

Reservoir Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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 Reservoir Road Surgery on 15 June 2016. The overall rating for the practice was requires improvement. This was because arrangements for preventing the spread of infection, systems for monitoring and improving the quality of service including patient outcomes required improvement. Governance arrangements including systems for assessing and monitoring risks also required improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Reservoir Road Surgery on our website at www.cqc.org.uk.

This inspection was an announced comprehensive inspection carried out on 5 September 2017; to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified during our previous

inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall, the practice is rated as good.

Our key findings were as follows:

- A system was in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents. However, records we viewed during our inspection showed limited evidence of communication with complainants and shared learning following safety incidents.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, effective systems were in place for receiving and acting on national alerts from the Medical and Healthcare products Regulatory Agency (MHRA).

Summary of findings

- Staff were aware of current evidence based guidance. Staff received training in most areas to provide them with the skills and knowledge to deliver effective care and treatment.
- Data from the 2015/16 Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- The practice carried out a number of quality improvement activities to monitor performance such as clinical audits. These demonstrated areas of improvement in the delivery of the service
- Results from the July 2017 national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. We saw examples where improvements were made to the quality of care as a result of complaints and concerns. However, staff were not able to demonstrate that all complaints were followed up with an acknowledgment or finalisation letter.
- Feedback from patients received through the completed Care Quality Commission comment cards and from members of the Patient Participation Group showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision and strategy which had been produced with the involvement of practice staff and was regularly reviewed and discussed during meetings.

- The practice had visible clinical and managerial leadership and governance arrangements. However, oversight of some governance arrangements such as management of complaints, significant events and monitoring of training needs was not effective.

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

Importantly, the provider must:

- Ensure that persons employed in the provision of a regulated activity receive appropriate training and professional development as necessary to enable them to effectively carry out the duties they were employed to perform.

In addition the provider should:

- Ensure effective recording of learning outcomes to ensure opportunities to learn from incidents are maximised.
- Ensure systems and processes are established and operated effectively.
- Continue to encourage patients to attend national screening programmes such as breast cancer screening.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.

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?

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing safe services, as some arrangements to maintain patient safety were not operated effectively. Some of these arrangements had improved when we undertook our follow up inspection on 5 September 2017. For example,

- There was a system for reporting and recording significant events. Staff we spoke with were able to explain learning from incidents; however, documents we viewed showed limited evidence of shared learning.
- Staff were able to demonstrate where the practice had effectively responded to safety alerts, such as local alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Staff we spoke with demonstrated that they understood their responsibilities in relation to safeguarding children and vulnerable adults. However, for some members of the nursing team the practice had not gained assurance that they received training relevant to their role.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety. There were adequate arrangements in place to respond to emergencies and major incidents.

Good



Are services effective?

At our previous inspection in June 2016, we rated the practice as requires improvement for providing effective services as data showed that some areas of clinical performance was below local and national averages and there was no evidence that clinical audits were driving improvements in patient outcomes. These arrangements had improved in most areas when we undertook a follow up inspection on 5 September 2017. For example:

- Staff we spoke with during our inspection was able to explain the skills and knowledge needed to deliver effective care and treatment. However, we saw that some staff had not completed identified training such as information governance, infection control, fire safety and safeguarding.
- Data from the 2015/16 Quality and Outcomes Framework showed variations in the practice performance. The practice was aware of areas where performance was below local and

Requires improvement



Summary of findings

national averages and was able to demonstrate actions taken to achieve quality improvements. Unverified data from 2016/17 QOF year provided by the practice showed they are working towards achieving QOF targets.

- There were systems to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence guidelines and other locally agreed guidelines.
- The practice carried out various quality improvement activities to monitor performance such as clinical audits, which demonstrated quality improvement.
- The practice worked with other health care professionals to ensure that patients with complex and end of life care needs were supported to receive coordinated care to meet the range and complexity of patients' needs.

Are services caring?

At our June 2016 inspection, we rated the practice as requires improvement for providing caring services as data taken from the January 2016 national GP patient survey showed mixed views in regards to patient satisfaction. Carers were not actively being identified and there were no formal systems in place to support carers or those who had suffered bereavement. These arrangements had significantly improved when we undertook a follow up inspection on 5 September 2017. For example:

- We observed a strong patient-centred culture. Staff were motivated to offer kind and compassionate care.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Data from the July 2017 national GP patient survey showed patients rated the practice either above or comparable to local and national averages.
- Completed Care Quality Commission comment cards we received showed that patients felt that they were treated with compassion, dignity and respect. Patients also felt they were involved in decisions about their care and treatment.
- There was a designated lead person responsible for identifying carers and keeping the carers list up to date. The practice engaged with local carer organisations, used health awareness days to promote various services and provided weekly priority appointments for carers.

Good



Are services responsive to people's needs?

At our previous inspection in June 2016, we rated the practice as requires improvement for providing responsive services. Arrangements for responding to the needs of the local population,

Good



Summary of findings

improving patient satisfaction in areas such as continuity of care and access to appointments required improvement. There was limited evidence to demonstrate that learning from complaints had been shared with staff. We saw some improvement when we undertook a follow up inspection on 5 September 2017. For example:

- The practice understood its population profile and used this understanding to meet the needs of its population. For example, a number of clinics such as diabetic care, dementia and mental health support were available within the practice.
- 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 comments from the completed Care Quality Commission comment cards we received during the inspection showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Comments from the PPG member we spoke with were aligned to this.
- Data from the July 2017 national GP patient survey showed areas where patient satisfaction had improved since our previous inspection such as getting through via the phone. The practice was aware and addressing areas where patient satisfaction was below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available; however, evidence from complaints we reviewed showed the practice was not always responding to complainants in a timely manner.
- Learning from complaints was recorded on a complaints log and shared with staff and other stakeholders.

Are services well-led?

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing well-led services as there was no clear vision or strategy for the practice. Policies and procedures were not well embedded and the practice did not have formal processes for sharing information throughout the practice.

There had been some improvement in these arrangements when we undertook a follow up inspection on 5 September 2017. However, systems and process for monitoring training needs were not effective.

Good



Summary of findings

- The practice had an overarching governance framework which was operated effectively in most areas. However, there were areas such as monitoring of training needs where oversight was not effective.
- The practice had a clear vision and strategy which had been produced with staff involvement and was regularly reviewed and discussed with staff.
- 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.
- The management team 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.

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

Good



- Staff we spoke with 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. Members of the nursing team carried out frailty and falls assessments as well as dementia reviews.
- The practice was responsive to the needs of older patients; for example, staff visited local nursing/residential homes, offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. Clinicians involved older patients in planning and making decisions about their care, including their end of life care.
- 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 provided health promotion advice and literature which sign-posted patients to local community groups and charities such as Age UK.

People with long term conditions

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients diagnosed with diabetes who had a blood pressure reading within recommended range in the last 12 months (2015/16) was 55%, compared to CCG average of 76% and national average of 78%. Unverified data provided by the practice for 2016/17 showed performance had improved to 88%.
- 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.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- The practice offered in house spirometry and managed all respiratory conditions. Discharge reviews were carried out following a respiratory admission.

Summary of findings

- 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.
- The practice offered weekly diabetes clinics and a specialist diabetic nurse visited the practice monthly to review insulin initiation. Patients had access to ears, nose and throat clinics as well as minor ops procedures at the practice.

Families, children and young people

Good



- 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 comparable to local and national averages for all standard childhood immunisations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- Staff actively promoted the Pharmacy First Minor Ailment scheme to help improve access to health services to patients.
- Appointments were available upon request outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of antenatal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, online appointment booking as well as online repeat prescription requests.

Summary of findings

- The practice encouraged the use of Electronic Transfer of Prescriptions.
- The practice offered the meningitis vaccine for 18 year olds and students going to university.
- Patients were signposted to external service for smoking cessation, mental health issues, alcohol advice/support and healthy eating.
- The practice's uptake for the cervical screening programme was below local and national averages. For example, the practice had achieved 67%, compared to CCG average of 79% and the national average of 81%. However, 2016/17 unverified data showed the practice were now comparable to the local CCG average with a 76% uptake rate.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access a number of support groups and voluntary organisations.
- Staff we spoke with 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.
- The practice held a carers list. Carers had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed the practice had identified 134 patients as carers (approximately 1% of the practice list).

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



- The practice carried out advance care planning for patients living with dementia. Staff we spoke with had a good understanding of how to support patients with mental health needs and dementia.
- 86% of patients diagnosed with dementia had their care reviewed in the preceding 12 months, compared to CCG and national average of 84%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. Clear referral pathways to community psychiatric nurses had been established.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The percentage of patients diagnosed with a mental health related disorder who had a care plan in place had increased since our last inspection. For example, 2015/16 data showed 28% had an agreed care plan documented in the record, in the preceding 12 months. 2016/17 unverified data provided by the practice showed performance had increased to 81%, compared to CCG average of 88% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia. Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system for following up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

When we carried out our inspections in June 2016 we looked at the results from the January 2016 national GP survey which at the time of the inspection was the most recent published data. These results showed patient satisfaction in relation to GP and nurse consultations were in line or above local and national averages. However, patient satisfaction regarding appointment access, appointment waiting times and interactions with receptionists were below local and national averages.

The most recent national GP patient survey results were published on 6 July 2017. The results showed improvements in some areas and the practice was mainly performing in line with local and national averages. A total of 360 survey forms were distributed and 101 were returned. This represented a 28% response rate, compared to the national average of 38% and approximately 3% of the total practice population.

- 80% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%. This showed an increase of 9% since the previous inspection.

- 53% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 77%. This showed that patient satisfaction remained comparable to the January 2016 patient survey.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards, which were all positive about the standard of care received. Staff were described as helpful and supportive. Patients were complimentary of the management of appointment systems.

We spoke with one member of the Patient Participation Group (PPG) who explained that access had improved since the introduction of a new telephone system.

Data provided by the practice from the July 2017 friends and family test showed that 15 patients completed the survey, 93% of patients who completed the survey would recommend the practice to a friend or family.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that persons employed in the provision of a regulated activity receive appropriate training and professional development as necessary to enable them to effectively carry out the duties they were employed to perform.

Action the service **SHOULD** take to improve

- Ensure effective recording of learning outcomes to ensure opportunities to learn from incidents are maximised.

- Ensure systems and processes are established and operated effectively.
- Continue to encourage patients to attend national screening programmes such as breast cancer screening.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.

Reservoir Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Reservoir Road Surgery

Reservoir Road Surgery is located in Erdington, Birmingham. The practice is situated in Stockland Green Primary Care Centre which is a multipurpose modern built building shared with other health care providers, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Reservoir Road Surgery are below the national average, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between zero to nine and 25 to 39. Patients aged between 60 to 85 plus is below local and national average. Based on data available from Public Health England, the Ethnicity estimate is 6% Mixed, 16% Asian and 14% Black.

The patient list is 12,250 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

On-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and push chairs.

The practice staffing comprises of three GP partners (all male), five salaried GPs, a nurse practitioner, four practice nurses and two health care assistants. Management and reception team consists of one practice manager, a deputy and an assistant manager who are supported by a head receptionist and a team of administrators, secretaries and receptionists. The practice is also an approved training practice providing training to medical students. There was one male GP registrar (GPs on a registration course).

The practice is open between 8.30am and 6.30pm Mondays, Wednesdays, Thursdays and Fridays. Tuesday opening times are between 8.30am and 8pm. The practice is also open on Saturdays between 8.30am and 11.45am.

Morning GP consulting hours are from 9am to 11.30am and evening consulting hours are from 4pm to 5.45pm Mondays to Fridays. Extended consulting hours are provided on Tuesdays from 6.30pm to 7.40pm and Saturdays from 9am to 11am. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

The practice was previously inspected by CQC on the 15 June 2016 where we rated the practice overall as requires improvement. As a result of our findings we served Reservoir Road Surgery with requirement notices which required the practice to provide a report saying what

Detailed findings

actions they were going to take to meet the legal requirements. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Why we carried out this inspection

We undertook a comprehensive inspection of Reservoir Road Surgery on 15 June 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated overall as requires improvement. The full comprehensive report on the June 2016 inspection can be found by selecting the 'all reports' link for Reservoir Road Surgery on our website at www.cqc.org.uk.

This inspection was carried out to ensure improvements had been made.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 September 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, administrators, a practice manager and deputy practice manager.
- Spoke with a member of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- 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 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

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of learning from significant events required improvement and patients were not always informed of actions to prevent the same thing happening again. There was no evidence to indicate that actions had been taken following a June 2016 infection control audit to address identified issues. The practice did not operate an effective recruitment process; we saw that pre-employment checks had not been carried out and the practice was unable to provide evidence of practice nurses registration with their appropriate professional body.

When we undertook a follow up inspection on 5 September 2017, we found the practice had made some improvements. The practice is now rated as good for providing safe services.

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).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. We looked at completed significant event recording forms which demonstrated a thorough analysis of the significant events in most cases.
- We reviewed a range of staff meeting minutes between February and June 2017. These did not show clear evidence that learning was consistently being shared with all staff members. However, staff we spoke with during the inspection were able to explain actions taken and learning outcomes from incidents.

- Documentation we viewed did not show that patients were always being informed of the incident as soon as reasonably practicable when things went wrong with care and treatment.

We reviewed the management of safety alerts, such as local alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts throughout the practice. The practice proactively worked as a team and with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, the practice responded appropriately to a recall on equipment used by diabetic patients. The practice also reviewed their call and recall system in response to a local alert to ensure processes remained effective in order to maximise uptake of required vaccinations. We saw appropriate actions taken to identify patient groups at risk of developing life-threatening infections.

Overview of safety systems and process

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 whom to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice provided comprehensive documents which demonstrated proactive actions to safeguard vulnerable patients. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and most had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. We saw that one clinical staff member did not receive child safeguarding level three and safeguarding adults level two training. Non-clinical staff were trained to level one child safeguarding.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who

Are services safe?

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.
- The nurse practitioner 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. Staff we spoke with were aware of how to prevent the spread of infection. However, some clinical and non-clinical staff had not received up to date training. An external infection control specialist undertook annual IPC audits. The practice scored 97% compliance in their January 2017 IPC audit and we saw evidence that action was taken to address any improvements identified as a result. For example, when we carried out our June 2016 inspection, staff explained that minor surgery had been suspended due to issues with the control of infections in the minor surgery room. Documents provided during this inspection showed that the practice followed an action plan aimed at addressing identified issues. We saw that policies and procedures had been reviewed, equipment were kept in locked cupboards and stock appropriately rotated. Staff we spoke with explained that the practice were now able to provide minor surgery.
- We checked vaccination fridges and saw that they were adequately stocked, there was good stock rotation; plugs were not accessible and the fridges were clean and tidy. Vaccination fridge temperatures were effectively monitored and documentation we viewed showed that temperatures were being recorded correctly.
- Records demonstrated that appropriate staff were up to date with immunisations recommended for staff who are working in general practice.

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. Repeat prescriptions were signed before being issued 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 medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- The practice made use of the electronic prescription service. There were processes in place to ensure that prescription stationery within the practice such as blank prescription forms and pads were securely stored with systems to monitor their use.
- One 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 CCG medicines management team and 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment such as references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. The practice provided evidence, which showed that GPs and nurses had up to date registrations with their appropriate professional bodies.

Monitoring risks to patients

Are services safe?

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan, which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked and calibrated by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs had improved since the previous inspection. For example, there was a rota system to ensure enough staff were on duty to meet the needs of patients.

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.
- Most staff had 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. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff explained that the plan was accessible via practice computers; hard copies were located in the reception office as well as accessible via a mobile phone application.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing effective services as data showed that patient outcomes were below local and national averages in a number of areas such as coronary heart disease (CHD) prevalence, mental health, diabetes, cervical screening and hypertension. There was no evidence that clinical audits were driving improvements in patient outcomes in any of these identified areas.

These arrangements had mainly improved when we undertook a follow up inspection on 5 September 2017. However, the provider remains rated as requires improvement for providing effective services.

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.
- Clinical leads monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Evidence provided by the practice showed significant commitments to NICE guidance.

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 QOF results (2015/16) showed the practice achieved 85% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

Overall exception rates were comparable to CCG and national averages. For example, 6%, compared to the CCG and national average of 8%. (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). However, exception reporting rates for some individual clinical indicators were significantly higher than the CCG or national averages. We looked at the practice exception reporting and saw that staff were following established protocols, which showed appropriate decision making to remove patients from QOF calculations.

The practice was an outlier for some QOF (or other national) clinical targets during 2015/16. The practice showed us unverified data from the 2016/17 QOF year which demonstrated areas where performance had improved.

- QOF data from 2015/16 showed the percentage of patients with diabetes, on the register, whose last blood pressure reading which was within acceptable range was below local and national averages. For example, 55%, compared to CCG average of 76% and national average of 78%. This was a decline of 8% since 2014/15. The practice provided 2016/17 unverified data which showed performance had improved to 88%
- The percentage of patients diagnosed with a mental health related disorder who had a care plan in place was below local and national averages for 2015/16. For example, 28% had an agreed care plan documented in the record, in the preceding 12 months compared to CCG average of 88% and national average of 89%. This showed that performance had declined by 38% since 2014/15. 2016/17 unverified data provided by the practice showed performance for this indicator had increased to 81%.
- The percentage of patients diagnosed with a mental health related disorder whose alcohol consumption has been recorded in the preceding 12 months was 54%, compared to CCG and national average of 89% in 2015/16. Unverified data for the 2016/17 QOF year showed performance improved to 67%.
- 86% of patients diagnosed with dementia had their care reviewed in the preceding 12 months, compared to CCG and national average of 84% in 2015/16.
- The percentage of patients with hypertension whose last blood pressure reading was within recommended range was below local and national average in 2015/16. For example, 69%, compared to CCG and national

Are services effective?

(for example, treatment is effective)

average of 82%. This is a decline of 3% since our previous inspection. 2016/17 unverified data provided by the practice showed performance had increased to 76%

- The percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy was 88% compared to CCG average of 85% and national average of 87%. However, exception reporting was above local and national averages. For example, 31%, compared to CCG average of 13% and national average of 10%. 2016/17 unverified data provided by the practice showed performance had increased to 97%
- The percentage of patients with COPD who had a review undertaken using recognised methods was 89%, compared to CCG and national average of 90% in 2015/16. However, exception reporting rate was 30%, compared to CCG average of 13% and national average of 11%. Unverified data provided by the practice for 2016/17 showed performance declined to 79%; however, exception reporting rates were 15% which was comparable to local and national averages.
- Overall exception reporting rates for patients diagnosed with depression was 46%, compared to CCG average of 21% and national average of 22% in 2015/16. Unverified data provided by the practice for 2016/17 showed that this had reduced to 1%.

Previously staff explained that due to staffing issues the practice did not have sufficient capacity to look into or address areas where performance was below local and national averages. During our September 2017 inspection, staff we spoke with explained that the practice team had been increased and they were proactively using information about patients' outcomes to make improvements where the practice was performing below local and national averages. Staff demonstrated that they had a clear handle on QOF performance and were able to explain actions taken to improve areas of poor performance. For example, staff followed established protocols for managing exception reporting such as sending up to three appointment reminder letters; this was followed up by phone calls to encourage patients to attend appointments and required reviews. Clinicians would review multiple missed appointments before making the

decision to exclude patients. The practice used their health promotion week to raise awareness of long term conditions and encourage patients to attend clinics to support effective monitoring of health related conditions.

There was evidence of quality improvement activities including clinical audit:

- The practice provided evidence of four clinical audits commenced since our previous inspection; one was a completed audit where the improvements made were implemented and monitored.
- All relevant staff were involved in clinical audits and findings were used by the practice to improve services. For example, the practice identified the need to improve processes in the minor operations clinic. As a result, consultations were being uploaded directly into patient's notes; equipment checks were being recorded and there were processes in place to ensure effective rotation of stock. The practice carried out a re-audit, six months later, which showed the practice maintained a safe environment to perform minor operations.

Effective staffing

Staff we spoke with during our inspection were able to explain the skills and knowledge needed to deliver effective care and treatment. However, documentation reviewed showed areas where training had not been completed.

- 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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Furthermore, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- 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. Members of the nursing team explained that they received updates via local nursing forums.

Are services effective?

(for example, treatment is effective)

- The practice was also a teaching and training practice. Staff explained that they took on both medical students and GP registrars periodically. There was a GP registrar at the practice at the time of our inspection.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work which included e-learning training modules and in-house training. However, systems to monitor training were not operated effectively to ensure all staff remained up to date. For example, although staff we spoke with had the knowledge we saw gaps in the completion of training such as information governance, fire safety, infection control and safeguarding.
- Staff had received an appraisal within the last 12 months and we saw that staff employed for less than 12 months had a yearly appraisal scheduled.

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.
- The practice operated an effective system for managing correspondence received from secondary care. From the anonymised documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, although most patients referred to secondary care using the two-week wait GP referral pathway left the practice with an appointment date; for a small amount of patients who left without an appointment in place the practice did not establish or operate an effective system for ensuring finalisation of the referral process.

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 on-going 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 such as health visitors, community matrons and district nurses 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 reviewed all cancer related deaths in the past 12 months. Documentation provided by the practice showed evidence where learning had been identified and actions required for improving support. For example, improve communication between clinicians and increased emotional support for family members.

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. The practice used nationally approved consent forms such as those approved by the Royal College of General Practice (RCGP).
- Training records showed that relevant staff had completed mental Capacity Act training.

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 on their diet, smoking and alcohol cessation and weight management services.

Are services effective?

(for example, treatment is effective)

- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), Bowel Cancer and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability register.
- Staff we spoke with explained that the practice engaged with mental health community support workers to improve engagement with patients diagnosed with a mental health related disorder. Staff explained that this increased engagement enabled the practice to carry out care plans with this patient group.
- Midwives, health visitors and other support services were available within the shared premises. Staff explained that the practice were able to link in with the appropriate services when required.
- There was a range of health promotion information displayed in the practice to support patients. Information was also available on the practice website.
- Access to a dietician was available via an established referral pathway and smoking cessation advice was available from a local support group.
- Weekly diabetic clinics were held within the practice. Staff explained that these clinics enabled the practice to effectively monitor patients diagnosed with diabetes.

The practice's uptake for the cervical screening programme had declined from 73% in 2014/15 to 67% in 2016; this showed that performance remained below CCG average of 79% and the national average of 81%. Staff explained that since the previous inspection they had held a health awareness week, which they used as an opportunity to promote national screening programmes. There was a policy to offer telephone or written reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also flagged non-attenders on the practice clinical record, which prompts further discussion during appointments. The practice provided unverified data on the day of the inspection, which showed the uptake of cervical screening had increased to 76%. The practice had carried out an audit to assess the effectiveness of their call and recall system and rate of inadequate tests (the rate of patients who have been required to have a repeat test because the first one could not be read properly). Data provided by the practice showed that systems' and process were being

operated effectively. There were failsafe systems 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Data we viewed showed that most areas of performance was comparable to local and national averages. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 65% compared to CCG average of 69% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 38% compared to CCG average of 66% and national average of 74%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 45%, compared to CCG average of 50% and national average of 58%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 45%, compared to CCG average of 48% and national average of 56%.

Staff we spoke with explained that they were opportunistically encouraging patients to engage in testing. Staff also explained that the practice was actively calling patients to discuss the benefits of screenings. We saw various informational leaflets in patient waiting areas.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given continued to be above CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95% overall which was above national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 97% for first dose and 93% for the second dose, compared to CCG averages of 95% for first dose and 83% for second dose; and national averages of 94% for first dose and 88% for second dose.

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

At our June 2016 inspection, we rated the practice as requires improvement for providing caring services as data taken from the January 2016 national GP patient survey showed mixed views in regards to patient satisfaction. For example, patient's satisfaction with how they could access care and treatment were below local and national averages. Carers were not actively being identified and there were no formal systems in place to support carers or those who had suffered bereavement.

These arrangements had significantly improved when we undertook a follow up inspection on 5 September 2017. The provider is now rated as good for providing caring services.

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.
- Patients could be treated by a clinician of the same sex.

All of the three 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 one member of the Patients Participation Group (PPG) during our inspection. We were told that patients were satisfied with the care provided by the practice and felt respected.

Latest results from the national GP patient survey published July 2017 showed areas of improvements in how patients felt they were treated with compassion, dignity

and respect. For example, the practice was above average for its satisfaction scores in relation to consultations with GPs and comparable on scores regarding nurses. For example:

- 91% 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%.
- 90% of patients said the GP gave them enough time compared to the CCG and national average of 86%.
- 97% 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%. This showed an increase of 15% since our previous inspection.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 86%.
- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 90% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%. This showed a slight decline of 2% since our previous inspection.

Care planning and involvement in decisions about care and treatment

From the anonymised sample of care plans we viewed we saw that care plans were personalised. Staff we spoke with was able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that

Are services caring?

when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

Results from the July 2017 national GP patient survey showed an increase in patients' satisfaction regarding questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% 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 84% and national average of 85%.

Staff were aware of this data and explained that they found that since our June 2016 inspection verbal feedback from patients was more positive. Completed CQC comment cards we received showed that patients felt GPs explained medical issues with clarity. Patients felt listened to and involved in their care and treatment.

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 saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic

referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). Data provided by the local CCG showed 41% use of E-Referrals between July and September 2017. This was comparable to other practices within the neighbourhood.

- Various leaflets were located in the reception area as well as the practice website, which provided patients with a variety of information, such as self-help services.
- Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was a carer. Previously the practice were unable to provide numbers of patients identified as carers. During our September 2017 inspection, data provided showed the practice had identified 134 patients as carers (approximately 1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Staff explained that since our previous inspection they held a carers awareness day where staff from a local carers association attended. Carers were provided with a carers pack and advice on how to access services. Written information was available to direct carers to the various avenues of support available to them. Clear referral pathways to link workers were in place and patients including their carers we informed about appointments available to support them with coping emotionally with care and treatment.

An individual lead worker coordinated bereavement support for families. Staff told us that if families had experienced bereavement, they were contacted by the lead worker who arranged a consultation or a call back with the families usual GP at a flexible time and location to meet the family's needs. Families were also provided with advice on how to find a support service and sympathy card were sent them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of responding to the needs of the local population, improving patient satisfaction in areas such as continuity of care and access to appointments required improvement. Results from the January 2016 national GP patient survey showed that patient satisfaction was lower than local and national averages in relation to getting through via the phone, appointment waiting times and overall experience of the practice. There was limited evidence to demonstrate that learning from complaints had been shared with staff.

These arrangements had improved in most areas when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile, which enabled a greater understanding of the impact of being located in a neighbourhood of high levels of deprivation and the ethnicity build-up of registered patients. The practice had used this understanding and actively engaged with the CCG Aspiring to Clinical Excellence (ACE) programme to meet the needs of its population. ACE is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices to further improve care offered to patients.

- Extended hours for patients who could not attend during normal opening hours were provided on Tuesdays from 6.30pm to 8pm and the practice was open on Saturdays from 8.30am to 11.45am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- GPs carried out weekly visits to two of the local nursing and residential homes.
- 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.

- Clinicians carried out eight-week and three year old health checks for babies and children with aspects of postnatal care being incorporated into the eight-week checks.
- Clinicians held blood pressure and heart disease clinics where they proactively screened patients for atrial fibrillation and were utilising in-house electrocardiogram tests to support this (ECG is a test that can be used to check patients heart rhythm and electrical activity).
- 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 and test results.
- Staff explained that the practice actively encouraged the use of electronic prescription service (EPS allows prescriptions to be sent direct to pharmacies through IT systems used in GP surgeries).
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines, which were only available privately.
- The premises were accessible for pushchairs and wheelchairs. Baby changing facilities were available and a notice displayed offered patient privacy for breast feeding.
- A phlebotomy service was available at the practice for the convenience of patients requiring blood tests.
- Registered and non-registered patients from other neighbouring practices had access to a weekly community ear, nose and throat (ENT) clinic which was carried out by lead GPs. The practice provided unverified data, which they collected between April and December 2016, which showed patients satisfaction with the service provided was positive.
- There was access to interpretation services and there was a hearing loop in reception. A member of staff was qualified to provide sign language.
- Patients with no fixed abode were able to register at the practice and the practice had a policy and process in place to support this.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services. For example, since our previous inspection the practice added extra sessions for triage, blood results and health queries.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice is open between 8.30am to 6.30pm Monday to Friday. The practice is also open on Saturdays between 8.30am and 11.45am.

Morning GP consulting hours are from 9am to 11.30am and evening consulting hours are from 4pm to 5.45pm Mondays to Fridays. Extended consulting hours are provided on Tuesdays from 6.30pm to 7.40pm and Saturdays from 9am to 11am. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

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 improved in some areas such as the practice opening hours and getting through via the phone since our previous inspection. However, appointment waiting times, getting to speak to a GP or nurse and experience of making an appointment were below local and national averages. For example:

- 72% 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%. This demonstrated an increase of 6% since our previous inspection.
- 43% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 71%. Although satisfaction remained below local and national averages, patients' satisfaction had increased by 16% since our previous inspection.
- 69% 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 80% and the national average of 84%.

- 74% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 53% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 28% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

Staff we spoke with discussed that they were aware of low patient satisfaction and provided evidence of an action plan to improve patient satisfaction such as phone access and appointment waiting times. During our previous inspection staff explained that a new telephone system had been installed to improve access; however, the impact of this had not been assessed or reviewed. At this inspection, the practice were unable to provide data to demonstrate impact; however, staff explained that they received positive feedback from patients regarding phone access. Feedback from the PPG member we spoke with was positive about phone access. For example; we were told that since the introduction of the new phone lines patients were able to get through to the practice before 9am and appointment access had improved. We were also told that since the introduction of a nurse practitioner patients felt that access to GPs had improved. The three completed CQC comment cards we received showed positive experience in relation to access to appointments and waiting times.

The practice took part in NHS England 'Time for Care' programme (a programme which provides national expertise and support for practices to use innovations that release time for care). We were told that this enabled the practice to redesign processes within their reception area. For example, informing patients at an early stage when GPs were running late and clearer processes to ensure patients were booked into correct clinics to allowed sufficient time for GPs and nurses to address health related issue. Staff also explained that four additional morning appointments as well as four telephone triage appointments following each morning surgery had been introduced. Internal patient surveys were scheduled to assess the impact of these changes.

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. Staff we spoke with advised us that patients who requested a home visit would be placed

Are services responsive to people's needs?

(for example, to feedback?)

on a daily action list, which GPs worked through collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow 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, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. There were processes in place, which guided receptionist when dealing with medical emergencies. Staff we spoke with received training provided for receptionist from Birmingham CrossCity CCG to enable them to navigate patient's appointments more effectively.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The practice's 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. For example, posters displayed in patient waiting areas, complaints summary leaflets as well as information on the practice website.

The practice had received 16 complaints in the last 12 months. From the complaints, we looked at in detail we found inconsistencies with how they were dealt with. For example, we saw a complaint received from NHS England which had been dealt with in a timely way with openness and transparency. However, the practice did not establish an effective process to support timely response to comments received via NHS. The practice also logged verbal complaints and those received via email. When asked staff explained that verbal complaints were addressed immediately during face-to-face meetings. The practice also logged six positive comments received from patients on their complaints log.

We viewed the practice complaints log, which showed learning from individual concerns and complaints; action was taken as a result to improve the quality of care. For example, processes were in place to ensure patients were notified when prescription requests were unable to be processed within the agreed timeframe.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 15 June 2016, we rated the practice as requires improvement for providing well-led services. There was no clear vision or strategy for the practice, some staff we spoke with during the inspection felt the leadership team did not listen to them and there were areas where processes were not in place to address performance that fell below local and national averages. Although policies and procedures were in place, they were not well embedded due to the lack of monitoring.

These arrangements had improved when we undertook a follow up inspection on 5 September 2017. The practice is now rated as good for providing well-led services.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plan which reflected the vision and values and were regularly monitored.
- Members of the management team explained that the practice had developed a business succession plan which included exploring possibilities of appointing replacement GP partners in line with GPs retirement plans. The practice was also in the process of joining Our Health Partnership which is a GP partnership which consists of 38 surgeries in the West Midlands.

Governance arrangements

The practice had an overarching governance framework. However, there were areas of the practice governance arrangements, which did not effectively support the delivery of the strategy and good quality care. For example:

- Staff we spoke with showed that they had the required competencies' to cover the scope of their work. However, system to monitor training, learning and development needs was not effective in ensuring appropriate actions were taken quickly when training requirements were not being met.

- There was a system for reporting and recording significant events. However, oversight of the process did not effectively ensure the recording of incidents was followed to its entirety and documentation of learning outcomes was limited.
- There was a clear staffing structure and staff was aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas such as chronic disease management and promoting the uptake of national screening programmes.
- 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 quality improvement activities was used to monitor quality and to make improvements. The practice was able to demonstrate targeted audits carried out to improve the quality of care.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessments were in place, arrangements to deal with emergencies and major incidents had been established.
- The practice operated an effective system to receive and respond to local safety alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).
- Practice specific policies were available to all staff and these were updated and reviewed regularly. However, systems to ensure follow up of urgent referrals had not been established.

Leadership and culture

On the day of inspection, the lead GP and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

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

Are services well-led?

Good 

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

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 lead GP and management team encouraged a culture of openness and honesty. Staff we spoke with explained that practice systems to ensure that when things went wrong with care and treatment included the following:

- The practice gave affected people reasonable support, truthful information and a verbal apology.
- The practice kept some records of written correspondence; however, did not establish an effective process for recording verbal interactions.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held regular meetings such as clinical, non-clinical and partners meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were available for practice staff to view.

- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice gained patients feedback through the patient participation group (PPG), surveys and complaints received. Since the reformation of the PPG following our June 2016 inspection, the PPG met where they discussed proposals for improvements.
- The practice encouraged feedback from staff generally through staff meetings, appraisals and discussion. All staff were involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and professional development as was necessary to enable them to carry out the duties they were employed to perform. In particular, information governance, fire safety, infection control and safeguarding.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>