

Dr Abdul Naeem

Quality Report

64 Dog Kennel Lane
Oldbury
Sandwell
B68 9LZ

Tel: 0121 552 1713

Website: The practice does not have a website

Date of inspection visit: 25 October 2016

Date of publication: 19/12/2016

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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Abdul Naeem	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive follow up inspection at Dr Abdul Naeem's practice on 25 October 2016. The practice had previously been inspected in January 2016 and was found to be in breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection in January 2016 we found that the practice did not have effective systems in place to assess, monitor and improve the quality of services provided. The practice was rated as requires improvement for providing services that were effective and well led and was rated requires improvement overall.

Following the inspection in January 2016 the practice sent us an action plan detailing the action they were going to take to improve. We returned to the practice to consider whether improvements had been made in response to the breaches in regulations. We found the practice had addressed the concerns previously raised and had made sufficient improvements. The practice is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Since our previous inspection there were significant improvements in relation to patient outcomes for those with long term conditions.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand but not displayed. There were few formal complaints and verbal complaints were not recorded.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had made some adaptations to the premises to support those with a disability.

Summary of findings

- The premises was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients but had limited engagement with patients through the patient participation group.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review systems for documenting safety alerts to ensure they have been reviewed and acted on.
- Maintain accurate records for monitoring the cleaning of clinical equipment.
- Ensure immunisation records are maintained for appropriate staff.
- Review the contact list in the business continuity plan to ensure it is accurate and up to date.
- Ensure the window in the health care assistants room is covered when in use to promote privacy for patients.
- In the absence of a hearing loop, review and identify how patients with a hearing impairment may be supported.
- Ensure information is visibly displayed to raise patient awareness of the complaints system and introduce a system for recording verbal complaints so that learning may be gained from them.
- Review and identify ways in which patient involvement in the practice may be improved.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed and received an apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. There had been improvement since our previous inspection.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to support quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals in which learning needs were discussed for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was participating in the CCG led primary care commissioning framework aimed at improving services and patient outcomes.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had adapted the facilities to support patients with mobility difficulties and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand although not displayed. There were few complaints and evidence showed the practice responded quickly to issues raised. Verbal complaints were not formally recorded to support learning.

Are services well-led?

The practice is rated as good for being well-led.

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff demonstrated a commitment to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular staff meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice sought feedback from staff and patients but struggled to gain enthusiasm for the patient group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice performed well in relation to patient outcomes
The latest nationally reported data available showed the practice was performing well compared to CCG and national averages for outcomes for conditions commonly found amongst older such as diabetes and chronic obstructive pulmonary disease.
- The practice reviewed patients who were at high risk of hospital admission and worked as part of a multi-disciplinary team to support the care of those with complex and end of life care needs.

Good



People with long term conditions

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

- Patients with a long term condition were invited at least annually to attend a structured review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Performance for diabetes related indicators (2015/2016) showed the practice had achieved 92.7% of total QOF points which was slightly higher than the CCG average of 88% and national average of 90%.
- The practice provided enhanced services for the management of patients with diabetes on insulin.
- Longer appointments and home visits were available if needed.

Good



Families, children and young people

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

- The practice worked with the health visitors to share information about children living in disadvantaged circumstances and any concerns.

Good



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example, information displayed which recognised the rights of young patients to a confidential service and support for young carers.
- The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the CCG average of 79% and the national average of 81%.
- Same day appointments were made available for children under 12 years.
- Appointments were available outside of school hours.
- Baby changing facilities and a room for breast feeding was made available on request.
- The midwife operated antenatal clinics from the premises every two weeks.
- Postnatal checks on new mothers and baby checks were undertaken at the practice.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. This included health checks, weight management and smoking cessation services.
- The practice made use of texting to remind patients of their appointments.
- Although the practice did not provide extended opening hours appointments could be made up to 6pm and telephone consultations were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a registers of patients living in vulnerable circumstances including those with a learning disability and with caring responsibilities.

Good



Summary of findings

- The practice had a register for patients who had a learning disability. They were offered an opportunity of an health check.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice displayed information to patients about how to access various support groups and voluntary organisations.
- The practice identified patients who were carers and provided information about support available, and provided flexibility with appointments, home visits if unable to leave the person they were caring for and flu vaccinations.
- Practice staff told us that they did not have anyone registered with the practice who was of no fixed abode but told us that they would register with the practice address if they did.
- The practice participated with IRIS; a service supporting women to stay safe from domestic violence.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

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

- Nationally reported data for 2015/16 showed 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national average of 84%. There was no exception reporting.
- National reported data for 2015/16 showed 100% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was above to the CCG average 91% and national average 89%. There was no exception reporting.
- The practice told us that they worked closely with consultant psychiatrist to provide support for patients with dementia and carried out advanced care planning for this group of patients.
- Information was displayed in the waiting room about local counselling services available for those with poor mental health.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with and in some cases higher than local and national averages. 278 survey forms were distributed and 101(36%) were returned. This represented 5% of the practice's patient list.

- 87% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 61% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 66% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards with one exception the comments received were positive about the standard of care received. Patients described the staff as helpful and said that they were treated with dignity and respect. We also spoke with a member of the patient participation group who was complimentary about the service.

Dr Abdul Naeem

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Abdul Naeem

Dr Abdul Naeem's Practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Abdul Naeem's practice is located in a semidetached converted two storey property situated in a residential area, located in the Oldbury area of the West Midlands. All clinical services are provided on the ground floor. The practice list size is approximately 1,850 patients. Patients of various ages are registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England.

Based on data available from Public Health England, the practice has higher levels of deprivation than the national average. It is within the 20% of the most deprived areas nationally.

Practice staff consist of two GPs (one male and one female). At the time of our inspection one of the GPs was on maternity leave and their sessions were being covered by the principal GP who was working nine sessions per

week. There are two health care assistants, a practice manager and a team of administrative staff. The practice employs a locum practice nurse who works one session every two weeks.

The practice is open; Monday to Friday 8 am to 6.30 pm. Appointments are available between 9 am and 11 am each morning and from 4pm to 6pm in the afternoon. When the practice is closed services are provided by an out of hours provider which are reached through the NHS 111 telephone service.

The practice was previously inspected by CQC in January 2016. The practice was rated requires improvement overall and was found to be in breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we carried out this inspection

This inspection was undertaken to follow up progress made by the practice since their previous inspection in January 2016.

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.

Detailed findings

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 25 October 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, a healthcare assistant, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with a member of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and that they were encouraged to do so.
- There was an incident recording form available on the practice's computer system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice also used an electronic reporting system for recording significant events and actions taken which enabled them to be shared with the local CCG.
- We saw records that showed when things went wrong with care and treatment, patients were informed of the incident and received an apology
- We saw that there were three reported significant events or incidents reported in the last year which we reviewed. Staff were able to tell us about action taken and shared to improve safety in the practice.

The principal GP told us that they reviewed and actioned safety alerts such as those received from the Medicines and Healthcare Products Regulatory Agency (MHRA) but we did not see any formal evidence of this. We saw a file was maintained of safety alerts received but no documentation was maintained to show what action had been taken (if any) and when.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Information about who to contact for further guidance if staff had concerns about a patient's welfare were available in the reception area. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other

agencies. Staff we spoke with demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. Staff had also received training in domestic violence and referred patients as appropriate to local support services. The GPs were trained to child safeguarding level 3. The patient record system was able to identify patients who were at risk.

- Notices advising patients that chaperones were available if required were displayed throughout the practice. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. We saw that staff had access to appropriate hand washing facilities, personal protective equipment such as gloves and aprons and spill kits for bodily fluids readily available. There were appropriate arrangements in place for the removal of clinical waste. One of the health care assistants led on infection control for the practice. There were cleaning schedules in place which set out the cleaning requirements. We saw evidence of six monthly audits done to check the cleaning was done to a satisfactory standard. The infection control lead told us that staff were responsible for cleaning their own equipment and wipes were available in the clinical room for this. However, records demonstrating equipment was cleaned regularly had not been updated since July 2016. Records for staff immunity were maintained for clinical staff only (although were not available for the locum nurse).
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. The health care assistant we spoke with administered flu vaccinations against a patient specific direction from a prescriber which we saw examples of.

- At our previous inspection in January 2016 we saw uncollected prescriptions that were up to two months old. The practice had reviewed its processes for uncollected prescriptions. Administrative staff told us that they checked prescriptions daily and that those over two weeks were reviewed and if necessary the patient contacted. This was consistent with the prescriptions we checked.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. There was a health and safety policy available with a poster in the reception office which identified the principal GP as the health and safety representative for the practice. The premises were owned by the GP and staff told is that if any maintenance was needed the principal GP sorted it out quickly. The practice had a variety of risk assessments in place to monitor safety of the premises such as health and safety, the 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).
- The practice had up to date fire risk assessments. We saw that fire equipment had been serviced in the last 12 months and alarms checked.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had been undertaken within the last 12 months.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff provided cover for each other during annual leave and other absences and gave examples as to how they had recently supported each other during unexpected events. The principal GP had increased their hours temporarily and was currently covering for the second GP who had recently taken maternity leave while locum cover was being sought. A long term locum practice nurse was providing cover following unsuccessful attempts to recruit a replacement.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to an emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen. Records showed that these were checked regularly to ensure it was in working order and in date.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and various services that might need to be contacted. Although the plan had been reviewed in the last twelve months the contact list referred to an organisation no longer in existence.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Records seen demonstrated that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

At our previous inspection in January 2016 we looked at the QOF data for 2014/15 which was the most recently published data at the time and identified that the practice's performance was significantly lower than the CCG and national averages.

At this inspection the most recent published QOF data was for 2015/16. This showed the practice had achieved 97% of the total number of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 5% which was below the CCG and national average of 10%. (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).

At our inspection in January 2016 we identified that performance relating to QOF patient outcomes for 2014/15 were significantly lower than the national average for diabetes, hypertension and mental health related indicators. We looked at more recently published QOF data for 2015/16 and unvalidated data from the practice showing progress to date against the current QOF year 2016/17. This showed the practice had made improvements across these three areas:

Practice performance for diabetes related indicators 2015/2016 was 93% of total QOF points which was slightly above the CCG average of 88% and national average of 90%. During 2014/15 the practice had previously achieved 71%.

Furthermore progress to date against QOF for 2016/2017 (with five months still to go) showed the practice had achieved 76% of total QOF points for patients that had a HbA1c of below 64 (HbA1c is an indicator of diabetic control. Those under 64 are generally considered better controlled). During 2014/15 the practice achieved 62% against this indicator.

Practice performance for 2016/2017 for the percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 84% which was similar to the CCG average of 82% and national average of 83%. During 2014/15 this had been 77%.

Performance for mental health related indicators 2015/2016 showed the practice had achieved 89% which was comparable to the CCG average of 92% and national average of 93%. During 2014/15 the practice had previously achieved 83%.

There was evidence of quality improvement including clinical audit. The practice shared with us several audits that had been completed within the last two years. This included a full two cycle audit relating to the prescribing of oral nutritional supplements where improvements made were implemented and monitored. The practice had also carried out an audit on diabetes related medical issues, however this had yet to be reaudited to evaluate any improvements.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate that staff had received specific training for the roles they performed. For example, immunisations and cervical screening training and updates for the nursing staff.
- Staff we spoke with felt that the practice was supportive of training. They received annual appraisals which enabled them to discuss their learning needs. Staff had access to and made use of e-learning training modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.

Are services effective?

(for example, treatment is effective)

- We saw that the principal GP had also undergone appraisal and revalidation recently. This is the mechanism by which doctors demonstrate their fitness to practice.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. Staff we spoke with told us that they were currently working within five days for processing patient information received and this was consistent with what we saw.

The GP reviewed patient hospital discharges and held multi-disciplinary team meetings with other health care professionals (every two months) to discuss and plan the care of some of the practice's most vulnerable patients and those with complex care needs.

Consent to care and treatment

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

- Staff demonstrated they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff demonstrated understood relevant guidance when providing care and treatment for children and young people.
- Information was displayed in the waiting areas that recognised the rights of young patients to a confidential service.
- We saw formal consent forms were used for minor surgical procedures undertaken at the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those with long-term conditions.

The practice waiting room displayed a range of information in relation to health promotion and prevention. For example, the promotion of breast screening and flu vaccinations and services to support patients in relation to weight management.

The practice's uptake for the cervical screening programme was 76%, which was slightly lower than the CCG average of 79% and the national average of 81%.

The uptake of national screening programmes for bowel and breast cancer screening were similar to the CCG average but lower than the national average. For example,

- 68% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 67% and the national average of 72%.
- 47% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 100% compared to the CCG average of 82% to 94% and national average of 73% to 95% and five year olds from 88% to 100% compared to the CCG average of 57% to 95% and the national average of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. The practice had carried out 106 NHS health checks in the last 12 months.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, we did notice that in the health care assistants room had a window, although this room was set back from the corridor and was difficult to see in.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Glass screens at reception helped minimise the risk of conversations being overheard.
- Staff were mindful to maintain patient confidentiality and had signed confidentiality agreements as part of their employment contract.

All but one of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they found staff helpful and were treated with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and for helpfulness of reception staff. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85 and national average of 91%.

- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients received from the completed comment cards told us that they felt listened to and were satisfied with the care they received. We saw an example of a personalised care plan for a patient with dementia, a copy of this was kept with the patient. We saw a notice displayed in the entrance advising patients that if they didn't understand something they had been told or wanted more information to make another appointment with the doctor. The practice used the choose and book system which enables patients to make choices about where they receive care and treatment.

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. In most cases results were above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

The practice provided some facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice had obtained information in pictorial format specific for patients with dementia to help them to remember information.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

Are services caring?

a number of support groups and organisations. For example, counselling services for patients with poor mental health and information about various conditions including cancer.

The practice held a carers register and identified 23 patients as carers (1.3% of the practice list). Those identified were provided with information about support available to them, flexibility with appointments, home visits

if unable to leave the person they were caring for and offered flu vaccinations. Information was also displayed in the waiting room for carers advising them of various avenues of support locally available including support for young carers.

The practice manager told us that if families had suffered bereavement they would send out a condolences card and the GP would usually contact the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the primary care commissioning framework led by the CCG aimed at improving services and patient outcomes as well as consistency in primary care services.

- The practice was not currently offering extended opening hours but appointments were available up to 6pm for those who worked.
- Staff told us that they were flexible with appointments for those who needed additional support. For example, longer appointments available for patients with a learning disability or later appointments at quieter times for patients with mental health needs.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day urgent appointments were available patients with medical problems that require same day consultation. Children under 12 were also seen the same day.
- The nature of the premises posed limitations and corridors were narrow for patients with disabilities. However, the practice had made some adaptations to support patients with mobility difficulties for example there was ramp access into the premises and hand rails, a door bell alerted staff to a patient needing assistance into the premises. There were also accessible toilet facilities. Practice staff told us that they did not have any patients who used a wheelchair.
- Translation services were available for those whose first language was not English. The principal GP also spoke a second language. We saw signage on the clinical room doors which told patients who they were seeing for example, a nurse in both pictorial form and in an alternative language to English.
- The practice did not have a hearing loop available.
- Baby changing facilities were available and notices advising patients of a breast feeding friendly service was displayed.

- The practice had joined the Sandwell Health Alliance Federation with other local practices in which patients could access community based services such as electrocardiographs and 24 hour blood pressure monitoring at other practices within the federation.

Access to the service

The practice was open; Monday to Friday 8 am to 6.30 pm daily. Appointments were available between 9 am and 11 am each morning and 4pm to 6pm in the afternoon. When the practice was closed services were provided by an out of hours provider. This was accessed through the NHS 111 service.

Appointments were pre bookable up to three months in advance. Same day appointments were released at 9am and 2pm each day with a small number of appointments reserved for those with urgent needs. Patients could also request a telephone consultation and book online appointments. At the time of our inspection we saw that the next pre-bookable appointment with either a GP or healthcare assistant was within one working day. The locum practice nurse worked one session on alternate weeks, their next available appointment was just over a month away.

Results from the national GP patient survey published in July 2016 showed that patients satisfaction with how they could access care and treatment was higher than local and national averages.

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 79%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%.

Listening and learning from concerns and complaints

The practice had systems in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled complaints in the practice.
- We did not see any information displayed to raise awareness of the complaint system. However a leaflet was available on request for patients to take away.

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

The practice told us that they had received one formal complaint in the last 12 months and we reviewed at this. We found that it had been satisfactorily handled in a timely way. Practice staff told us that they did not record verbal complaints but tended to resolve these at the time.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed within the practice.
- The practice set out its responsibilities to patients and expectations from their patients within the practice leaflet.
- The practice had joined the Sandwell Health Alliance Federation which enabled it to increase the range of services available to patients locally.
- The GP told us that they were in the process of obtaining funding to relocate to new premises with another practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the service.

- 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.
- There was an understanding of the performance of the practice and action had been taken to improve outcomes for patients in relation to QOF targets. The practice manager told us that they carried out regular searches to ensure they kept up to date with QOF targets.
- There was evidence of clinical and internal audit to monitor quality and to make improvements. Although sometimes documentation was not always well maintained for example, in relation to action taken on safety alerts.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the leadership in the practice demonstrated the desire to deliver high quality care. The practice manager was relatively new to the post and was keen to ensure patients received a good service. Staff told us that they found the GPs and practice manager approachable and spoke positively about working for the practice. They told us that they worked well as a team.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty and had systems in place to ensure that when things went wrong with care and treatment patients were informed and received an apology.

There was a clear leadership structure in place and staff felt supported by management. The practice held regular staff meetings which were well documented. This enabled important information about the practice to be disseminated and provide staff with the opportunity to raise any issues.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However, the PPG was limited to three members with only one member who had regularly attended the last few meetings. The practice advertised for new members within the practice leaflet and the chair of the PPG had allowed their number to be shared in order to get feedback on the service from other patients. We spoke with the PPG chair who was positive about the practice and felt he was listened to.
- The practice gathered feedback from staff through appraisals, staff meetings and general discussions.