

# Dr Imran Haq

## Quality Report

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Date of inspection visit: 22 February 2016  
Date of publication: 21/04/2016

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?

Inadequate



Are services caring?

Requires improvement



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 Imran Haq's practice on 22 February 2016. Overall the practice is rated as requires improvement. This inspection was in response to our previous comprehensive inspection at the practice on 20 February and 31 March 2015 where breaches were found (some of which had also been identified before). This had led to the practice being rated as inadequate and being placed into special measures. Following our previous inspection we issued requirement notices and warning notices to the practice to inform them where improvements were needed. We then carried out a warning notice inspection on 6 November 2015 to ensure that the warning notice breaches were now being met.

The identified breaches found at the previous comprehensive inspection on 20 February and 31 March 2015 related to breaches of regulation under fit and proper persons employed, good governance and safe care and treatment.

At our inspection on 22 February 2016 we found that the practice had improved. The two of the three requirement notices we issued following our previous inspection related to fit and proper persons employed and safe care and treatment had both had been met. The practice was continuing to work on the breach in relation to good governance. A breach under safeguarding patients was also found. The practice is now rated as requires improvement overall (with effective still rated as inadequate).

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

- Significant events had been logged using a reporting form and we saw evidence to indicate that significant events were discussed at meetings.
- Not all clinical staff were familiar with the location of emergency equipment.

# Summary of findings

- Results from the national patient survey showed that patients rated the practice lower than local and national averages to questions about patient involvement in planning and making decisions about their care and treatment in GP consultations.
- The practice was rated above average for nurse consultations in comparison to both local and national averages. For example, between 97% - 100% of patients stated that the last nurse they saw or spoke to was good at listening, good at treating them with care and concern and good at involving them in decisions about their care.
- The practice was found to be an outlier for QOF (or other national) clinical targets in mental health, hypnotic prescribing (medicines used to help with sleep), cervical screening and hypertension. We saw evidence that practice were working to address this and had carried out some audits which had enabled them to decrease hypnotic prescribing rates.
- Information about services and how to complain was available with a complaints poster displayed in the waiting area and complaints information was also found in the practice leaflet. No formal written complaints had been received by the practice in the last year. The practice told us that a selection of verbal complaints had been recorded in order to identify trends and themes.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities and translation services available as well as level access and a bell at the front entrance doors so that wheelchair users were able to request assistance when required.
- The practice sought feedback from staff at practice meetings and appraisals and from patients through practice surveys and the newly established patient participation group (PPG).
- The provider was aware of and had produced a policy that complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure the patient clinical system is effectively used to enhance patient care. For example by maintaining an accurate and complete record in respect of each patient and of the decisions taken in relation to the care and treatment provided.
- All clinical staff must become familiar with the location of emergency equipment and any emergency alerts set up on the clinical system.
- Ensure the safeguard lead fully recognises all potential safeguarding concerns.

In addition the provider should:

- Put systems in place to ensure that the newly-developed policies and processes become embedded so that they continue to be maintained.
- Review the clinical audit schedules and take any other action to ensure further improvement of patient outcomes.
- Proactively review, understand and meet the wider needs of its patients.
- Continue to review the national patient survey results in order to target the areas below average and improve patient satisfaction.
- Consider the ways in which patients with hearing difficulties may be appropriately supported at the practice.

The practice was placed in special measures following the inspection in March 2015. Where insufficient improvements have been made and a rating of inadequate remains for any population group, key question or overall, we would usually take action in line with our enforcement procedure to begin the process of preventing the provider from operating the service. This would lead to cancelling their registration or to varying the terms of their registration. On this occasion, although one rating of inadequate remains, we have extended the special measures period by three months. With the support from consultant practice managers, the CCG and the Royal College of General Practice the provider was able to demonstrate areas of significant improvement.

# Summary of findings

However there remained areas requiring further development. The three months extension to special measures was given in order to give the provider the opportunity to demonstrate the current improvements are sustained and improvements to care delivery continue to be made. If there is not enough improvement at the end of this period, we will move to close the service by adopting our proposal to vary the provider's

registration to remove this location or cancel the provider's registration. The practice will be kept under review and if needed could be escalated to urgent enforcement action.

Special measures will give people who use the practice the reassurance that the care they get should improve.

**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?

- There was a system in place for reporting and recording significant events and we saw evidence to indicate that significant events were discussed at meetings.
- Not all clinical staff were familiar with the location of emergency equipment.
- When there were unintended or unexpected safety incidents, a system had been set-up so that patients received reasonable support and a written apology.
- The practice had recently developed clearly defined systems, processes and practices in place to keep patients safe and safeguard from abuse. However, not all staff we spoke with had become familiar with these. The process for placing emergency alerts set up on the clinical system had not been fully embedded.

**Requires improvement**



### Are services effective?

- Data showed patient outcomes were low compared to the locality and nationally. For example, the practice was an outlier for QOF (or other national) clinical targets in mental health, hypnotic prescribing, cervical screening and hypertension.
- There was some evidence that audits were driving improvement in performance to improve patient outcomes such as in reducing antibiotic or hypnotics prescribing rates.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, patient records did not contain sufficient documentation and the electronic patient system was not being effectively utilised.
- There were very limited numbers of care plans in place with only 2% of the most complex needs patient care plans completed. For example, patients with learning disability did not have effective a care plan in place to further support the care delivery for these patients. The GP we spoke with on the day acknowledged the need to further develop care plans.

**Inadequate**



# Summary of findings

## Are services caring?

- Results from the national GP patient survey were mixed. Patients rated the practice above average for its satisfaction scores in relation to the practice nurse and reception staff. However, results for consultations with the GP were lower than the local and national averages.
- Results from the survey also showed that patients rated the practice lower to questions about their involvement in planning and making decisions about their care and treatment.
- We found that 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.

Requires improvement



## Are services responsive to people's needs?

- There was evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure some improvements to services where these were identified.
- 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 had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the patient waiting areas. No formal written complaints had been received by the practice.

Requires improvement



## Are services well-led?

- The practice had a strategy to progress the delivery of quality care in order to improve outcomes for patients. There was a documented leadership structure and staff felt supported by management. Practice management support was on a consultancy basis with the recruitment for a permanent practice manager planned.
- The practice had a number of newly developed policies, procedures and systems to govern activity and held regular practice meetings. However, these had not become fully embedded with all the staff within the practice as not all staff we spoke with were aware of all of the new processes.
- There was an overarching governance framework which supported the delivery of the strategy and improvements to the quality of care.
- There was a policy in place to support the Duty of Candour.

Requires improvement



# Summary of findings

- The practice had sought some feedback from patients and the patient participation group was active. The practice was in the process of collating responses from a practice survey developed in collaboration with the PPG.
- All staff had received an appraisal with clear objectives documented.

# 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 inadequate for effective and requires improvement for safe, caring, responsive and 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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were also available for older people when needed.
- There were disabled facilities and translation services available.
- The practice had a level access to the front entrance.
- Online appointments were available as well as online repeat prescriptions.
- Older patients who were in the top 2% of complex needs had a completed care plan to support their needs.

**Requires improvement**



### People with long term conditions

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

- Longer appointments and home visits were available when needed.
- Patients had a structured annual review to check that their health and care 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 had care plans in place for 2% of patients with complex needs although it was recognised that these care plans required further work to be properly effective.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 78% for the practice compared to 75% nationally.

**Requires improvement**





# Summary of findings

## Families, children and young people

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

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were in line CCG averages.
- The practice's uptake for the cervical screening programme was 66% which was below the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with district nurses and health visitors
- There were gaps in the understanding of when a safeguarding referral may be appropriate.

Requires improvement



## Working age people (including those recently retired and students)

The provider was rated as inadequate for effective and requires improvement for safe, caring, responsive and 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 was open between 8am and 6pm Monday to Friday (except Wednesday afternoons when it closed at 1pm). Extended hours surgeries were also offered at the practice every Thursday until 8pm.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was available at the practice.
- There was a low uptake for health screening such as cervical screening.

Requires improvement



## People whose circumstances may make them vulnerable

The provider was rated as inadequate for effective and requires improvement for safe, caring, responsive and 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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had carried out annual health checks for people with a learning disability.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. However, patients with learning disability did not have a care plan in place to further support this. In the absence of these care plans, the practice was unable to demonstrate how they were fully meeting the needs of this patient group.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- Staff members we spoke with were able to demonstrate that they understood the process required to report safeguarding concerns. Most staff knew how to recognise signs of abuse in vulnerable adults and children. However, it was not clear that all types of abuse would be recognised.

## People experiencing poor mental health (including people with dementia)

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

- There was a variation in the percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (practice average of 86% compared to a national average of 94%). The practice also informed us that they had not yet had care plans in place for all of these patients.
- The practice maintained a mental health register on the clinical system.
- Staff had received training on how to care for people with mental health needs.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Requires improvement



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We

reviewed the national GP patient survey results published January 2016. The results showed the practice was mixed compared with local and national averages. Three hundred and ninety six survey forms were distributed and 89 were returned. This represented 22% response rate.

The practice was especially above CCG and national averages in relation to consultation with the nurse and reception staff. It was also in line with CCG and national averages regarding access:

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 82% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 93% of patients found the reception staff at the surgery helpful compared to a CCG average of 84% and a national average of 87%.
- 100% of patients who say the last nurse they saw or spoke to was good at listening to them compared to CCG average of 90% and national average of 91%.
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

The practice was below the CCG and national averages in relation to GP consultations:

- 71% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).
- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received. Of the 21 comments received one stated that it was sometimes difficult to get an appointment.

We spoke with four patients (who were also members of the patient participation group) during the inspection. All the patients we spoke with told us said they were happy with the care they received and thought staff were approachable, committed and caring. They also told us that they felt the practice had improved in recent months in the way it responded to patients.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure the patient clinical system is effectively used to enhance patient care. For example by maintaining an accurate and complete record in respect of each patient and of the decisions taken in relation to the care and treatment provided.
- All clinical staff must become familiar with the location of emergency equipment and any emergency alerts set up on the clinical system.
- Ensure the safeguard lead fully recognises all potential safeguarding concerns.
- Review the clinical audit schedules and take any other action to ensure further improvement of patient outcomes.
- Proactively review, understand and meet the wider needs of its patients.
- Continue to review the national patient survey results in order to target the areas below average and improve patient satisfaction.
- Consider the ways in which patients with hearing difficulties may be appropriately supported at the practice.

### Action the service **SHOULD** take to improve

- Put systems in place to ensure that the newly-developed policies and processes become embedded so that they continue to be maintained.

# Dr Imran Haq

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, an inspection manager and a practice manager specialist adviser.

### Background to Dr Imran Haq

- Dr Imran Haq's practice also known as Firs Surgery is located at 87 Kempson Road, Castle Bromwich, Birmingham, West Midlands, B36 8LR. Dr Imran Haq provides care and treatment for approximately 2700 patients.
- The practice has a one male and one part-time female GP, a female practice nurse, a senior administrator and two reception staff. Efforts were being made to recruit a permanent practice manager. At the time of the inspection two health professionals with experience in practice management were working at the practice to support improvements to the service.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8am and 6pm Monday to Friday except for Wednesday afternoons when the practice closes at 1pm. Appointments take place from 9.30am to 11.30pm every morning and 4pm to 6pm daily (except on Wednesday). The practice also offers extended hours on a Thursday from 6pm to 8pm.
- The practice has opted out of providing out-of-hours services to their own patients and this service is

provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are directed to this service on the practice answer phone message.

- There is a higher population than England average of younger female patients aged 20 to 34 years. The percentage of children and older people who are affected by income deprivation is higher than the England average. There is a higher prevalence of obesity amongst patients in the practice area.

This inspection was in follow up to our previous comprehensive inspection at the practice on 20 February and 31 March 2015, after which the practice was rated as inadequate overall. The practice was then placed into special measures. Three breaches of the Health and Social Care Act 2008 were identified. The breaches related to the regulations fit and proper persons employed, safe care and treatment and good governance. Three requirement notices and a warning notice were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

### 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.

The practice has been inspected previously using CQC's new methodology on 20 February and 31 March 2015 and

# Detailed findings

where breaches were identified and the practice had been placed into special measures. The breaches were in relation to recruitments processes, safe care and treatment and governance procedures at the practice.

## 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 22 February 2016.

During our visit we:

- Spoke with a range of staff (including a GP, a practice nurse, two health professionals with experience in practice management and the lead receptionist/administrator) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

The system for reporting and recording significant events had been reviewed and further developed.

- Staff told us they would inform the interim practice manager and the GP of any incidents. They described how they would document this and gave an example of lessons learnt following an incident in the practice.
- Significant events had been logged using a reporting form and we saw evidence to indicate that significant events were discussed at meetings.

We discussed the process for the management of safety alerts with a nurse. They had access to alerts and confirmed that these were routinely discussed at clinical meetings.

We viewed a template letter of apology which formed part of the newly developed Duty of Candour Policy for use when there were unintended or unexpected safety incidents. This ensured that patients received reasonable support and written apology although there had been no cause to have to use it yet.

### Overview of safety systems and processes

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

- Policies for safeguard children and vulnerable adults from abuse had been reviewed and updated. They reflected relevant legislation and local requirements. We saw that these accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and had received training relevant to their role. The GP and practice nurse were trained to Safeguarding level 3. However it was not clear that the safeguarding lead fully appreciated situations that could be a safeguarding concern.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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. The interim practice manager was the infection control lead who liaised with the local infection prevention teams. There was an infection control protocol in place. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) in August 2015. We saw evidence that action had been taken to address all of the improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out a medicines audit, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw evidence to show that Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Gaps in the recruitment process had been addressed and a policy developed. We reviewed two personnel files (for the senior administrator and practice nurse). We found that recruitment checks such as proof of identification, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. We saw that a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. We found that all electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).



## Are services safe?

- We noted that safety checks of the gas supplier had not been completed. We received evidence to demonstrate that these had been completed post-inspection.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other, working additional hours if required. We were told a locum practice nurse would be used if needed to cover for the practice nurse.

### **Arrangements to deal with emergencies and major incidents**

The practice had some 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; however the provider was unaware that this system was in place.
- Staff had received basic life support training and were able to discuss this process with us.
- The practice had a defibrillator available on the premises and staff we spoke with were able to describe how they would use this. Oxygen with adult and children's masks was also available. However, the lead GP was not aware of its location.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff we spoke with knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was sufficiently detailed and included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice staff had access to relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We saw examples of where new and amended guidelines were discussed at clinical meetings.
- The practice gave an example of how a specific guideline had been implemented and an audit completed to confirm compliance.
- Care plans were in place for 2% of the most complex needs patients. However, these plans were not concise and difficult to navigate. It was acknowledged by the practice that care plans for other patient groups such as for those patients with a learning disability still required development.
- Full use was not made of the electronic patient record system. The decision making process was not clearly recorded to demonstrate risks and outcomes had been considered and discussed with the patient. Further training on the appropriate use of the system was planned.

### 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 (2014/2015) were 80.2% of the total number of points available. This was below the CCG & national QOF averages of 94%. The practice had a 7.3% exception reporting which was slightly below the CCG and national exception reporting rates of 9.2%. 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. The practice was an outlier for QOF (or other national) clinical targets in mental health, hypnotic prescribing, cervical screening and hypertension. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national average. The practice achievement was 79.4%, this was 9.8% below the national average. In four indicators the practice had a lower exception reporting percentage than the CCG and national average and four were higher.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 77.5%, this was 2.2% above the national average. Exception reporting was 5.8% below the national average.
- There was a large variation in the percentage of patients with hypertension having regular blood pressure tests which was below the national average. The practice average of 73% compared to a national average of 84%. Exception reporting was 3.8% which was in line with the CCG and national average.
- There was a large variation in the average daily quantity of hypnotics prescribed (medicines used to help with sleep) in the period 01/01/2014 to 31/12/2014. The practice had a prescribing rate of 0.84 compared to 0.26 nationally. The practice had conducted an audit to look into hypnotic prescribing. There was evidence that the prescribing rate was falling.
- Performance for chronic obstructive pulmonary disease related indicators was below the national average. The practice achievement was 18.2% below the national average. The exception reporting for all indicators was lower than the CCG and national average by between 0.3% and 12.5%.

The practice had recently recruited a business manager to analyse QOF data. Post-inspection the practice provided data from the current QOF year, which had not yet concluded. This demonstrated that QOF results were starting to improve. Additionally, the practice had started to develop mental health care plans. An audit on the use of hypnotics had been carried out and the practice showed us that they had reduced their hypnotic use since the audit.

Some clinical audits had been carried out which demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and

# Are services effective?

## (for example, treatment is effective)

monitored (in the case of antibiotic prescribing). Another of the audits which was currently in progress was on hypnotic prescribing. One audit on this had been completed and was due to be re-audited in June 2016.

- Findings were used by the practice to improve services. For example, recent action taken as a result included discouraging the use of hypnotics for new patients and reviewing those currently on hypnotics which had led to an overall decrease of hypnotic prescribing. The practice believed that this would be reflected in next year's QOF results. Antibiotic prescribing had also decreased.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Access to training and appraisals for all staff had improved. The practice demonstrated, via their training records, how they ensured role-specific training and updates for relevant staff were managed. For example, for those reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example they discussed recent changes to the immunisation programme.
- 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. We saw that clinical supervisions had been introduced for the practice nurse by the GP and a nurse mentor. Arrangements were in place for the nurse to attend the practice nurse forum in the locality. We from appraisal documentation that learning goals had been identified.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system, although some clinical notes were limited.

- This included use of some care plans, medical records and investigation and test results. However, patient records required better documentation on the electronic system to ensure a full record was being maintained for example for reasons behind some of the clinical decisions made or actions taken.
- The practice shared some information with other services, for example when referring patients to other services. However, we noted that the electronic patient system was not being fully utilised in order to enhance patient care. For example to communicate all the relevant information or to share care plans. We discussed this with the GP who told us that they were starting to get better at using the electronic patient system more effectively and that they had had some training on this. The GP told us they would be booking more training sessions to become better at operating the electronic patient system.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The nurse described a good working relationship with multidisciplinary agencies. We saw evidence that multi-disciplinary team meetings took place on a monthly basis which involved district nurses and health visitors. However, care plans for mental health, learning disability or palliative care were not in place. The practice told us that the 2% complex needs patient care plans were in place and we viewed an example of one. We saw that it was not concise and difficult to navigate. The GP told us they recognised the need to review the amount of historical patient information that was in each plan to ensure only information that was appropriate formed a part of the care plan.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

# Are services effective?

## (for example, treatment is effective)

We saw that the GP's had completed online mental capacity training. Other staff had also received training on how to care for people with mental health needs.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice nurse showed us how consent was recorded using the electronic patient system. The GP told us he utilised a paper form but was unable to provide a copy of the consent form when requested.

### Supporting patients to live healthier lives

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

- The practice nurse told us they maintained a register of patients with a learning disability, carers or those that required palliative care. Patients with long term conditions were scheduled for regular reviews.

- Patients requiring advice on their diet, smoking and alcohol cessation were identified and signposted to the relevant service where appropriate. The practice nurse told us they routinely provided advice to patients about healthy living, weight control and exercises.

The practice's uptake for the cervical screening programme was 66% which was below the CCG average of 79% and the national average of 82%. Exception reporting was 5.4% below the CCG average and 3.9% below the national average. There was a policy to offer reminders for patients who did not attend for their cervical screening test. However, the practice was also below average for national screening programmes for bowel cancer screening (practice average 39% compared to CCG average of 51% and national average of 58%) and breast cancer screening (practice average 57% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 94% to 100% and five year olds from 88% to 98% for the practice which were above the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

# 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.

- Privacy screens 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 told us how they would use an empty consultation room when patients wanted to discuss sensitive issues or appeared distressed.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group. 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 were varied in relation to being treated with compassion, dignity and respect. For example the practice was above average for its satisfaction scores in relation to the practice nurse and reception staff:

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

The practice was slightly below the CCG and national average for its satisfaction scores on consultations with GPs.

- 78% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 79% said the GP gave them enough time (CCG average 86%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

We were told that the PPG, in collaboration with the practice, had developed a practice survey to obtain wider patient feedback and was in the process of collating feedback from patients.

### 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 on the comment cards we received was also positive and aligned with these views.

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 with the practice nurse. However, results for consultations with the GP were lower than the local and national averages. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 71% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 98% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Staff we spoke with told us that translation services were available for patients who did not have English as a first language.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. We

## Are services caring?

saw that the waiting area also contained a lot of information about support for carer's. A carer's pack had been developed to direct carers to the various avenues of support available to them.

The practice nurse told us that practice's computer system alerted GPs if a patient was a carer and that the practice had identified 26 patients on the carer's register. There was

a newly developed carer's policy and process which had not yet become fully embedded. At the time of the inspection the GP was unable to articulate how this would improve outcomes for patients.

The practice told us that if families had suffered bereavement, the GP contacted them and provided advice on how to find a support service or if required booked a consultation.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had some engagement with the Clinical Commissioning Group (CCG) and basic patient needs were being met (as below). However, the practice needed to more proactively review, understand and meet the wider needs of its patients. For example through comprehensively reviewing the needs of its patient population to secure improvements to services where identified and to allow the identification of relevant targeted services.

- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- A facility for online repeat prescriptions and appointments bookings was available.
- There were longer appointments available for patients with a learning disability and those attending baby clinics.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Baby changing facilities were available.
- There were disabled facilities and translation services available.
- The practice had a level front entrance access although automatic doors were not installed. However we saw that a bell at the entrance door was available to call for assistance.
- All patient consultations were held on the ground floor of the practice.
- A hearing loop was not available at the practice. The practice described how they would communicate with patients in its absence.
- The reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.

- The practice used the NHS e-Referral Service (previously Choose and Book) for making the majority of patient referrals. The NHS e-Referral Service enabled patients to choose which hospital they would prefer to be seen at and when.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday except for Wednesday afternoons when the practice closed at 1pm. Appointments were from 9.30am to 11.30pm every morning and 4pm to 6pm daily (except on Wednesday). The practice offered extended hours on a Thursday from 6pm to 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice had opted out of providing out-of-hours services to their own patients and this service was provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients were directed to this service on the practice answer phone message.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).

Patients we spoke with on the day of the inspection and the comment cards we reviewed indicated that patients were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- We saw that the practice had a recently further developed their (December 2015) complaints policy that was in line with recognised guidance and contractual obligations for GPs in England.
- We were told that the interim practice manager and the lead GP were the designated complaints leads.



## Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system with a complaints poster in the waiting area that advised patients to speak with reception staff if they wished to make a complaint.

We saw that complaints were now a standing item for discussion at practice meetings. However, the practice had

not received any complaints in the last 12 months. We were told that, where possible most verbal complaints were dealt with at the time of the complaint. The practice also told us that a selection of verbal complaints were documented to pick up on any trends.



# 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

The provider had made use of additional interim management support to improve the practice following being placed into special measures. As a result of this support, the practice had some vision to deliver quality care and promote good outcomes for patients. The practice hoped to recruit a permanent practice manager who would take over the responsibilities from the temporary management team.

- We saw the practice had developed a patient leaflet that listed the practice responsibility to patients and patient responsibility to the practice and staff we spoke with were aware of this.
- The practice told us that their long-term aim was to become part of a larger federation of GP practices.
- The practice currently had two appointed staff members that were here on a short-term consultancy basis to provide practice management support. The practice aimed to recruit a permanent practice manager to ensure that any new changes made by them were sustained and became embedded. Although we saw that this recruitment process had commenced, we were unable to verify that the practice would continue to improve without the current temporary management support.

### Governance arrangements

Since the inspections in 2015 the practice had developed, and were embedding an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff. However, we found there were different levels of understanding of the policies and not all had yet become fully embedded.
- There was some understanding of the performance of the practice. A newly recruited business manager was in place to review the practice performance in relation to QOF and patient outcomes.

- Some clinical and internal audits had been carried out which were used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The lead GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Practice staff told us that the culture within the practice had changed significantly within the last six months and they were more positive about the future. However, we found that there were some gaps in the knowledge of the provider of the new processes that had been introduced. The provider had not yet become properly familiar with the new policies and procedures that were now in place.

The provider was aware of and complied with the requirements of the Duty of Candour and a new policy regarding this had been recently developed.

When there were unexpected or unintended safety incidents:

- The practice had developed a policy which included a template for written apology to patients that may have been affected.
- The practice had kept written records of some of the verbal interactions.

There was a leadership structure in place and staff felt especially supported by interim management support in place.

- Staff told us the practice held regular team meetings and we saw evidence to indicate that these were taking place.
- Staff told us the practice culture had changed to a more open culture and they had the opportunity to raise any issues at team meetings. Staff also now felt supported if they did raise any concerns.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice. All staff were involved in discussions about how to run and develop the practice.

# Are services well-led?

Requires improvement 

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had a newly established active patient participation group (PPG) with five members who had met on two occasions to date. We spoke with four of the PPG members on the day of the inspection. We were

told that the PPG, in collaboration with the practice, had developed a practice survey to obtain wider patient feedback and was in the process of collating feedback from patients.

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## 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 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not have systems and processes embedded and operated effectively to protect service users from abuse and improper treatment. For example, the safeguarding lead did not fully appreciate the types of situations that could be a safeguarding concern.</p> <p>This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. For example, by familiarising themselves with the new location of emergency equipment such as the oxygen or the emergency alerts set up on the clinical system.</p> <p>The registered person was not making appropriate use of the patient clinical system. For example they were unaware of the system for monitoring one of the medications on the clinical system nor able to update records effectively to indicate blood results had been actioned.</p> <p>The registered person had not maintained an accurate and complete record in respect of each service user and</p>

This section is primarily information for the provider

## Requirement notices

of the decisions taken in relation to the care and treatment provided. For example by way of effective care planning or having knowledge of their carer's register.

This was in breach of regulation 17(1)(2)(b)(c)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.