

# Church Lane - Khan

## Inspection report

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Date of inspection visit: 25 April 2018  
Date of publication: 19/07/2018

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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Inadequate 

# Overall summary

**This practice is rated as Inadequate overall.** (Previous inspection February 2015 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Church Lane - Khan also known as The Surgery on 25 April 2018 as part of our inspection programme.

At this inspection we found:

- That there were areas where the arrangements for identifying, recording, managing and mitigating risks were not effective.
- A system to alert practice staff when individual patients who were subject to safeguarding measures had not been established, although there were systems for staff to report safeguard concerns. Following our inspection, the practice provided evidence to assure us that a system was in place to capture safeguarding concerns on patient records.
- The practice sought to deliver care and treatment according to evidence-based guidelines. However, the practice was unable to demonstrate this in particular we found poor understanding and use of care plans and palliative care multi-disciplinary meeting templates were not completed to their entirety.
- Staff demonstrated an awareness of the practice high exception reporting rates and, although they were operating a call and recall system for patients who required a review of their condition and treatment, we did not find evidence that a comprehensive plan was in place to address this issue.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the July 2017 national GP patient survey showed that the practice scored either above or comparable to local and national averages in most areas. Completed Care Quality Commission (CQC) comment cards were also positive about the services provided.
- Completed CQC comment cards reported that patients found the appointment system easy to use and reported

that they were able to access care when they needed it. However, there were some comments on NHS choices that were less positive about access. Practice staff were aware of the issues and were taking some action to improve access.

- The practice governance arrangements were not effective and lacked the necessary clinical leadership or managerial oversight to ensure a systematic approach to sustain the quality of patient care and service delivery. There were areas where responsibilities had not been clearly defined and oversight of some processes was not effective. For example, the practice did not have clear oversight of safety alerts and the monitoring of actions to ensure compliance with safety recommendations.
- Although the practice aimed for a culture of high-quality sustainable care, there were a number of areas where staff felt unsupported in their role and felt when internal concerns were raised these were not acted on.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Continue to encourage the uptake of childhood immunisations and national programmes such as cervical and breast cancer screening.
- Carry out a risk assessment covering the choice and availability of medicines and equipment which may be needed in the case of a medical emergency
- Review the arrangements for tracking blank prescriptions through the practice in line with national guidance.
- Continue recalling patients and cleansing clinical records to reduce the practice exception reporting rates.
- Use appropriate care planning tools for patients identified as being frail to evidence a planned approach to patients care needs.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.

# Overall summary

- Continue exploring and following actions to improve patient satisfaction in areas such as access.
- Continue reviewing non-clinical staffing levels to ensure appropriate cover during periods of low staffing levels.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the

process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

**Professor Steve Field** CBE FRCP FFPH FRCGP Chief  
Inspector of General Practice

## Population group ratings

|                                                                                |                                                                                                       |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>Older people</b>                                                            | <b>Inadequate</b>  |
| <b>People with long-term conditions</b>                                        | <b>Inadequate</b>  |
| <b>Families, children and young people</b>                                     | <b>Inadequate</b>  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Inadequate</b>  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Inadequate</b>  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Inadequate</b>  |

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist adviser.

## Background to Church Lane - Khan

Dr. Marie Iszatt and Dr. Imtiaz Khan are the registered provider of Church Lane – Khan, also known as The Surgery. The surgery is located in a converted two-story building, which was previously a residential building in Kitts Green, Birmingham, providing NHS services to the local community. Further information about The Surgery can be found by accessing the practice website at

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by The Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The age of the practice population served is comparable to local and national averages. For example, patients aged between five and 65 were comparable to local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 69% White, 6% Mixed race, 16% Asian and 8% Black.

Public Health data also showed that patients with long-standing health conditions were above local averages, the number of patients in paid work or full-time education was below local averages; and unemployment rates were above local averages.

The patient list size is 3,537 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with Birmingham and Solihull Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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

There is limited on street parking available around the practice. The surgery has manual operated entrance doors which reception staff had clear view of. The practice is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of two GP partners (one male and one female) and one regular locum GP (female). The clinical team also includes a health care assistant. The non-clinical team consists of a practice manager and a team of administrators and receptionists.

The practice is open between 8.30am and 6.30pm Mondays to Fridays; except on Thursdays when the practice is open between 8.30am and 1pm.



GP consulting hours are available from 9am to 12pm and 3.30pm to 6pm. Thursday afternoons when the practice closes from 1pm, calls are also diverted to the principal GP between 1.30pm and 6.30pm

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by NHS 111.



Dr. Marie Iszatt and Dr. Imtiaz are registered to provide diagnostic and screening procedure, treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services.

The practice was previously inspected in February 2015 and rated overall good.

# Are services safe?

**We rated the practice as inadequate for providing safe services.**

## Safety systems and processes

A clear understanding of systems used to alert staff regarding safeguarding concerns was not demonstrated and there were areas where risk had not been assessed.

- Safeguarding policies were available and staff were aware of processes for reporting safeguarding concerns. All staff received up-to-date safeguarding and safety training appropriate to their role. The safeguarding lead attended meetings with health visitors; however, we were not assured that these policies were effectively implemented. For example, documents viewed during our inspection highlighted that safeguarding concerns were not transferred to patient records and clinical staff we spoke with were unable to demonstrate warnings or alerts on the system to highlight vulnerable patients. However, reports and learning from safeguarding incidents were available to staff. Following our inspection, the practice provided further evidence to assure us that a system was in place to capture safeguarding concerns on patient records.
- Not all staff had received DBS checks; this included clinicians. There was no assessment in place to evidence why this decision had been taken. However, staff who acted as chaperones were trained for their role and most had received a DBS check. For staff who the practice had decided not to carry out a DBS check at the time of recruitment and on an ongoing basis; there was no risk assessment in place to evidence the reasons for this decision. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- There was no clarity regarding who took responsibility for overseeing Infection Prevention and Control (IPC) within the practice. At the last IPC audit carried out in June 2016 the practice had scored 88% furthermore staff were unable to describe any arrangements for a re-audit. Documents we viewed showed that some actions required to improve compliance with audit recommendations had been completed; for example,

staff explained that carpets had been steam cleaned as part of IPC action plan; however, when asked were unable to provide evidence of this or demonstrate that they had maintenance and cleaning programmes in place.

- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.
- The practice had an employee immunisation programme to ensure staff received the appropriate immunisations according to the roles that they undertook. However, the practice did not carry out a risk assessment to mitigate any risks relating to non-clinical staff that had not been immunised. Following our inspection, the practice advised us that a record of staff that declined the offer of being immunised was kept in staff files; however, evidence of a risk assessment which took into consideration their roles and responsibilities had not been provided.

## Risks to patients

There were some systems to assess, monitor and manage risks to patient safety. However, many were not effective.

- The practice did not operate an effective workforce plan to monitor the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Non-clinical staff we spoke with explained that they found it difficult to take leave when needed as they often could not find staff to provide cover as staffing levels were not always sufficient.
- There was an induction system for temporary staff tailored to their role.
- Although staff were trained in emergency procedures the practice was not equipped to deal with some medical emergencies such as suspected meningitis, cardiac events and hypoglycaemia, and the practice had not carried out a risk assessment on how these gaps would be mitigated. Following our inspection, the practice informed us that they purchased a replacement defibrillator
- Staff understood their responsibilities to recognise those in need of urgent medical attention. However,

# Are services safe?

sepsis management had not been discussed during clinical or practice meetings. Some clinical staff as well as all non-clinical staff we spoke with were unable to demonstrate awareness of sepsis management.

- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. Except for safeguarding concerns which were not being recorded on patient records. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

## Appropriate and safe use of medicines

There were areas where processes used for safe handling of medicines did not demonstrate a reliable system.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not always minimise risks. For example, records showed a stock of salbutamol; however, staff were unable to locate this medicine when asked. The practice had not established a system for tracking prescription stationery both on delivery and when distributed through the practice, in line with national guidance.
- The practice did not operate a system for monitoring medicines stored in GP bags and we found out of date medicines.

- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice had a track record on environmental safety.

- There were risk assessments in relation to safety issues such as health and safety; and a fire risk assessment was carried out three years ago.

## Lessons learned and improvements made

- The practice learned and made improvements as a result of incidents and near misses. However; a clear process for managing safety alerts had not been established. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice received and disseminated external safety events. However, staff were unable to demonstrate a system used to provide assurance that safety recommendations had been carried out. Records we viewed showed that prescribing advice received from safety alerts were not always incorporated into routine clinical practice.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice and population groups as inadequate for providing effective services overall. Except for families, children and young people population group, which we rated as, requires improvement.**

## Effective needs assessment, care and treatment

We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. However, the practice was unable to demonstrate how guideline updates were shared within the practice. For example, members of the clinical team we spoke with explained that they were unable to recall the last time guidelines were discussed within the practice and staff were unable to evidence that results from clinical audits were shared within the clinical team.

- Patients' immediate and ongoing needs were assessed.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. However, when asked members of the clinical team we spoke with were unable to evidence the use of care plan templates or alternative documents to evidence a planned approach to patients care needs.
- Patients aged over 75 were invited for a health check. If necessary, they were referred to other services such as voluntary services.
- The practice followed up on older patients discharged from hospital. It ensured that their prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Although the practice indicated that patients with long-term conditions had a structured annual review to check their health and medicines needs were being

met, QoF data did not support this, with a high level of exception reporting. In addition, clinicians we spoke with were not able to demonstrate that they used a structured template when performing reviews. Following our inspection, the practice provided sufficient evidence to demonstrate the use of structured templates when performing reviews.

- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary disease prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Performance for the management of, chronic obstructive pulmonary disease (COPD) was comparable to local and national averages; however, performance for the management of atrial fibrillation (an irregular and sometimes fast pulse) was below local and national averages.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. Children aged one who received the complete primary course of vaccines was just short of the 90% target. Staff we spoke with were aware of this data and explained there were cases where the uptake of vaccines had been declined due to religious reasons. Action taken by the practice to improve immunisation uptake included systems to invite children as well as highlight non-attenders. A

## Are services effective?

nurse led immunisation clinic was held every Wednesday. Staff were knowledgeable about current immunisation schedules and shared this knowledge with patients to support decision-making.

- The practice had some arrangements to identify and review the treatment of newly pregnant women on long-term medicines. However, for patients identified on high-risk medicines, the practice were unable to demonstrate discussions or referral to pregnancy prevention programmes. In addition, women were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 56%, which was below the 80% coverage target for the national screening programme. Practice staff were aware of this and were taking a number of actions to improve screening rates, however it was not clear how the impact of these would be assessed. For example, a female sample taker was available, when patients attend for general health related reasons the practice opportunistically discussed the benefits of screening programmes and the practice operated a failsafe system for samples sent and received. Patients who failed to attend their screening appointments were identified and letters were sent out as well as phone calls made to re-book screening appointments.
- The practices' uptake for breast cancer screening was below the national average; however, bowel cancer screening was in line the national average. The practice was aware of the uptake rates and explained that despite high numbers of missed appointments, the practice encouraged patients opportunistically to attend. Posters were also displayed in the patient waiting areas which highlighted the benefits of screening.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held meetings for end of life care, which took into account the needs of those whose circumstances may make them vulnerable. However, an anonymised sample of Gold Standards Framework (GSF) multi-disciplinary team meeting templates we viewed for patients with end of life care needs were not fully completed. (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life).
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Although data showed the practice was performing above national averages, clinicians we spoke with were unable to demonstrate the use of care plans or completed templates for patient diagnosed with mental health or dementia.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

# Are services effective?

## Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. We reviewed a number of clinical audits where actions had been implemented and monitored. For example, an audit was undertaken to evaluate antibiotic prescribing for sore throat symptoms to ensure compliance with national guidelines. The first audit showed 55% compliance with prescribing guidelines. Following this, the practice implemented the use of recognised tools. A follow up audit showed 100% compliance with guideline recommendations.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 97%, however the overall exception reporting rate was 11% compared with local average of 7% and national average of 6%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

- Exception rate for a number of individual clinical areas was above local and national averages. There were areas where the practice were unable to demonstrate structured reviews and the use of annual care plans.
- Staff we spoke with explained that during September 2016 the practice experienced an influx of patients due to the closure of a neighbouring practice, which affected QOF performance. Staff explained that patients would only be excluded from the practice QOF calculator if they did not meet the criteria as defined by the QOF register or if all attempts had been made to recall patients for their check-ups.
- The practice was involved in quality improvement activity and used information about care and treatment to make improvements. Where appropriate, clinicians took part in local and national improvement initiatives. For example, as part of Aspiring to Clinical Excellence (ACE) a programme to meet the needs of its population and further improve care offered to patients; the practice took part in various audits such as prescribing for Atrial Fibrillation treatment (an irregular and

sometimes fast pulse). However, repeat audits viewed showed performance had declined and clinical staff we spoke with were unable to explain reasons for this decline. Following our inspection, members of the management team explained that the results were severely affected by the fact that the first audit was carried out before the influx of new patients; therefore, the second audit included the new registered patients which CCG were aware of.

## Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role; however the practice did not operate a system to provide assurance that knowledge was being transferred into patient care. For example, when carrying out patient care reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with support during the induction process and support for revalidation as appropriate. However, not all staff we spoke with felt supported in their role and from the records, we viewed there was no evidence that long standing staff had received a programme of regular appraisals. The induction process for healthcare assistants included the requirements of the Care Certificate.
- There was an approach for supporting and managing staff when their performance was poor or variable.
- At the time of our inspection, the practice had a locum nurse who covered two sessions per week and staff explained that the practice were in the process of recruiting a practice nurse. At the time of our inspection, a healthcare assistant carried out many of the activities traditionally carried out by nurses.

## Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- There were areas where staff were unable to demonstrate coordinated and person-centred care. For example, clinical staff we spoke with were unable to demonstrate where they had worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice attended meetings to ensure that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. However, records we viewed to support this were not fully completed.

## Helping patients to live healthier lives

Staff were aware of services and campaigns aimed at helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

## Consent to care and treatment

The practice attempted to obtain consent to care and treatment; however, not all clinical staff were able to explain some processes for obtaining consent in line with legislation and guidance.

- Clinicians supported patients to make decisions. Some clinicians assessed and recorded a patient's mental capacity to make a decision. However, not all clinical staff we spoke with were able to demonstrate how they would deal with consent issues or best interest decisions and were not aware of any completed Mental Capacity Act training.
- The practice monitored the process for seeking consent such as when offering childhood immunisations, anonymised records showed evidence of this.

**Please refer to the Evidence Tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- From the five patient Care Quality Commission comment cards we received, all were positive about the service experienced. This was in line with results of the July 2017 national GP patient survey.
- The practice was aware of less positive comments recorded on NHS Choices. To address areas raised through NHS Choices such as communication with patients, staff explained that members of the management team carried out staff observations; guidance regarding effective ways of answering phone calls was developed and the management team discussed communication skills. Staff have also completed customer care and conflict resolution training.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- Survey results were comparable to local and national averages in a number of areas, and above averages in areas such as confidence and trust in GPs. The practice was aware of the data and made use of mobile patient communication systems to obtain further patient feedback.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

**Please refer to the Evidence Tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all the population groups, as requires improvement for providing responsive services.**

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice improved services where possible in response to unmet needs. For example, the practice was part of Aspiring to Clinical Excellence (ACE) programme to meet the needs of its population. ACE is a Clinical commissioning group (CCG) programme offered to Birmingham practices to further improve care offered to patients.
- The practice supported patients who are vulnerable or have complex needs to access services both within and outside the practice.

### Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.

- The practice held meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Clinics for patients diagnosed with COPD were available at the practice and complex diabetic patients were seen by a specialist nurse to help manage their condition. A diabetologist (a specialist doctor in diabetes) held monthly virtual clinics where complex cases were discussed and GPs received guidance on treatment options.
- There was detailed information within patient waiting areas on conditions such as diabetes, respiratory, heart disease and other conditions. The website gave information about the clinics available and local and national support groups.

### Families, children and young people:

- We found there were systems to follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Weekly antenatal clinics were held at the practice.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, the practice was part of a group of local practices who were actively exploring ways to provide extended hours.
- Patients were encouraged to register for the use of online services, which enabled patients to book, cancel appointments as well as order repeat prescriptions.
- Meningitis vaccine for 18 year olds and students going to university were available at the practice.
- 2016/17 data showed that 56% of new cancer cases were referred using the urgent two week wait referral pathway, which was above the CCG average of 50% and national average of 52%.

### People whose circumstances make them vulnerable:

# Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Vulnerable patients as well as their carers were signposted to local community services.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. An addiction counsellor attended the practice to see patients who were managed under a shared care agreement. This service was extended to locality patients who were registered at other neighbouring practices.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

## Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- There were mixed views regarding how easy the appointment system was. For example, the July 2017 national GP patient survey was comparable to local

averages; however, below national averages in relation to accessing appointments. Comments placed on NHS Choices web site also showed some less positive comments from patients about their experience of accessing appointments. However, completed CQC comment cards showed that patients felt that the appointment system was easy to use.

The practice was aware of patients' comments regarding the difficulties in getting through to the practice by telephone. For example, staff explained that the practice had a single phone line, which at times become blocked due to the volume of calls received. To address this staff were encouraging the use of online services as well as a text messaging service, which allowed patients to cancel appointments and request repeat prescriptions without having to call the practice. We were told that as part of the practice ongoing development they were looking into the phone systems to explore areas for further improvements.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints. Staff acted in response to concerns to improve the quality of care. For example, although patients received written responses detailing the outcome of complaints, the practice were now following this up with a telephone call.

**Please refer to the Evidence Tables for further information.**

# Are services well-led?

**We rated the practice as inadequate for providing a well-led service.**

## Leadership capacity and capability

Leaders were unable to demonstrate that they had the capacity, skills and comprehensive awareness of the issues facing the practice to ensure the delivery of high-quality, sustainable care.

- The practice took on additional patients in 2016; leaders were able to describe some of the impact this had on the practice; however, were unable demonstrate that this had led to the development and implementation of a consistent systematic approach to this change that had resulted in the maintenance of high quality of patient care and service delivery.
- They understood the challenges and were addressing some of them. For example, at the time of our inspection, the practice was carrying out a recruitment campaign to increase the clinical team. During this process, the practice used locum GPs and nurses to support the clinical team.

## Vision and strategy

The practice had a clear vision and strategy but we saw limited evidence of this making a difference in practice

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them, but necessary support and guidance was not always evident.
- The strategy was in line with health and social priorities across the region but the practice was not always able to meet the needs of the practice population.

## Culture

There were areas where staff felt unsupported.

- Staff we spoke with stated they felt respected; however, did not always feel supported and valued.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns; however, did not have confidence that these would be addressed. For example, staff explained that they have raised issues in the past, which had not been addressed.
- The processes for providing staff with the development they need; this included appraisal and career development conversations was not effective. For example, from the records we viewed not all staff received regular annual appraisals in the last year or felt supported in their role. Staff explained that tasks such as scanning letters and attaching letter to emails were part of their duties; however, felt guidance or process to support them to carry out these tasks effectively had not been developed.
- Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff were given protected time for professional development and evaluation of their clinical work.
- Staff had received equality and diversity training. However, some staff we spoke with did not always feel that they were treated equally within their role. For example, staff we spoke with also felt that the process for booking annual leave was not operated in a way which allowed staff to take leave when needed.
- A positive relationship between the whole practice team and staff were not evident during our inspection.

## Governance arrangements

Responsibilities and systems of accountability were not always clear and there were areas where oversight of systems did not support the delivery of good governance and management.

- Structures, processes and systems to support good governance and management were set out and mainly understood. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care in most areas. Except for palliative care where we found that records to demonstrate co-ordinated care were not completed to their entirety.

## Are services well-led?

- Staff were clear on their roles and accountabilities in respect of safeguarding; however, clarity regarding who took overall responsibility for overseeing infection prevention and control had not been defined.
- Practice leaders had established some policies, procedures and activities to ensure safety; however, did not always gain assurance that they were operating as intended. For example; the practice did not demonstrate the use of an established system to alert practice staff when safeguarding measures to protect individual patients were in place. The system for monitoring the content of GP bags to ensure medicines was in date had not been established and guidance around scanning as well as managing the workflow had not been developed.

### Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- There were areas where risks assessments to enable the practice to identify where safety were being compromised and respond appropriately without delay had not been carried out. For example, in the absence of DBS checks the practice did not carry out risk assessments to mitigate risks and the practice did not establish a policy which clearly identified that they had considered and made a decision regarding when new checks were needed.
- Although the practice had processes to monitor the performance of employed clinical staff through audit of their consultations, prescribing and referral decisions; oversight of this process was not effective. For example, we found that areas such as clinicians not being able to demonstrate the use of clinical templates or care plans had not been identified up or addressed.
- Practice leaders had oversight of incidents, and complaints; however, this was not the case for national and local safety alerts. For example, a system to enable the practice to track actions required and completed in response to safety alerts had not been established.
- Some clinical audits had a positive impact on quality of care and outcomes for patients; such as treatment for patients diagnosed with chronic kidney disease. There was clear evidence of action to change practice to

improve quality in some areas. However, areas for improvement identified through the completion of audits had not been widely communicated within the clinical team.

- The practice had plans in place and had trained staff for major incidents. Although staff received training in medical emergencies and was equipped to respond to some medical emergencies; a risk assessment in the absence of medicines, which were not stocked at the practice as well as some emergency equipment had not been carried out to mitigate potential risks.

### Appropriate and accurate information

The practice acted on appropriate and accurate information. However, concerns raised by staff were not always acted on.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings; however, not all staff attended these meetings and staff we spoke with explained that they did not receive information such as meeting outcomes or copies of meeting minutes.
- The information used to monitor performance and the delivery of quality care was not always accurate. For example, QOF data showed that the practice scored mainly above local and national averages for the completion of care plans. However, during our inspection, clinical staff were unable to demonstrate the use of care plan templates.
- There were plans to address any identified weaknesses; such as areas where QOF performance were not in line with local or national averages. However, systems to address and respond to staffing issues or concerns raised was not effective.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

### Engagement with patients, the public, staff and external partners

## Are services well-led?

The practice aimed to involve patients, the public and external partners to support high-quality sustainable services.

- A full and diverse range of patients' and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- The practice had a patient participation group (PPG); however, meetings were not well attended therefore, the practice were considering setting up a virtual PPG.

- The practice encouraged and received feedback through the use of comment boxes', which was located in patient waiting areas.
- The service was transparent, collaborative and open with stakeholders about performance.

**Please refer to the Evidence Tables for further information...**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

| Regulated activity                                                                                                                         | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment</b> The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: The registered person did not have arrangements to ensure appropriate action in the event of medical emergencies such as suspected meningitis, cardiac events and hypoglycaemia. The registered person did not ensure all staff were aware of sepsis management. Where risks were identified, the registered person did not introduce measures to reduce or remove all risks such as those identified as a result of infection control audits. The registered person did not operate an effective system to monitor whether actions required to ensure compliance with relevant patient safety alerts were carried out and completed. The registered person did not operate an effective employee immunisation programme and did not carry out risk assessments to mitigate any risks relating to non-clinical staff that had not been immunised. The registered person did not ensure the governance system remained effective. For example, the practice did not adopt a system for monitoring medicines kept in GP bags or maintain an accurate record of the practice stock of emergency medicines. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity                                                                                                                         | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures                                             | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

This section is primarily information for the provider

## Requirement notices

Treatment of disease, disorder or injury

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained in respect of each service user. In particular, safeguarding concerns were not transferred to patient records and the registered person did not establish a system to alerts staff of vulnerable patients. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: The registered person did not ensure that records relating to people employed included a risk assessment where required for staff who did not have a Disclosure and Barring Service (DBS) check in order to mitigate risks or ensure that DBS checks were current at the time of recruitment. An effective system or process to enable the provider to identify where quality were being compromised and to respond appropriately without delay had not been established. For example, the practice did not operate an effective system for sharing audit outcomes or guideline updates within the team and a programme of staff appraisals had not been established. This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.