

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni

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?	Good	
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 Srinivas Rao Dasari and Dr Raveendra Katamaneni's practice on 3 August 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice was not proactive in utilising opportunities from incidents to support learning and service improvement.
- We found systems were well implemented to safeguard vulnerable patients, for the management of medicines and for managing medical emergencies.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always sufficient to ensure patients were kept safe. For example, risks relating to infection control, health and safety, disaster recovery, recruitment and staffing.
- There was limited capacity for the practice manager and practice nurse which reflected on some of the governance arrangements of the practice and performance data.
- Data showed patient outcomes were in line with the national average in most areas.
- 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.
- Patients said they found it easy to make an appointment and did not have to wait too long to obtain one, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand. The practice had received few formal complaints.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. However, there was limited evidence that the practice was proactive in seeking feedback from patients to deliver service improvements.
- The practice had a number of policies and procedures to govern activity, but some of these were not practice specific.

The areas where the provider must make improvements are:

- Review systems for the identification and management of risks within the service. Including staffing, recruitment checks, those relating to health and safety of the premises, infection control and business continuity.

In addition the provider should:

- Review system for reporting incidents and verbal complaints to identify how these could be more effectively used to support learning and service improvement. Ensure the complaints process is available to patients.
- Introduce an alert system onto the patient record so that those at risk of harm may be more easily identified.
- Review the coding of dementia patients to ensure all relevant patients are correctly identified and receive appropriate care and treatment.
- Reinstigate formal arrangements to ensure the needs of those with end of life or complex care are discussed regularly.
- Review and improve systems for obtaining patient feedback so that patients' views may be taken into account when delivering services.
- Maintain accurate staff training records to ensure training is up to date.

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.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the practice was not proactive in utilising opportunities from incidents to support learning and service improvement.
- We found systems were well implemented to safeguard vulnerable patients, for the management of medicines and for managing medical emergencies.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always sufficiently effective to ensure patients were kept safe. For example, risks relating to infection control, health and safety, disaster recovery, recruitment and staffing.
- There was limited capacity for the practice manager and practice nurse which reflected on some of the governance arrangements of the practice and performance data.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to support 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 staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, although multidisciplinary meetings to discuss those with end of life care needs did not routinely take place.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rating of the practice was similar to others in the CCG area and nationally. The exception being the latest data on patient involvement in care and treatment although this was not consistent with other feedback received.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the CCG led Aspiring for Clinical Excellence to help deliver service improvements and innovation.
- Patients said they found it easy to make an appointment and did not have to wait too long to obtain one, urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Evidence of learning from complaints was limited, few formal complaints had been received and there were no specific systems for recording verbal complaints so that any themes or trends might be identified.

Good



Are services well-led?

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

- Although the practice had set out its values for the practice we did not see any formal vision or strategy for the future of the practice.
- The practice had a clear leadership structure and staff felt supported by management and the partners.

Requires improvement



Summary of findings

- Capacity was a significant issue in that the practice received only one and half days management cover. This resulted in some weaknesses in relation to the arrangements for managing risks, and for maximising opportunities for learning from incidents, verbal complaints and general patient feedback.
- The practice had a number of policies and procedures to govern activity, but some of these were not practice specific or did not contain sufficient detail to support staff in their roles.

Summary of findings

The six population groups and what we found

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

Older people

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- We saw evidence of personalised care plans in place to meet the needs of the older people in its population with complex care needs.
- 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 included ramp access, automatic doors and disabled toilet facilities. Consulting and treatment rooms were located on the ground floor and the low reception desk enabled patients who used a wheelchair to speak more easily with staff.
- The practice had systems in place to review the needs of those who experienced unplanned admissions to hospital.
- The practice did not routinely hold multidisciplinary meetings to support patients with end of life care needs. However, health professionals we spoke with said they found clinicians responsive when needed.

Requires improvement



People with long term conditions

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The GPs took the lead in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance for diabetes related indicators overall was 98% which was higher than the CCG and national average of 89%. Exception reporting for diabetes related indicators was comparable to CCG and national averages.
- Diabetic patients were referred to structured education programme to support self-management.

Requires improvement



Summary of findings

- Patients with blood test results indicating a pre-diabetes condition were called for review, and provided health education and follow-up plan.
- Patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met.
- For the convenience of patients the practice provided in house services such as electrocardiogram (ECG), ambulatory blood pressure monitoring, insulin initiation and phlebotomy (blood taking) to support the diagnosis and management of patients with long term conditions.
- Patients with asthma and COPD patients received a personalised care plan and were provided with rescue packs should their condition worsen.

Families, children and young people

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

The provider is 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 systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Uptake of immunisation rates (2014/2015) were lower than CCG for all standard childhood immunisations for two year olds and five year olds.
- The premises was accessible to push chairs, with ramp access and automatic doors. Baby changing facilities were also available.
- The practice's uptake for the cervical screening programme (2014/15) was 68%, which was below the CCG average of 78% and the national average of 82%.
- Antenatal clinics with the midwife ran at the practice on a weekly basis.
- Clinics available for this population group included new born baby checks and postnatal checks for mothers.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group

- 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. Extended opening hours were available on a Monday and Friday evening.
- The practice was proactive in offering online services for booking appointments and ordering repeat prescriptions as well as a range of health promotion and screening that reflects the needs for this age group. This includes NHS health checks and smoking cessation support.
- Texting was used to remind patients of their appointments.
- The practice offered travel vaccinations under the NHS and signposted patients to other services as appropriate for vaccinations that are not available through the practice.
- Minor surgery clinics were offered from the practice.

People whose circumstances may make them vulnerable

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held registers of patients living in vulnerable circumstances such as those with a learning disability.
- 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.
- The practice worked with health visitors to support children at risk of harm.
- GPs able to speak some of the languages spoken in the local community.
- Practice told us that they had seen patients from the travelling community who had been temporarily resident in the area. They also offered temporary registration for people of no fixed abode.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

The provider is rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group.

- National reported data for 2014/15 showed 70% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average 82% and national average 84%. Exception reporting was also higher than CCG and national averages. Practice data showed there had been some improvement with 75% of patients reviewed in 2015/16.
- National reported data for mental health outcomes (2014/15) was 96% which was comparable to the CCG average 92% and national average 93%. Exception reporting was comparable to the CCG and national averages.
- The practice signposted patients (both adults and younger people) experiencing poor mental health about how to access various support groups and voluntary organisations.
- Practice staff told us that they had a flexible approach to appointments so that patient assessments could be carried out without time constraints.

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 mostly performing in line with and in some areas above local and national averages. 325 survey forms were distributed and 101 (31%) were returned. This represented approximately 5% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 83% 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 81% and national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 77% 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 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards, these were very positive about the standard of care received. Staff were described as helpful and caring. A small proportion of patients (three) said they had difficulty obtaining an appointment.

We spoke with seven patients in person as part of the inspection, including two members of the practice's patient participation group. All but one patient said they were satisfied with the care they received. Most patients found it easy to get an appointment and found all staff helpful and caring.

The practice told us that 89% of patients in the last quarter who had responded to the friends and family test said they were likely or extremely likely to recommend the practice to others.

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist advisor.

Background to Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni's practice, also known as Rowlands Road Surgery, is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG).

Dr Srinivas Rao Dasari and Dr Raveendra Katamaneni's 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 the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care. The two GP partners took over the practice from the previous provider in 2012.

The practice is located in a converted house which at the time of the inspection was undergoing refurbishment. Based on data available from Public Health England, deprivation in the area served is slightly higher than the national average. The practice has a registered list size of approximately 2100 patients.

The practice is open 8.30am to 1.30pm and 3.30pm to 6.30pm on Monday, Tuesday Wednesday and Friday and 8.30am to 1pm on a Thursday. Appointment times are usually available between 9.30am and 12pm (and from 9am on a Monday) and between 4pm and 6pm with the exception of Thursday afternoon. The practice has extended opening hours on a Monday and Friday between 6.30pm and 7pm. When the practice is closed during core hours (8am to 6.30pm) calls are taken by another provider, Birmingham and District General Practitioner Emergency Room Group (BADGER) and passed to the GP partners to manage. In the out of hours period (6.30pm to 8am) patients also receive primary medical services through BADGER.

The practice has two GP partners (both male) and a long term locum GP (female), each GP works three clinical sessions each. Other practice staff include a practice nurse who works two sessions each week, there is also a practice manager who works one and a half days each week and is responsible for the daily running of the practice and a team of four administrative staff. A phlebotomist (employed by the local hospital) attends the practice twice a week.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 August 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurse, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients, including members of the practice's patient participation group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed documentation made available to us for the running of the practice.

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.

- There was an incident recording form available to staff 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).
- Staff told us that they were encouraged to report any concerns and bring them to the attention of the GP or practice manager.

It was not clear from evidence seen that the practice was proactive in using incidents (positive and negative) to support learning and service improvement. The practice told us that they had only three reported significant events within the last 12 months. The reports did not consistently demonstrate what the learning was from these and how this was shared, although staff we spoke with were aware of them. Two out of the three reports related to challenging and aggressive patients, the other highlighted the absence of a NHS number when needed which had led to a review of the record system to identify any others that may be missing. The practice told us that significant events were shared with other practices in the local clinical network meetings.

The practice routinely received safety alerts and we saw several examples that had been acted on. These were circulated by the practice manager to clinical staff including the locum GP. The practice nurse told us that they received regular updates on immunisations.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. In most areas these were well embedded but there were some areas for improvement.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. There were lead GPs for both adult and child safeguarding and staff we spoke

with knew who they were if they had any concerns. The GPs provided reports where necessary for other agencies and we saw evidence of this. We received positive feedback from the health visiting team about the practice support for children at risk. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The patient record system did not immediately alert staff to patients that were vulnerable, for example children subject to child protection plans. Staff would have to review patient records to find this information and so there was a potential that this relevant information could be missed during a consultation.

- Notices advising patients that chaperones were available if required were displayed throughout the practice. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment such as gloves and aprons. Records were maintained for the cleaning of clinical equipment. Cleaning of the practice was contracted out and there were cleaning schedules which set out the areas to be cleaned. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The practice showed us two infection control audits that had been undertaken in 2015 and 2016 in which scores had improved from 75% to 95% during this time the practice had been undergoing refurbishment. The practice manager told us that they had an agreement for the removal of clinical waste with a local hospital but did not have any formal documentation in relation to this.
- Reception staff told us that they sometimes handled specimens and in the absence of the nurse may be required to clean spills of bodily fluids. We were unable to verify what infection control training reception staff had received as the practice manager was unable to open the online training system records. There were also no immunisation records for non-clinical staff. The

Are services safe?

infection control policy seen stated that all personnel who work with or may handle blood or pathological specimens were to be vaccinated against hepatitis b. We also found no immunisation records for the practice nurse, locum GP or one of the partners. Following inspection the practice forwarded evidence that they were in the process of checking and updating staff immunisation status.

- 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 high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We saw vaccinations were appropriately stored and those we checked at random were in date. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We checked a random sample and saw that these were signed and in date.
- We reviewed four personnel files, for two non-clinical and two clinical members of staff. Although we saw evidence of some recruitment checks having been undertaken prior to employment we identified some gaps. The two non-clinical staff had been recruited since CQC registration. We noticed there was no proof of identification for the staff and in one of the files the DBS check had been taken from a previous employer. There was no risk assessment in place to identify whether the roles of the member of staff required a current DBS check. We did not see any interview records and were advised by the practice manager that these were destroyed for confidentiality reasons.
- Both the clinical staff files we reviewed were for staff that had been with the practice prior to CQC registration. However we found no evidence of a DBS check for one of the members of staff. In both files we saw no proof of identification and where appropriate evidence that they were on the performers list. The performers list provides additional assurance to the public that GPs practicing in the NHS are fit to practice.

Monitoring risks to patients

We found the management of risks to patients was not consistently clear.

- The practice was undergoing refurbishment which was nearly complete at the time of the inspection. Patients and staff commented on the significant improvement this had made to the premises. However we found arrangements for managing health and safety at the practice were unclear. There was a health and safety policy available which identified the local health and safety representative. When we spoke with this member of staff they advised us that they were just the lead for fire safety. The practice had risk assessments in place including control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw risk assessments were also in place in relation to the premises but had not been personalised to the practice and were undated to identify when they required review.
- The practice had a fire risk assessment in place. As part of the refurbishment the practice had installed a new fire alarm system. The fire evacuation procedure was displayed throughout the practice. Staff confirmed that they had undertaken a fire drill since installation so that they would know what to do in the event of a fire. The fire alarm was also checked on a weekly basis. Logs were maintained of these checks but did not distinguish between alarm checks and fire drills.
- Records showed that electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been undertaken within the last 12 months.
- Practice staff including GPs and administrative staff told us that they would cover for each other during absences to ensure there were sufficient staff to meet patients' needs as they all worked part time at the practice. The practice nurse during recent leave had been covered by a locum nurse. However we were concerned that there was insufficient nurse and practice manager capacity to meet the needs of service. The practice nurse was currently working one morning a week following maternity leave and the practice manager worked one and a half days at the practice. Although there were plans to increase nursing hours and employ a health

Are services safe?

care assistant these had yet to be put in place. These concerns were supported by lower than average uptake of child immunisation and cervical screening and in relation to the robustness of governance arrangements.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Records seen showed that staff received basic life support training, although we saw that annual training was now overdue for one of the GP partners.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were checked regularly to ensure they were in working order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.

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 senior staff. However we found the plan contained little detail as to what staff should do in the event of an incident and there were no contacts included for various services that might be required.

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 we spoke with told us that they accessed NICE guidance from their computers.
- We saw evidence of audit undertaken in relation to the management of women with gestational diabetes against NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 were for 2014/15. This showed the practice had achieved 95% of the total number of points available, which was comparable to the CCG average of 94% and national average of 95%. Exception reporting by the practice was 9% which was the same as the CCG and national averages (also 9%). Exception reporting is used to ensure that practices are not penalised where, for example, when patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2014/15 showed;

- Performance for diabetes related indicators was 98% which was higher than the CCG average and national average of 89%. Exception reporting for diabetes related indicators was similar to the CCG and national average of 9%.
- Performance for mental health related indicators was 96% which was comparable to the CCG average 92% and national average 93%. Exception reporting was comparable to the CCG and national averages at 12%.

This practice was an outlier for uptake of cervical screening. They were also below CCG and national average for dementia reviews, uptake of childhood immunisations and had high exception reporting for chronic heart disease, dementia and depression.

We looked at some of the practice's data relating to dementia reviews. This showed a slight improvement from the previous published data with 75% of patients reviewed in 2015/16 compared to 70% reviewed in 2014/15. Of the four excepted patients that had not received a dementia review one was an automatic exception due to recent diagnosis, two patients had not been coded correctly and one patient did not have evidence of a dementia diagnosis.

There was some evidence of quality improvement including clinical audit.

- A CCG report on antibiotic prescribing (2015/16 data) showed the practice was making improvements in antibiotic prescribing although was higher than the CCG average overall. Data seen showed the practice had made significant improvements in the prescribing of broad spectrum antibiotics and was significantly lower than other practices within the CCG in relation to this. The GP we spoke with told us they had attended a training event on antibiotic prescribing.
- The practice told us of four clinical audits that had been undertaken over the last 12 months. We saw three of these as one was unavailable due to the absence of the GP who had conducted this audit on the day of the inspection. One of the audits was a two cycle audit where improvements made were implemented and monitored. This related to the use of high dose inhaled corticosteroids in asthma patients undertaken in conjunction with the CCG pharmacist in December 2015 and June 2016. Although the re-audit showed evidence of some improvements this was not consistently so. We also saw evidence of a minor surgery audit 2015/16 which looked at areas such as consent, histology and infection. This did not raise any concerns. Another audit undertaken in March 2016 was a one cycle audit involving a patients with gestational diabetes and identified the need for lifestyle advice and follow up in the management of such patients.

Effective staffing

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

- The practice manager advised us that induction training for newly appointed staff was usually undertaken by one of the more experienced members of staff. They also

Are services effective?

(for example, treatment is effective)

had access to mandatory training via e-learning which 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. We saw evidence of additional training in areas such as diabetes.
- 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 through training updates and alerts received.
- The learning needs of staff were identified through a system of appraisals. Staff we spoke with confirmed that they received these. The two GPs we spoke with were able to demonstrate that they had undergone revalidation. This is the mechanism by which doctors demonstrate their fitness to practice.
- Staff had access to and made use of e-learning training modules which covered a range of topics. There were no formal systems in place for monitoring staff training to ensure staff were up to date.

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. All correspondence relating to patients for example hospital letters, investigations and test results were reviewed by one of the GPs in a timely way.

The GP we spoke with told us that they provided information to the out of hours service to advise them of patients who may need to contact the service for example, patients with end of life care needs. There was a standard form used for this.

We spoke with health professionals who worked closely with the practice. They told us that they found the practice was supportive to ensure patients received the care that they needed. The health visitor we spoke with confirmed safeguarding meetings took place on a regular basis and the last recorded minutes were dated May 2015. However multidisciplinary meetings to discuss patients with end of

life care and complex needs had not taken place for some time. Minutes seen indicated that the last recorded multidisciplinary meeting for those with end of life care needs was dated October 2015.

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 information displayed about the Mental Capacity Act displayed in the treatment rooms and some of the clinical staff had undertaken training in this area.
- Staff understood relevant guidance in relation to capacity when providing care and treatment for children and young people.
- The practice offered minor surgery, we saw an audit undertaken which showed consent was obtained in all cases. We checked two records at random and found this was the case.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, those with or at risk of developing a long-term condition or in need of healthy lifestyle advice.

There were follow up arrangements for patients who had unplanned admissions to review their needs. Staff told us that they could refer patients to health trainers to support them in leading healthier lifestyles. They also provided smoking advice and support in-house or with a local service.

The practice's uptake for the cervical screening programme (2014/2015) was 69%, which was significantly lower than the CCG average of 78% and the national average of 82%. The practice nurse had been on leave for a few months and at the time of this data was working two days a week. The situation was unlikely to improve immediately as the practice nurse was now only working one day each week. The practice nurse told us that they were planning to increase their hours but this had not yet been formally agreed. There were systems in place to ensure results were received for all samples sent for the cervical screening programme.

Are services effective?

(for example, treatment is effective)

Uptake of other national screening programmes including breast and bowel cancer screening was similar to other practices within the local CCG and nationally.

Childhood immunisation rates (2014/15) for the vaccinations given were below CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 86% compared to the CCG range of 80% to 95% and five year olds from 71% to 82%. Compared to the CCG range of 86% to 96%.

The practice was participating in local scheme with the CCG to monitor tuberculosis in new patients registering from overseas.

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 with a GP were made 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.

- 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.
- Glass partitions at reception helped minimise the risk of conversations being overheard.
- Practice staff told us that they would use a private room if patients wanted to discuss sensitive issues or appeared distressed.
- The doors to consulting and treatment rooms were accessed via a keypad lock which helped minimise the risk of unauthorised access during consultations.

Feedback we received about the service from the 41 patients who completed the Care Quality Commission comment cards and the seven patients we spoke with in person as part of our inspection was very positive overall. Patients were complimentary about staff. They found the practice welcoming and described staff as helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (published July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% 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%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with as part of our inspection 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 their care. Patient feedback from the comment cards we received was also positive and aligned with these views. Personalised care plans were in place for those with complex needs and at high risk of unplanned hospital admissions. The practice made use of the choose and book system to provide patient choice as to where they received care and treatment.

Results from the national GP patient survey (published July 2016) showed patient responses to questions about their involvement in planning and making decisions about their care and treatment were lower than CCG and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and 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 83% and national average of 85%.

We spoke with the practice manager about these results which had only just been published prior to our inspection. They were surprised by them and felt they were not consistent with other feedback received and wondered if there had been a mix up with the data. We looked at the results from the previous national GP patient survey published in January 2016 which were more in line with the CCG and 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 85% and the national average of 86%.

Are services caring?

- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%. The practice had not undertaken any specific action in relation to this low score.

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. Some of the staff also spoke second languages that were spoken in the community.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. This included support for patients with poor mental health, dementia, the elderly and isolated and for carers.

The practice held a carers register and had identified 26 patients as carers (1.2% of the practice list). Information about various avenues of support available to carers was available on the practice website. Patients were signposted to a local carers hub and a carers' club which was hosted by another local practice. Patients who were identified as carers were offered flu vaccinations.

Staff told us that if families had suffered bereavement, they would signpost them to local bereavement services if they needed support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered appointments during extended opening hours on a Monday and Friday evening until 7pm for working patients who could not attend during normal opening hours.
- Although the practice did not specifically offer longer appointments, staff told us they did not rush patients and this was confirmed by patients we spoke with. Results from the latest national patient survey also showed patients were not waiting too long from their appointment time.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children under 5 years and elderly.
- The practice provided travel vaccinations on the NHS. They were able to signpost patients to other services for other vaccinations to meet their needs where not available.
- The practice was accessible to patients with mobility difficulties and included ramp access, automatic doors and disabled toilet facilities. Consulting and treatment rooms were located on the ground floor and the low reception desk enabled patients who used a wheelchair to speak more easily with staff.
- The practice had a hearing loop and the receptionist we spoke with was able to explain how it worked. The practice did not have any notices displayed to highlight the availability of this facility.
- Translation services were available for patients who did not speak English. Some of the staff including GPs were able to speak some of the languages spoken by patients in the local community.
- The premises were also accessible for push chairs and baby changing facilities were available. Practice staff told us children under five would always be seen the same day.

- For the convenience of patients, the practice provided in house services such as electrocardiograms (ECG), ambulatory blood pressure monitoring and insulin initiation to support the diagnosis and management of patients with long term conditions. One of the GPs had recently undertaken a Spirometry course so that this service could be brought in house. Phlebotomy (blood taking) services were also provided at the practice by the local hospital twice a week.
- The practice was participating in an ambulance triage scheme led by the CCG in which GPs provide advice to paramedics and support patients as an alternative to accident and emergency.

Access to the service

The practice was open 8.30am to 1.30pm and 3.30pm to 6.30pm on Monday, Tuesday Wednesday and Friday and 8.30am to 1pm on a Thursday. Appointment times are usually available between 9.30am and 12pm (and from 9am on a Monday) and between 4pm and 6pm with the exception of Thursday afternoon. The practice had extended opening hours on a Monday and Friday between 6.30pm and 7pm. When the practice was closed during core hours (8am to 6.30pm) calls are taken by another provider, Birmingham and District General Practitioner Emergency Room Group (BADGER) and passed to the GP partners to manage. In the out of hours period (6.30pm to 8am) patients also receive primary medical services through BADGER.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, some appointments were reserved for same day and urgent bookings. Same day appointments were released in the morning and afternoon for greater flexibility for patients who may not be able to call first thing.

Feedback received from patients we spoke with on the day of inspection and through the comment cards told us that most patients felt able to get appointments when they needed them. Reception staff told us that they aimed to offer patients an appointment within two working days and if willing to wait with their preferred GP. We saw that the next available routine GP appointment was for the following day and the next nurse appointment within four working days.

Are services responsive to people's needs?

(for example, to feedback?)

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

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. Requests received were passed to the GP for review.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager 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, there was a complaints and comments leaflet for patients to take away on request and information in the practice leaflet. However there was no information displayed alerting patients to the complaints system. The complaints leaflet detailed how the patient could get support to make a complaint and what to do if they were unhappy with the response received from the practice.

The practice told us that they received two formal complaint in the last 12 months. One had only just been received prior to the inspection and had yet to be fully addressed. We reviewed the other complaint and found it had been appropriately managed with the patient being given an opportunity to discuss their concerns with practice staff. Any verbal complaints were recorded directly onto patient notes so were not formally used to look at trends. We did however see evidence of action taken in response to a verbal complaint.

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

At the start of the inspection the practice manager and one of the partners gave us a presentation which set out the practice values and ethos. Practice staff we spoke with were aware of this and told us that they aimed to give the best possible service to all patients. Our findings on the day were that staff demonstrated these values. However, there was no formally documented vision or strategy for the future of the practice.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice performed well overall in terms of patient outcomes and patient satisfaction.
- There was evidence of clinical and internal audit used to monitor quality and to support improvements.

However,

- There was a lack of capacity in terms of practice management, the practice manager was available for one and a half days a week. We found some weaknesses in the management of risks, and for maximising opportunities for learning from incidents, verbal complaints and general patient feedback.
- Practice policies were accessible to staff from their computers. However, not all policies seen were practice specific policies. For example, the infection control policy contained information relating to another practice and was undated. The business continuity plan lacked detail on action required in the event of service disruption.

Leadership and culture

On the day of inspection the partners in the practice and practice manager demonstrated they had the experience and capability to run the practice and ensure high quality care. However, capacity was the main issue. All staff worked part time and so there were limited opportunities for the clinical staff and practice managers to get together.

There was positive feedback from staff, other health professionals and patients about the practice leadership. Staff told us that there was a good relationship between staff, managers and GPs and that they were well supported. They found senior staff approachable when available.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). There were however few incidents and complaints with which this could be demonstrated in practice. Staff told us that the partners did encourage a culture of openness and honesty.

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

- Practice staff told us that regular meetings were held with all staff (including the locum GP), minutes seen showed these occurred between one and three monthly. The minutes of meetings were not always detailed and there was no set agenda to ensure that specific issues were always discussed for example, complaints, significant events, safety alerts.
- Staff told us there was an open culture within the practice and said they would feel confident in raising issues if needed.

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

There was limited evidence that the practice had been proactive in obtaining feedback from patients, the public and staff.

- The practice had a patient participation group (PPG) however, there was little evidence as to how the PPG worked with the practice to help support service improvement. There were no meeting minutes. We were told the PPG meet twice yearly however, the two members of the PPG we spoke with told us they had last met in December 2015 and that this had been the first meeting since the previous provider had retired. We were advised there had been approximately five patients in attendance and the meeting had been taken up with identifying roles but that there had been a lack of clarity as to the role of the group. We did not see any information displayed about the patient participation group.

Are services well-led?

Requires improvement



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

- The practice had a suggestion box located in the entrance which was also the repeat prescription box. Staff told us this was emptied daily but rarely contained any comments or suggestions. We also saw the friends and family box inviting patients to say whether they would recommend the practice to others. The practice told us that in the last quarter 89% of patients said they would recommend the practice.
- Practice staff told us that they felt able to give feedback and discuss issues with senior staff if they wanted to. The practice nurse told us that they had been discussing the clinics run at the practice as part of their return to work following recent maternity leave.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were areas in which the practice did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The practice was unable to demonstrate robust systems for:</p> <ul style="list-style-type: none">• Ensuring appropriate staffing to support governance arrangements and uptake of child immunisations and cervical screening.• Completeness of recruitment checks.• Risks associated with the premises and environment.• Risks associated with infection control for example specimen and bodily fluid handling, staff immunisation and clear arrangements for the disposal of clinical waste.• Ensuring policies and procedures are practice specific and contain specific detail to support staff. <p>Regulation 17 (1) (2)(b) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance</p>