered and 18 patients cancelled their call. On speaking with the patient participation group, they told us that the phone system had not improved.

The practice Spring newsletter showed the practice had received a total of 14,321 calls in March 2017, with an average time of seven minutes 43 seconds to answer each call. The number of patients that did not attend appointments was 2,907. The majority of these missed appointments were with the nursing team, 22 appointments were with the GPs. The practice had introduced a telephone triage system for patients to be assessed by a GP if no appointments were available and were actively promoting the online booking system to reduce the number of telephone calls to the surgery.

The practice had a system to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. The GPs would telephone the patient or carer in advance to gather information to allow for an

informed decision to be made on prioritisation 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 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.
- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet. Which provided details on what to do if the patient was unhappy with the response received from the practice.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

The practice had received 23 complaints during April 2016 to March 2017. Complaints were discussed at the practice meetings. Lessons were learned from individual concerns and complaints and also from analysis of trends and action taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had key performance indicators and objective to deliver high quality services, which they shared with us during their presentation. This was also displayed throughout the practice and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was very open about the challenges faced including recruitment of clinical staff and difficulties in appointment access.
- During the inspection practice staff we spoke with demonstrated values that were caring and supportive.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example: Chronic disease management, family planning services.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- The practice had looked at leadership and succession planning for some of its staff and had team leaders for administration/reception and the nursing team.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- The practice had not managed to solve the longstanding problem of poor telephone access, but continually monitored and reviewed the number of calls received and had increased appointment availability to offer more choice to patients.
- The practice had defined systems and processes in place to minimise risks to patient safety and we found there was an effective system in place to demonstrate what action had been taken with safety alerts received including alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, we did find that a gap in the administrative process and actions taken were not always recorded. We found evidence of one alert that had not been actioned. Since the inspection we have received evidence to confirm that the alert had been acted on and we also received assurances that alerts have been added as a fixed agenda item for discussion at all clinical meetings.

Leadership and culture

On the day of inspection the leadership team (consisting of the partners, practice managers and clinical managers) demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the leadership team were approachable and always took the time to listen to all members of staff. Staff said they felt respected and supported. They felt that they worked well together as a team.

The provider was aware of and had systems 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. We found that the practice had systems 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.

There was a clear leadership structure and staff felt supported by management.

Are services well-led?

Good 

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

- The practice held a number of joint meetings with staff. This included a monthly leadership meeting in which each of the staff groups were represented. We saw from the minutes of these meetings in which each of the staff groups had an opportunity to raise any issues. All the staff attended meetings every three months and any action points were summarised and sent out to all staff to keep them updated.
- The practice held and minuted a range of multi-disciplinary meetings to monitor vulnerable patients every month.
- 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. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG consisted of approximately 10 patients of which eight met regularly. There was a notice on display in the waiting area to encourage new members to join. We spoke with two members of the PPG who told us that they felt the practice was trying to improve access, but it continued to be an issue with patients who were unable to access the service via the telephone and book appointments when needed. The PPG also told us the practice acted on suggestions where possible. For

example: The PPG requested that chairs were purchased with arms to aid patients in raising from a sitting position with ease, this had been actioned and we saw high back chairs with arms in place in the waiting room.

- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- One of the nurses had worked with MacMillan cancer care to undertake care reviews to support patients with any issues relating to their care and treatment. The nurse had protected time once a week to offer this service. The nurse had been a finalist for the Solihull Together Awards, Health Professional of the Year.
- One of the nurses had achieved the Queens Nurses Award. The award is to honour nurses who have 'demonstrated a high level of commitment to patient-centred values'.
- The practice team had organised a breast friends event, for patients with breast cancer and their families to offer support and advice and was planning a male cancer event in May 2017.
- The practice had adapted the clinical templates to suit the needs of the local population and ensure patients were receiving appropriate reviews.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">The provider did not have up to date records to support that staff were up to date with the immunisations recommended for working in general practice and no risk assessments had been completed in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must have effective governance, including assurance and auditing systems or processes. These must assess, monitor and drive improvement in the quality and safety of the services provided, including the quality of the experience for people using the service. The systems and processes must also assess, monitor and mitigate any risks relating the health, safety and welfare of people using services and others. Providers must continually evaluate and seek to improve their governance and auditing practice.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">The provider had not analysed national patient surveys to review current services and telephone access.