

The Smethwick Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



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	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Smethwick Medical Centre	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

Overall summary

We carried out an announced comprehensive inspection at The Smethwick Medical Centre on 22/08/2017. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the latest national GP patient survey (published July 2017) were lower than CCG and national averages in relation to patient satisfaction on consultations. While there had been some improvements in the results for nurse consultations and helpfulness of reception staff since the previous national patient survey those relating to GP consultations had declined.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, feedback from the latest national GP patients survey showed areas where access to appointments was below CCG and national averages with some patients finding it difficult to access the service by phone and obtain appointments.
- The practice told us of actions being taken to improve patients satisfaction with the service but had yet to demonstrate the impact of those.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

Summary of findings

The areas where the provider must make improvements:

- The provider must ensure effective systems for responding to patient feedback such as that received through the national patient survey so as to identify areas for further improvement and take action as appropriate in order to improve the patient experience.

Dr Janet Williamson

Deputy Chief Inspector of Primary Medical Services and Dentistry

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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system 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 as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.
- Regular meetings were held where topics such as significant events, drug and safety alerts, clinical updates, prescribing, new cancer diagnoses and reviews of patient deaths were discussed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as requires improvement for providing caring services.

Requires improvement



Summary of findings

- Data from the national GP patient survey (published in July 2017) showed scores that were below CCG and national averages in relation to consultations. While patient scores had improved for nurse consultations and helpfulness of reception staff those relating to GPs had declined since the previous patient survey (published in July 2016).
- There had been an internal survey and action plans to address the low scores on the GP patient survey but this had not yet been fully implemented.
- 58% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We also saw that the provider had made significant improvements to the practice for example, in improving outcomes for patients with long term conditions.
- The practice had identified 2% of their patient population as carers but felt this was an area they could further improve on.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice actively participated in the Aspiring for Clinical Excellence programme with the CCG and was working to improve the management of long term conditions within the community.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, feedback from the latest national GP patients survey showed areas where access to appointments was below CCG and national averages with some patients finding it difficult to access the service by phone and obtain appointments.
- The practice told us of some of the actions they were taking to try and improve access including recruitment of GPs, increased

Requires improvement



Summary of findings

face to face appointments and the implementation of a new enhanced primary care model in which patients were assigned to specific clinical staff which was hoped would reduce waiting times.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour and we saw evidence that the practice complied with these requirements.
- The practice became part of The Modality Partnership, a GP organisation operating across multiple sites predominantly in the Midlands in 2013, and the new organisation encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice sought feedback from staff and patients. The practice had begun to engage with a newly formed patient participation group. However, the practice had not adequately responded to the low patient satisfaction data identified through the national GP patient survey.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage patients who may need palliative care as they were approaching the end of life. It involved patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services. For instance, the out of hours provider were provided with details of all palliative care patients so that they could be assisted as quickly as possible. These details were checked and updated monthly.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.
- The practice also regularly met as part of a multi-disciplinary team to discuss and review the care of those with end of life care needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The practice operated specialist clinics to review and monitor patients with specific long term conditions such as diabetes, hypertension, asthma and COPD.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Requires improvement



Summary of findings

- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health. All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Medication reviews were undertaken whenever patients with long term conditions were seen.

Families, children and young people

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Patients told us, on the day of inspection and via comment cards, that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were always available on the day for children under the age of 5 and also available outside of school hours. The premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses to support this population group by the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- The needs of these populations 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, extended opening hours were available on Monday and Friday evening until 7.30pm and on Saturday from 9am to 12.30pm.

Requires improvement



Summary of findings

- The practice was proactive in offering online services, including booking of appointments and ordering of repeat prescriptions, as well as a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- The practice would register patients living in vulnerable circumstances including homeless people and travellers.
- A register was kept of 48 patients with a learning disability and health reviews were being offered to all those patients on the list. Since April 2017 five patients had received a health check with the rest scheduled to be completed before April 2018. Patients with a learning disability were also offered guidance, signposted to support groups and offered them the influenza vaccination each year.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- 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 had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff spoken with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had identified 2% of their patients as carers and maintained a register.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for caring and responsive; this affects all six population groups.

- The practice carried out advance care planning for patients living with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff spoken with had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published in July 2017. The results showed the practice was performing below local and national averages. 293 survey forms were distributed and 87 were returned. This represented approximately 1% of the practice list.

- 55% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 36% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 35% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards of which 12 were positive about the standard of care received. Four were slightly less positive and centred around appointment availability.

We spoke with four patients during the inspection. One patient commented that they waited too long before they were seen. All patients we spoke with, and the comment cards returned, provided positive feedback about the care they received. They stated that staff treated them with respect.

Overall, comment cards commented that reception staff were polite, helpful, approachable, committed and caring.

The Smethwick Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Smethwick Medical Centre

The Smethwick Medical Centre is located in Smethwick, Birmingham. It is an inner city practice in an area of high deprivation and unemployment. The patient list of 8,950 is a multi-ethnic group predominately of South Asian origin and, as such, there is a high prevalence of diabetes. The practice is located within the Sandwell and West Birmingham Clinical Commissioning Group (CCG) and holds a General Medical Services (GMS) contract with NHS England.

The practice has a higher than average proportion of registered patients aged from 0 to 44 years old who are predominantly male. Conversely there is a lower than average proportion of registered patients aged from 44 to 85+ years for both sexes.

The practice had become part of The Modality Partnership in 2013. At the time of the inspection three Modality Partners and four salaried GPs were being supported by an Interim Practice Manager and other support staff including two advanced nurse practitioners, two practice nurses, one diabetic specialist nurse, two healthcare assistant and a reception/administrative team.

The nursing staff carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening, immunisations and blood pressure monitoring services.

There is a parking area at the practice which has step free and suitable access for wheelchair users. There is a toilet that is adapted for use by people who have restricted mobility.

The practice is open from 8am to 6.30pm every weekday with reception staff present to deal with patients requests and queries. Phone lines are also open from 8am to 6.30pm and if the practice is closed between these hours, or out of these hours, GP services are provided by Primecare. The practice has opted out of providing GP services to patients out of core hours and during these times, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them.

Requests for home visits are assessed by telephone to enable GPs to prioritise which patients should be visited first.

Why we carried out this inspection

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 August 2017. During our visit we:

- spoke with a range of staff, including GPs, the Lead Nurse, a Diabetic Specialist Nurse an HCA, reception staff and the Interim Practice Manager. We also spoke with patients who used the service.
- observed how patients were being cared for in the reception area and talked with carers and/or family members

- reviewed a sample of the personal care or treatment records of patients.
- reviewed 16 comment cards where patients and members of the public shared their views and experiences of the service.
- inspected all areas within the practice
- looked at information the practice used to deliver care and treatment plans.

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?

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

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a 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).
- From the sample of documented examples which occurred during the last 12 months we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an urgent computed tomography (CT) scan, although received by the practice, had not been seen by a GP. This had led to a new procedure being adopted by the practice which required that all urgent results go on a separate list which is reviewed by GPs at the end of their surgeries.
- The practice also monitored trends in significant events and evaluated any action taken. Significant event logs were examined and minutes from meetings were seen and evidenced that learning points and action points were being shared with staff.
- Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received corporately by Modality and then distributed to the interim Practice Manager with details as to the appropriate action to take. Examples were seen to evidence that this process was working in an effective manner and that results of actions undertaken were recorded.

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements with policies being accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. From a sample of documented examples we reviewed we found that the GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff spoken with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to level 3 for child safeguarding; non GP clinical staff were trained to level 2 and all non-clinical staff were trained to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place. The infection prevention and control (IPC) clinical lead liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An audit had been undertaken in 2017 and mini audits were carried out on a monthly basis. We saw evidence that action was taken to address any areas of improvement identified.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.

Overview of safety systems and processes

Are services safe?

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and Patient Specific Directions from a prescriber were produced appropriately.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety:

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment, carried out in July 2017, which highlighted areas for further attention. We saw evidence to show that actions had been completed (new fire action notices) or were due to be done as part of planned maintenance. The practice also held regular fire drills and testing of the fire alarm system. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated annually, most recently in August 2017, to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of

substances hazardous to health (COSHH), infection control and legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings and the risk assessment for this was carried out in June 2017. Some areas for further attention and improvement were highlighted and action plans were in place to resolve these.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Rotas were in place for each staffing group to show that enough cover was in place each day. Staff told us they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents:

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All 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 with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and was kept offsite and on the Modality Partnership intranet.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015-2016) showed achievement of 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 94.9% and national average of 95.3%. The clinical exception rate at 8.6% was 0.9% below the CCG average and 1.2% below the national average.

Data from 2015/16 showed:

- Performance for diabetes related indicators was above the CCG and national averages. For example, the percentage of patients on the register, whose last HbA1c (measure of diabetic control) was 64 mmol/mol or less was 84% compared with the CCG average of 77% and the national average of 78%. Exception reporting for this indicator was 9% compared to the CCG average of 12% and national average of 13%.
- Performance for mental health related indicators was above the CCG and national averages at 100%. The CCG average was 92% and national average 93%. The practice exception reporting for mental health indicators was also higher than CCG and national averages in four out of the seven mental health indicators.

There was evidence of quality improvement including clinical audit:

There had been five clinical audits commenced during 2017, two of which were completed two cycle audits where the improvements made were implemented and monitored.

- Findings were used by the practice to improve services. For example, a review of patients on testosterone showed a low level of digital rectal examination (DRE) and blood monitoring. After presentation of these results the clinical team were given a presentation of the standards to be adhered to. This resulted in an improvement in blood monitoring from 7% to 76% and DRE increasing from 0% to 54%
- The practice participated in local audits, national benchmarking, accreditation and peer review. QOF and Modality Partnership benchmarking was used to monitor the practice's performance. These were discussed at Modality Clinical Management Group meetings and changes identified by the data were shared.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to, and made use of, e-learning training modules and in-house training.

Are services effective?

(for example, treatment is effective)

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured 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.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.
- GPs and the practice nurse understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child

has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were kept under review with additional support being provided as and when required.

The practice had a comprehensive screening programme. The most recent published data showed that:

- The practice's uptake for the cervical screening programme was 85%, which was above the national average of 81%.

The uptake of national screening programmes for bowel and breast cancer screening (2015/16 data) were comparable to the CCG average but lower than national averages. 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 66% and the national average of 73%.
- 44% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Staff were very attentive to patients, speaking calmly and quietly to patients both attending at the reception desk and on the telephone.
- Patients told us they found the staff very kind, welcoming and always willing to help. They said they were always treated with respect. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.

Of the 16 patient Care Quality Commission comment cards we received, 16 were positive about the service experienced with the remaining four having concerns about the appointments system. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 4 patients who told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (published July 2017) showed patient satisfaction scores on consultations with GPs and nurses and for helpfulness of reception staff were lower than CCG and national averages. There had been some improvement in the satisfaction scores for nursing and reception staff since the previous national GP patient survey published in July 2016 however, satisfaction scores for GP consultations had decreased. For example:

- 60% (previously 68%) of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 89%.

- 59% (previously 68%) of patients said the GP gave them enough time compared with the CCG average of 81% and the national average of 86%.
- 80% (previously 81%) of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 93% and the national average of 95%.
- 58% (previously 58%) of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 80% and the national average of 86%.

Results in relation to consultations with the nursing team were similar to local and national averages.

- 84% (previously 65%) of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 85% and national average of 91%.
- 84% (previously 66%) of patients said the nurse was good at listening to them compared with the (CCG) average of 87% and the national average of 91%.
- 82% (previously 69%) of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 97% (previously 76%) of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and the national average of 97%.
- 75% (previously 64%) of patients said they found the receptionists at the practice helpful compared with the CCG average of 82% and the national average of 87%.

The practice was aware of data from 2015-2016 showing some of its scores to be below the CCG and national averages, but we were told action had been taken. Results from the 2016-2017 survey continued to show it performing in some areas below the CCG and national averages. The practice had identified areas for further action, however were yet unable to demonstrate actions had led to improved satisfaction.

In order to ensure that the receptionists were providing the best support to the patients, the practice had also made "customer service" training mandatory for all reception and front line staff. All front line staff will also receive Modality core values and customer service training at the next protected learning time (PLT) event.

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals with staff being aware of capacity as covered by the Mental Capacity Act as well as Gillick competency.

Results from the national GP patient survey published in July 2017 showed patient scores to questions about their involvement in planning and making decisions about their care and treatment were below local and national averages. For example:

- 61% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 58% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 76% and the national average of 86%.
- 81% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.

- Information leaflets were available in easy read format.
- The e-referral service was used with patients as appropriate. (e-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had identified poor control and care of their diabetic patients and so employed an experienced Diabetes Specialist Nurse (DSN) who wrote a business plan for the practice on how to deliver diabetes care. This was implemented, and diabetic care now involved Health Care Assistants (HCAs), Practice Nurses and the Diabetes Specialist Nurse (DSN) with patients seeing the most appropriate clinician dependent upon their needs.

The DSN wrote a care plan template for all clinicians to use which standardises treatment and care, and ensure all necessary parameters are collected.

Care plans were seen and an improvement in diabetic control was evidenced by a reduction in HbA1c levels. (This is a method of measuring how good a person's control of their diabetes is).

The DSN also provided a package of education to all nurses and HCAs at the practice. This has been so successful it has been rolled out to other practices within the Modality Partnership.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 180 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered timely and appropriate support including flu vaccinations when appropriate.

Staff told us that the practice would refer patients who had suffered bereavement to organisations such as CRUSE and other support groups.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results.
- Patients were able to receive travel vaccines available on the NHS as well as non NHS vaccines being available privately or by referral to other local travel clinics.
- There were accessible facilities available, which included a hearing loop, and interpretation services.
- All patients had a named GP.
- The practice has considered and implemented the NHS England Accessible Information Standard to ensure that, where appropriate, patients with a disability received information in a format of their choice and received appropriate support to help them to communicate if necessary.
- As The Smethwick Medical Centre was part of the Modality Group, patients were able to access services such as rheumatology (treatment of arthritis) and dermatology (for the treatment of skin, nails and hair and its diseases). The Smethwick Medical Centre was now beginning to see a reduction in referrals to secondary care for new referrals and in follow up appointments. Patients benefited from services offered to them which were closer to their own homes.

Access to the service

The practice is open from 8am to 6:30pm every weekday with reception staff present to deal with patients requests

and queries. Phone lines were open from 8am to 6:30pm. Core hours are between 8am and 6:30pm and if the practice is closed between these hours, GP services were provided by the OOH provider. The practice has opted out of providing GP services to patients out of core hours and during these times, there is a recorded message giving out of hours' details. The practice leaflet included contact information and there were out of hours' leaflets in the waiting area for patients to take away with them.

Although the practice did not directly provide extended opening hours, staff told us patients were able to attend extended opening hours clinics on a Saturday and Sunday at other practices within the Modality partnership,

In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 75% of patients found that the receptionists were helpful compared with the CCG average of 82% and the national average of 87%.
- 56% of patients said they usually wait 15 minutes or less after their appointment time to be seen compared with the CCG average of 54% and the national average of 64%.
- 66% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 43% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.
- 55% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%.
- 36% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 35% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 77%.

The 2017 results showed 34% of patients thought it was easy to get through on the phone compared to the CCG

Are services responsive to people's needs?

(for example, to feedback?)

average of 60% and national average of 71%, To assist with the demand on the phone lines, 45% of the patient population are registered to use the patient online access system and the practice has moved over to a central call centre.

This allowed more calls to be answered and reduced the number of abandoned calls. This in turn gave the staff more time and capacity to assist patients at the front desk and is evidenced by an increase in the percentage of patients who found the receptionists helpful.

There had been a small increase in patients who were unable to get an appointment, although there was an increase in the percentage of patients who felt that they could see or speak to their usual GP.

The practice has had GP sickness and retirement issues, but they have now recruited a full time GP and, at the time of this inspection, were still trying to recruit for another GP position. These new, permanent roles, should help patients feel they can see their preferred GP once a relationship has been built between the patients and the new GPs. This will also increase the number of appointments.

The practice told us of other actions being taken to try and improve access and the patient experience which included the implementation of a new enhanced primary care model in which patients were assigned to specific clinical staff which was hoped would reduce waiting times. Additional face to face appointments had also been introduced.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. The practice had a system to assess:

- whether a home visit was clinically necessary; and

- the urgency of the need for medical attention.

All visit requests were assessed by GPs as they were received, to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice's information leaflet included details on reporting concerns to the practice as well as to external organisations.

We looked at four complaints received in the last 12 months and found that complaints had been dealt with appropriately and in a timely way. Lessons were learned from individual concerns and complaints and also from analysis of trends, and action was taken as a result to improve the quality of care. For example, an appointment was changed at short notice and the patient had not been notified of the new clinician. As a consequence, staff were reminded to notify all patients if their appointment has been changed and who the new clinician would be.

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

We looked at the providers statement of purpose which detailed the aims of the Modality Partnership:

- To deliver exceptional patient care
- To provide patients with greater access to care through a choice of centres
- Develop and sustain a learning environment
- To be recognised as an employer of excellence
- To demonstrate excellence in all business practices
- To provide and look for opportunities for business growth.

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 in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For instance the practice nurse was the lead for infection control and the senior GP was the safeguarding lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The practice was part of a provider partnership having joined the Modality Partnership in 2013. They told us they had plans to consolidate their partnership with Modality and establish corporate ways of working with other members. The practice recognised that the process of change had brought about new systems, procedures and new ways of working for all staff. During the inspection the clinical staff and the Interim Practice Manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care.
- They were 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)
- They encouraged a culture of openness and honesty.

Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at any time and at their regular team meetings. Staff told us that management were approachable and always took the time to listen to all members of staff whatever their role.

There was a culture within the practice of ensuring a career progression path was available to staff if they required. For instance the current Interim Practice Manager had progressed to her current role after having been a Receptionist and then a Reception Manager.

The practice had also won several awards given by the CCG during 2017 including Practice Manager of the year, and Special Recognition Awards given to practice staff for GP and Practice Nurse of the year.

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

The practice encouraged and valued feedback from patients and staff. It sought feedback from:

- Patients, through the recently formed patient participation group (PPG)
- the NHS Friends and Family test

Are services well-led?

Good 

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

- complaints and compliments received
- The provider told us that through the Modality partnership they had commissioned services which included a mystery shopper exercise by the CCG in order to gather information on patient experience and the 'I Want Great Care' which allows patients to provide feedback on the surgery, doctors and services via it website, paper questionnaires and iPads in the waiting rooms.
- However, actions taken to date had yet to show a demonstrable impact on patient satisfaction.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local and corporate pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered persons did not operate effective systems and processes to assess, monitor and improve the quality and safety of the services in response to patient feedback including low satisfaction scores from the national GP patient survey in order to improve the patient experience.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>