

Dr Uday Abhyankar

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



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 Dr Uday Abhyankar's practice on 30 June 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events. However, evidence we looked at showed that learning was not always shared across the practice team.
- Most risks to patients were assessed and well managed. However, some risks such as those related to legionella and locum GP recruitment were not well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had not received any formal complaints in the last 24 months but a patient we spoke with confirmed that the practice had taken action following a verbal complaint they had made.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice team were small but there was a leadership structure and staff felt supported by management. The practice sought feedback from patients but was not clear from the evidence provided that it acted upon them.
- There were arrangements to identify and manage risks but they were not comprehensive. The practice had a defibrillator and was aware that it had not been working for the past three years but no action had been taken ensure it was in good working order.

Summary of findings

The areas where the provider must make improvement are:

- Introduce robust systems or processes to mitigate the risks relating to the health, safety and welfare of service users. This includes the management of risks from legionella and ensuring appropriate arrangement for business continuity.
- Recruitment procedures must be established and operated effectively to ensure appropriate background checks and to ensure indemnity is in place for locum GP.

The areas where the provider should make improvement are:

- Ensure learning from all incidents are shared widely with staff and relevant stakeholders.
- Review systems to improve achievement for cervical cytology.

- Review systems to increase the number of carers registered at the practice so that they could be signposted for further support where appropriate.
- Repeat prescribing process should be reviewed to ensure relevant tests were carried out before processing prescription.
- Ensure all findings from patient surveys are actioned or considered.
- Opening hours should be reviewed as national patient survey data shows achievement for opening times are below local and national averages.
- Display complaints process and document verbal complaints to share learning.

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 is rated as requires improvement for providing safe services. There was an effective system in place for reporting and recording significant events however, lessons were not always shared to minimise reoccurrence. The practice had defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Most risks to patients were assessed and well managed but some risks such as those related to legionella and recruitment of locum GPs had not been addressed. The practice had a business continuity plan but it was not tailored to the needs of the practice. The practice had a defibrillator which had not been functioning for the previous three years and action had not been taken to address this.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to other practices nationally. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey showed patients rated the practice similar to others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day. Information about how to complain was available from the reception staff but not displayed. The complaints process was easy to understand and a patient told us the practice responded to issues raised.

Requires improvement



Summary of findings

Are services well-led?

The practice is rated as requires improvement for being well-led. The provider was looking at succession planning as they were looking to retire in the near future. The practice team was small but had clear leadership structure and staff felt supported by management. There was a governance framework to support the delivery of a quality service. However, it was not sufficiently robust to monitor and improve quality and identify risk. There was a patient participation group (PPG) and members we spoke with confirmed that the practice did listen to their suggestions. However, we also saw evidence where feedback from patients had not been actioned.

Requires improvement



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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was accessible to patients with mobility difficulties and vaccinations appropriate for this age group were available. The practice regularly met as part of a multi-disciplinary team to discuss and review the care of those with end of life care needs.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The nurse worked one morning a week but told us they would be available on alternative days if there was a need.

The practice achievement for most long term conditions was generally above local and national averages. Longer appointments and home visits were available when needed. There was one GP at the practice (GP provider). However, when they were away there was a regular locum cover. Records we looked at showed that those patients with long term conditions had regular structured annual reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice offered a model of integrated care in the community for patients suffering symptoms affecting the ear, nose or throat (ENT). This service was accessible for all patients registered with the provider as well as other patients within the community. This was convenient for patients as they did not need to go to the hospital to access the same service.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Requires improvement



Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. However, the practice achievement for cervical screening was below local and national averages. The practice did not offer extended hours appointments but a GP could be seen outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

Most needs of the working age population, those recently retired and students had been identified. The practice offered online services as well as a full range of health promotion and screening that reflected the needs of this age group. The practice did not offer flexibility in regards to expended opening but was actively looking to work at locality level in collaboration with other local practices to offer this.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

The practice held a register of patients living in vulnerable circumstances including mental health, depression and those with a learning disability. The practice was responsive to the needs of these patients and offered home visits. A care home manager of a learning disability home told us that they received a home visit when required and the GP was responsive to the needs of these patients when reviewing them. 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 informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

All (100%) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the local and national averages of 84%. The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice was aware of support groups and voluntary organisations these patients could access. Staff had a good understanding of how to support patients with mental health needs and dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local averages, however in some areas they were below the national average. Of the 309 survey forms that were distributed 81 were returned. This represented approximately 4% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 63% and the national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 76% and the national average of 85%.

- 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 67% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients stated that they were very pleased with the service, staff were friendly, helpful and treated them with dignity and respect.

We spoke with six patients during the inspection including two members of the patient participation group (PPG). We also spoke with a manager of a care home who had come into the practice to speak with us. All the patients said they were satisfied with the care they had received and thought staff were approachable, committed and caring. The care home manager was positive about the service they had received from the practice.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust systems or processes to mitigate the risks relating to the health, safety and welfare of service users. This includes the management of risks from legionella and ensuring appropriate arrangement for business continuity.
- Recruitment procedures must be established and operated effectively to ensure appropriate background checks and to ensure indemnity is in place for locum GP.

Action the service **SHOULD** take to improve

- Ensure learning from all incidents are shared widely with staff and relevant stakeholders.
- Review systems to improve achievement for cervical cytology.

- Review systems to increase the number of carers registered at the practice so that they could be signposted for further support where appropriate.
- Repeat prescribing process should be reviewed to ensure relevant tests were carried out before processing prescription.
- Ensure all findings from patient surveys are actioned or considered.
- Opening hours should be reviewed as national patient survey data shows achievement for opening times are below local and national averages.
- Display complaints process and document verbal complaints to share learning.

Dr Uday Abhyankar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Uday Abhyankar

Dr Uday Abhyankar also known as Holly Road Surgery is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are unwell and includes chronic disease management and end of life care.

The practice is located in an inner city area of Birmingham with a list size of approximately 1600 patients.

Based on data available from Public Health England, the practice is located in one of the most deprived areas. Compared to the national average, the practice had a lower proportion of patients aged between 0 and 50 years and slightly higher proportion of patients over 50 years of age.

Practice staff consist of a GP provider (male), a practice nurse who works one morning a week, one health care assistant who also works in the reception. There are two other reception staff and a practice manager.

The practice telephone was open between 9.30am to 12pm and 4pm to 6pm Monday to Friday except Wednesdays when the practice closed for the afternoon. Appointments were from 9.30am to 11.30am every morning and 4pm to 5.40pm daily except Wednesday. The practice had alternative arrangements in place when the practice was closed from 8am to 6.30pm.

The practice had not been inspected previously under our current methodology.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 June 2016. During our visit we spoke with a range of staff including the GP provider, the administrative staff and the practice manager. We spoke with patients who used the service including two members of the patient participation group (PPG). We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

Safe track record and learning

There was a system in place for reporting and recording significant events which was supported with a protocol. The practice had an incident book to record events such as slips, trips and falls within the practice. It was also used to record any issues involving abusive patients. A significant event reporting template was used to report other incidents, such as clinical incidents. We saw examples where incidents were recorded using the template. We saw some examples where learning from incidents were shared and discussed in meetings. However, this was not the case for all incidents. For example, we saw that the practice had recorded four incidents in the last 12 months and had carried out an analysis but there was no evidence that the learning had been shared with the wider practice team.

The practice had a system to respond to patient safety alerts. Alerts were received by the practice manager who forwarded copies to the GP to action. We saw copies of all relevant alerts which were signed by relevant staff to confirm that they had been actioned. We saw example of a recent medicine alert from the Clinical Commissioning Group (CCG) which had been actioned.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe and safeguarded from abuse. There were policies available on the practice computer system for all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw alerts were in place on the practice computer system for patients subject to safeguarding. GPs were trained to child protection or child safeguarding level 3. We saw that the practice held multidisciplinary meetings bi-monthly where the health visitor attended and where vulnerable children subject to safeguarding were discussed.

Notices in the practice advised patients that chaperones were available if required. A staff member we spoke with told us that they had been trained by the GP for the role and explained how they would fulfil their role. All staff 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 employed a regular locum GP when the GP provider went on leave. We saw that the practice had undertaken some checks to ensure they had the appropriate qualifications to practice. However, the practice had not undertaken adequate checks to assure themselves that the locum GP had appropriate indemnity. We saw a letter from the GP which explained that they had purchased life cover after they had first qualified. We saw a copy of a document that was confirming membership for indemnity but we could not establish if this was for life membership. Also, the practice could not confirm this.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw that the last audit was carried out in October 2015 with no actions for improvement. The practice employed external cleaners and the contractors carried out audits on the quality of the cleaning. We saw an audit from February 2016 which showed a score of 99%.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).

Processes were in place for handling repeat prescriptions which included the review of most high risk medicines. The practice had Effective Shared Care Agreements (ESCA) in place for these medicines. An Effective Shared Care Agreement can assist in the transfer of patient treatment from secondary care to general practice, as it provides information on the medication, together with guidance on the prescribing and monitoring responsibilities. We were told that reception staff checked if tests had been carried out before processing requests for repeat prescriptions. The provider was unable to demonstrate that this was always completed prior to them signing the prescription.

Are services safe?

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw examples of two audits where improvements were made to meet CCG prescribing targets.

Blank prescription forms and pads were stored secularly. The reception office was locked when the practice was closed but the cabinet was left open. Staff told us that they would also lock the cabinet as an added security measure.

Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistant (HCA) was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients

Most risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, the practice was aware that the defibrillator had not been working and no risk assessment had been undertaken to determine action.

The practice had not carried out a risk assessments for legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. All staff received annual basic life support training and there were emergency medicines available in the treatment room. 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 medical oxygen and a defibrillator available. However, we saw that the defibrillator was not in working order and we were informed by the practice that the defibrillator had not been working for the last three years. However, a new defibrillator had been purchased on the day of the inspection. Following the inspection, the practice sent us evidence that the practice had received the new defibrillator.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and some contractors. The plan had been reviewed in July 2015 and referred to the Primary Care Trust (PCTs) which had been replaced by the CCG in April 2013. Furthermore, the plan had not been tailored to the needs of the practice and as a result some risks had not been fully considered. For example, for the loss of the telephone system, the plan stated that 'calls could be diverted to an alternative number or location if you have an arrangement with a neighbouring practice'. However, there was no such arrangement.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The GP provider told us that they attended lectures and courses to ensure that they kept up to date with best practice. We saw examples of two completed audits which showed that guidelines were monitored and followed.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 96% of the total number of points available. This was above the local CCG average of 93% and the national average of 95%. The clinical exception reporting was 2.9% which was 6% below local CCG and national averages. 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. Data from 2014/15 showed:

- Performance for diabetes related indicators was higher than the local and national average. The practice achievement was 91% and the CCG average was 85% and the national average was 89%.
- Performance for mental health related indicators was similar to the local average and below the national average. The practice achievement was 89% and the local CCG average was 90%. The national average was 92%.

There was evidence of quality improvement including clinical audit. There had been two clinical audits carried out in the last two years. Both of these were completed audits where the improvements made were implemented and monitored. For example, we saw an audit for the treatment of cardiovascular disease based on NICE standards. A re-audit showed that improvements were made. The practice had also completed two medicine audits.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a small staff team and the practice had a low turnover of staff. 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. The practice had access to online training and we saw staff had completed training based on their roles.

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. All staff had received an appraisal within the last 12 months.

One of the staff members had undergone a DBS check. However, this was not an enhanced check and the practice had not carried out a risk assessment to determine if an enhanced DBS should be undertaken.

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. The practice had an electronic document management system but usually processed incoming letters manually. We saw that if any action was needed then a task on the patient record system was used.

The practice did not take up the enhanced service for unplanned hospital admissions and GP told us that they followed up patients who were discharged from hospital informally. As a result there was no active recall system for discharge. The practice had lists of vulnerable patients such as those with dementia, learning difficulty and long term conditions. Most of these patients had been reviewed and had care plans where appropriate.

The practice shared relevant information with other services in a timely way, for example when referring

Are services effective?

(for example, treatment is effective)

patients to other services. We saw examples of forms that were sent to out of hours service providers for patients on palliative care to ensure they received the appropriate care when the practice was closed.

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. We saw examples of the two weeks referral audits.

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. We saw staff had attended appropriate training for this. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. The process for seeking consent was monitored through patient records audits. For example, the provider had a special interest in and provided a community ear, nose and throat (ENT) clinic. We saw examples of consent forms and audit for this.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, the practice ensured patients receiving end of life care received appropriate care and support. Carers were identified and offered flu vaccinations

as well as those at risk of developing a long-term condition and those requiring advice on their diet and smoking. For example, 79% of patients had been offered smoking cessation advice in the last year.

The GP told us about a website (route2wellbeing) that the practice used and was being promoted by the CCG. This website allowed staff to refer patients to appropriate services such as carers support, sexual health and pregnancy advice, counselling as well as many other care and social services. The website facilitated this by listing all services available so that patients could access those that are relevant for them.

The practice's uptake for the cervical screening programme was 69%, which was lower than the CCG average of 79% and the national average of 82%. We saw that there was a system in place to remind eligible patients to attend for the screening. However, the provider told us that despite the reminders there were still a number of missed appointments.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 38% to 100%, which was comparable to the CCG average of 41% to 96% and five year olds from 64% to 87%, which was generally comparable to the CCG average of 87% to 94%.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect. Most of the patients had been registered at the practice for a long time and we observed that the staff knew patients well.

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

All of the 14 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. They told us that they were able to get an appointment when they needed.

We spoke with six patients on the day of the inspection who had been registered with the practice for at least 20 years. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores compared to the local CCG average and similar to the national average on consultations with GPs. Patients rated the nurse lower for questions related to treatment with care and concern. The nurse worked one morning a week.

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local averages but slightly below national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. Most of the staff at the practice could speak some of the languages spoken by patients.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

The practice leaflet was available which informed patients of the services that were available. There were some information and notices that were available in the patient waiting area which informed patients how to access other support groups and organisations. The practice also utilised the route2wellbeing website promoted by the CCG to further signpost patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (1% of the practice list). We spoke with a patient who

was also a carer. They told us that they were on the practice carers register and there was leaflet in the practice that informed them of the carers association of Birmingham. They also told us that they had received the flu vaccination.

The practice did not have a bereavement protocol. Staff told us that they would refer patients to other organisations such as CRUSE bereavement. Most of the patients we spoke to were longstanding having been with the practice for at least 20 years. Patients and their families were known to staff and would be offered support where appropriate. On the day of the inspection we saw that the staff and patients had good rapport.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GP provider had an interest in diseases of the ear, nose and throat (ENT). The practice offered an integrated care service in the community for patients suffering symptoms affecting the ear nose and throat. The service was offered to all patients registered with the provider as well as other patients within the community referred by their GP. Data provided by the practice showed that 2212 patients had accessed the service from April 2013 to March 2016; most (1931) were new patients. The provider told us this was convenient for patients as they did not need to attend hospital for the service. It also resulted in savings in the region of £170,000 in comparison to costs incurred if these patients had accessed the service in a hospital setting. We saw an audit which showed that patients were being managed appropriately.

We spoke with a care home manager on the day of the inspection. They told us seven patients were registered with practice from the home with mild to moderate learning difficulties. They were positive about the service received and told us that they were able to get an appointment when needed. The care home manager told us that the practice was responsive to the needs of the patients and visited patients in the home. They adapted their approach to consultation to meet the needs of the patients.

Access to the service

The practice was open between 09:30 and 18:00 Monday to Friday. Appointments were from 9.30am to 11.30am every morning and 4pm to 5.40pm in the afternoon apart from Wednesday when it was closed. When the practice was closed between the hours of 8am and 6.30pm the practice had an arrangement with an out of hours provider.

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

- 61% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

The above shows that patients scored the practice below local and national averages for opening hours. The practice did not offer extended hours appointments but was looking at offering this at locality level in conjunction with other local practices. There were no other plans to improve opening for patients. All the patients we spoke with told us that they had no issues with access to appointments and could usually get an appointment when needed.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. There was a complaints leaflet available which laid out the procedure and advised how patients could make a complaint. The 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. However, the complaints process was not displayed. Staff members we spoke with printed a copy of the complaints leaflet and told us that they would provide patients with a leaflet when asked.

The practice had not received any complaints in the last two years and the practice manager told us that it was a small family practice and all patients were known to them. If patients had any issues they usually dealt with them immediately. A patient we spoke with told us that they had raised an issue with the GP verbally about a staff member. The patient confirmed that the GP provider responded to their complaint as they had not had any further issues with that staff member. However, this was not recorded.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

This was a small family practice with a single GP provider. The provider was looking to retire and was looking at succession planning. There were no formal plans in place but the provider discussed with us some of the options they were considering. Staff members we spoke with were aware of this and told us how the practice was looking to merge with another surgery.

Governance arrangements

The practice had a governance framework to support the delivery of good quality care. However, it was not always robust. For example, the practice employed two regular locums but the practice had not ensured that they were on the performers list. The list provides an extra layer of reassurance for the public that GPs, practicing in the NHS are suitably qualified, have up to date training and have appropriate skills to practice. However, the practice was able to check online on the day of the inspection to confirm that both GPs were on the list after our query.

Whilst there were some arrangements to identify and manage risks they were not comprehensive. For example, the practice had blind cord loops in the reception area and there was no evidence that the risks had been formally considered.

The practice had a business continuity plan for major incidents such as power failure or building damage. However, the plan was not robust as it had not been tailored to ensure it was fit for purpose. The practice had a defibrillator that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm during a medical emergency. However, we were told by the practice that it had not been working for the last three years. This did not assure us that governance processes were robust to recognise and minimise all risks.

The practice had not carried out a legionella risk assessment. The practice staff had attended legionella

training organised by the CCG and as part of the training the practice was asked to monitor temperatures of water outlets to minimise risks. However these actions had not been completed.

Leadership and culture

The practice staff consisted of a small team of two administration staff, a healthcare assistant who also worked in reception, a practice nurse who worked one morning a week and the GP provider. There was also a practice manager. All the staff were long standing and told us that the GP and the practice manager were approachable and took time to listen to staff.

There was a clear leadership structure in place with the GP provider and the practice manager responsible for the running of the service. Staff members we spoke with told us that they were supported by them. They told us that being a small team there was a good working relationship and an open culture where they had no issues raising any concerns.

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

We spoke with two members of the patient participation group (PPG) who told us that they met regularly and the practice listened to their suggestions.

The practice encouraged feedback from patients in regards to the service being offered. For example, the practice provided a community ENT clinic. We saw that a patient satisfaction survey was carried out for this in January 2016. Of the 13 patients surveyed all stated that they were satisfied with the service. However, two patients also stated the location was difficult to find and two other patients stated that they found it difficult to get an appointment. However, there was no evidence that this had been actioned or considered. A practice survey carried out in December 2015 and there was also no evidence that this had been actioned or considered.

National patient survey data showed that the practice performed lower than local and national averages for opening times. However, we did not see any improvements implemented.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|--|
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>Systems or processes were not effective to assess, monitor and improve quality of service. This included the management of associated with legionella, locum recruitment checks and other risks such those from loop cords.</p> <p>This was in breach of regulation 17(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>Recruitment procedures must be operated effectively to ensure that persons are employed appropriately.</p> <p>This was in breach of regulation 19</p> |