Church Lane Medical Centre

Quality Report

111 Church Lane
Stechford
Birmingham
West Midlands
B33 9EJ
Tel: 0845 675 0579

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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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Church Lane Medical Centre on 4 June 2015. Overall the practice is rated as inadequate.

We found the practice inadequate for providing safe, effective, caring, responsive and well-led services. It was also inadequate for providing services for the six population groups. These are, people with long term conditions, families, children and young people, working age people, older people, people in vulnerable groups and people experiencing poor mental health. This is because the concerns which led to these ratings apply to everyone using the practice, including all of the population groups.

Our key findings were as follows

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Recruitment checks and safeguarding procedures were not robust. Risks such as fire and legionella had not been assessed and managed.
- The arrangements in place to identify, review and monitor patients with some long term conditions and at risk groups were not effective. The most recent national data for the year 2013-2014 showed the practice was below the national average for areas such as depression assessments and the management of hypertension (high blood pressure). The practices detection rates for cancer and identification rates for chronic obstructive pulmonary disease (COPD) (lung disease) was also below the national average.
- Patients told us they felt listened to and supported by staff. However, confidentiality was not always maintained in the patient waiting area and there were examples of staff not treating patients in a respectful and considerate manner.
- Patients reported that appointments were not easily accessible and this was aligned with results from the most recent national GP survey 2014-2015. The complaints procedure was not easily accessible to patients.

Summary of findings

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had not received regular training, performance reviews and did not have clear objectives.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Have effective systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include establishing robust recruitment processes, adherence to infection prevention and control procedures and completion of risks assessments in areas such as fire and legionella.
- Develop a systematic, proactive approach to identifying and targeting health promotion and preventative care services for patients who would benefit from them. The practice must use national data to assess its performance and to monitor and improve outcomes for patients.
- Ensure that staff have clearly defined roles and responsibilities with appropriate support, training and supervision to ensure they are working within their competencies.
- Establish robust systems for the management and handling of complaints and make information on raising complaints easily accessible to patients and others.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided. Ensure audits complete their full cycle in order to demonstrate improvements made to patient outcomes.
- Seek and act on feedback from patients, staff and others to improve the quality of the service provided.

Action the provider should take :

- Ensure patients are always treated in a respectful manner and there are arrangements for patients to discuss issues in private with reception staff.

On the basis of the ratings given to this practice at this inspection, and the concerns identified I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Inadequate

The practice is rated as inadequate for providing safe services as there are areas where improvements must be made. Patients were at risk of harm because systems and processes were not in place or implemented in a way to keep them safe. For example, we found that recruitment checks on staff had not been undertaken prior to their employment and infection control procedures were not followed.

The systems in place to share learning from incidents with staff were not robust. Risks such as fire and legionella had not been assessed and managed. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

There was insufficient information to enable us to understand and be assured about safety because the practice was not able to provide evidence of risk assessments undertaken.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services as there are areas where improvements must be made. The practice did not use national data to assess its performance and to monitor and improve outcomes for patients. National data for the current year 2013-2014 showed that patient outcomes were below the national average in areas such as depression assessments and identifying patients with chronic obstructive pulmonary disease (COPD). Data provided by the practice showed that the practices performance for some childhood vaccinations had reduced from 91% in July 2014 to 60% in March 2015.

The practice had participated in audits led by the Clinical Commissioning Group (CCG) pharmacist. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. However, audits undertaken by the practice were not completed cycles and did not drive improvements in performance or improve patient outcomes.

Multidisciplinary working was taking place with some health care professionals but record keeping was limited or absent.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services, as there are areas where improvements must be made. Results from the national GP survey for the year 2014-2015 showed that patients rated the practice lower than other practices nationally for some

Summary of findings

aspects of care. This included the number of patients who said the last GP and nurse they saw and spoke with was good at treating them with care and concern and was good at explaining tests and treatments. The practice was below the regional average for the number of patients who would recommend the practice to someone new to the area.

Confidentiality was not always maintained in the patient waiting area, and there were examples of staff not treating patients in a respectful and considerate manner.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services as there are areas where improvements must be made. The practice had not identified or reviewed the needs of its practice population. For example, the most recent data from Public Health England for the year 2013-2014 showed that the practice had a higher than the national average number of patients with caring responsibilities. The practice was not aware of this data and at the time of the inspection the practice manager told us that the carers register was not up to date.

Patients reported difficulty accessing appointments, including urgent appointments. Data from the national GP survey 2014-2015 showed that the practice was below average for accessing appointments with 78% stating that they could get an appointment the last time they tried compared to the national average of 85%. The practice had not made changes to the way it delivered services in response to feedback from patients and there were no plans to secure improvements for the areas identified.

Systems for the management and handling of complaints were not robust. Information on raising complaints was not easily accessible to patients and others and there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led as there are areas where improvements must be made. It did not have a clear vision and strategy. Staff we spoke with were unsure about their responsibilities in relation to the vision or strategy. There was no clear leadership structure and some staff said they were ill informed by management. The practice had a number of policies and procedures to govern activity, but these were mostly generic and lacked detail with little evidence of implementation in practice. The practice did not hold regular governance meetings and issues were discussed on an ad hoc basis. The practice had not proactively sought feedback from staff or patients and did not have a patient

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participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. Staff told us they had not received regular performance reviews and did not have clear objectives.	

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

Inadequate

The practice is rated as inadequate for the care of older people. This is because the provider is rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

We reviewed the most recent national data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. The data showed that identification of some conditions commonly found in older patients were below the national average. For example, the practice was below the national average for identifying patients with chronic obstructive pulmonary disease (COPD). Flu vaccinations for patients over the age of 65 years was slightly below the national average. The practice had not specifically identified patients in this age group who were most vulnerable. We saw care plans that were in a paper format and had not been inputted on to the clinical system to ensure the information could be reviewed and updated with the patient.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of patients with long term conditions. This is because the provider is rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice manager told us that patients with long term conditions were reviewed in nurse led clinics. However, we saw no evidence that the practice had personalised care plans in place, for example, for patients with a learning disability or a mental health need.

We reviewed the most recent national data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. Data showed that the practice had a higher than the national average rate for emergency admissions for people with long term conditions.

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Families, children and young people — Inadequate

The practice is rated as inadequate for families, children and young people. This is because the provider is rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

There was a lead GP for safeguarding children. However, they were not able demonstrate they had the necessary understanding to enable them to fulfil this role.

Data provided by the practice showed that the practices performance for some childhood vaccinations had reduced from 91% in July 2014 to 60% in March 2015.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children who did not attend their appointments.

There was evidence of joint working arrangements with the midwives and health visitors and systems in place for information sharing.

Working age people (including those recently retired and students) — Inadequate

The practice is rated as inadequate for working age people (including those recently retired and students). This is because the provider is rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

There were services aimed at this age group such as NHS health checks for those aged between 40 and 74 years. The practice was open extended hours early morning to accommodate the needs of some working age patients.

People whose circumstances may make them vulnerable — Inadequate

The practice is rated as inadequate for vulnerable people. This is because the provider is rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice manager and senior GP partner told us that they had started the process of identifying patients as part of an enhanced service to avoid unplanned hospital admissions. This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. However, we saw that care plans were in a paper format and had not been inputted on to the clinical system to ensure clinical staff were able to access the information and review and update the plan with patients.

Summary of findings

The practice did not have a clear policy or procedure to enable patients living in vulnerable circumstances to be seen or be registered at the practice.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the people experiencing poor mental health (including people with dementia). This is because the provider is rated as inadequate overall .The concerns which led to this rating apply to everyone using the practice, including this population group.

The practice could not provide any examples of a comprehensive agreed care plan for patients with a mental health condition.

We reviewed the most recent national data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. Data showed that the practice was below the national average for depression assessments.

The practice manager told us that dementia checks for patients over the age of 75 years were in progress.

Summary of findings

What people who use the service say

We looked at results of the most recent national GP patient survey 2014-2015. Out of the 449 surveys sent,101 were completed and returned. The survey highlighted the practice was above the national average for the length of time patients waited on arrival for their appointments. However, there were a number of areas in which the practice was below the national average. This included the number of patients who said the last GP and nurse they saw and spoke with was good at treating them with care and concern, was good at explaining tests and treatments and good at involving them in decisions about their care. The practice was below than average for the number of patients who would recommend the practice to someone new to the area.

We reviewed comments left on the NHS Choices website to see what feedback patients had given over the last year. There were five comments posted on the website, of these four contained negative feedback in areas such as poor attitude of some staff, a lack of confidentiality in the patient waiting area and access to appointments The practice had not replied to any of the comments.

On the day of the inspection we spoke with seven patients. Two patients described staff as being caring and said they were happy with the service. However, five patients provided negative feedback. They described reception staff who were unhelpful, a lack of confidentiality in the patient area, difficulty getting through to the practice by phone and accessing appointments.

The practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service.

Areas for improvement

Action the service MUST take to improve

- Have effective systems in place for the management of risks to patients and others against inappropriate or unsafe care. This must include establishing robust recruitment processes, adherence to infection prevention and control procedures and completion of risks assessments in areas such as fire and legionella.
- Develop a systematic, proactive approach to identifying and targeting health promotion and preventative care services for patients who would benefit from them. The practice must use national data to assess its performance and to monitor and improve outcomes for patients.
- Ensure that staff have clearly defined roles and responsibilities with appropriate support, training and supervision to ensure they are working within their competencies.
- Establish robust systems for the management and handling of complaints and make information on raising complaints easily accessible to patients and others.
- Ensure robust governance arrangements are in place to assess and monitor the quality of services provided. Ensure audits complete their full cycle in order to demonstrate improvements made to patient outcomes.
- Seek and act on feedback from patients, staff and others to improve the quality of the service provided.

Action the service SHOULD take to improve

- Ensure patients are always treated in a respectful manner and there are arrangements for patients to discuss issues in private with reception staff.

Church Lane Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a second CQC inspector. The team also included a specialist advisor GP and a specialist advisor practice manager who have experience of primary care services.

Background to Church Lane Medical Centre

Church Lane Medical Centre is a two GP partnership practice based in an adapted residential property that has been extended to provide primary care services. The practice is the main location with one branch practice at Bromford Medical Centre, Bromford Drive, Birmingham. The combined registered patient list size for both practices is approximately 5080 patients with about 3800 patients who are seen regularly at Church Lane. This inspection focused on Church Lane Medical Centre.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice is open Mondays, Tuesdays, Thursdays and Fridays between 8.30am to 6:30pm, and on Wednesdays between 8.30am to 1pm. When the practice is closed during core hours general medical cover is provided by an external GP provider. Extended hours surgeries are offered on Mondays and Tuesdays when the practice is open early morning at 6:30am to 8am.

The practice has opted out of providing out-of-hours services to their own patients for when the practice is closed. This service is provided by 'Badger' the external out of hours service.

There are six GPs at the practice, this includes two GP partners (male and female). At the time of the inspection, the senior GP partner was not working in a clinical capacity and had an administrative role. There was one salaried GP (male) and three regular locum GPs (two male and one female). The practice employs two advance nurse practitioners (one of whom has joint role as a practice nurse), one practice nurse and two health care assistants all of whom are female. With the exception of the main GP partner all of the clinical staff work on a part time basis. There are also four reception staff, one administrative staff and a practice manager.

One of the partners was new to the practice and had not registered with the Care Quality Commission (CQC), a partner had also left the practice and had not cancelled their registration. We discussed this with the senior GP partner and the practice manager who assured us this would be completed. A condition of the CQC registration condition is that the practice has the correct partnership arrangement in place and that the provider informs the CQC of any changes to the partnership.

We reviewed the most recent data available to us from Public Health England for the year 2013-2014. This showed that the practice is located in an area in Birmingham that has a high deprivation score and proportion of people who are unemployed compared to the national average. The practice demographics indicate a high proportion of

patients of White British ethnicity and a higher than the national average practice population aged 0 to 4 years and those with caring responsibilities. The practice has a below average practice population aged 75 years and over.

The practice achieved 96.1 % of points for the Quality and Outcomes Framework (QOF) for the last financial year 2013-2014. This was slightly above the average practice score nationally. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. However, the practice had a higher than national average rate of clinical exception reporting at 10% compared to the national average of 7.8%. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The most recent QOF data that we reviewed for the year 2013-2014 showed areas in which the practice achievement was below the national average. For example, the practice score for depression assessments was 52%, this was below the national average by 34%. The practice score for the management of hypertension (high blood pressure) was 81.8%, this was below the national average by 6.6%.

We also reviewed the most recent data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. They are focused on an evidence based approach and agreed definition of general practice. Data from the GPOS showed a number of areas where the practice was not in line with the national average. For example, emergency admissions for people with long term conditions was higher than the national average with a value of 34 compared to the national average of 23. The practice was below the national average for depression assessments with a value of 69 compared to the national average value of 88.7. The practices detection rates for cancer and identification rates for chronic obstructive pulmonary disease (COPD) (lung disease) was also below the national average.

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. This 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. This provider had not been inspected before and that was why we included them.

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.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice. We also asked other organisations to share what they knew. We carried out an announced visit on 4 June 2015. During our inspection we spoke with a range of staff including the management team, clinical and non clinical staff. We also spoke with patients who used the service.

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

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Detailed findings

- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Inadequate

Are services safe?

Our findings

Safe track record

The practice did not have a formal procedure in operation to share and discuss with all of the staff reported incidents, as well as comments and complaints received from patients.

There was no formal system in place to review safety records and incidents to demonstrate that the practice had managed these consistently over time.

Learning and improvement from safety incidents

The practice did not have an effective system in place for monitoring significant events, incidents and accidents. We saw records of six significant events that had occurred during the last year we found they lacked detail and evidence of learning. For example, one significant event related to a prescription error. However, the records did not clearly demonstrate that the practice had analysed this event and learned from it ensuring appropriate action was taken to prevent re occurrence. There was no policy in place for significant events to ensure that they were managed consistently. Only informal arrangements were in place for sharing any learning with relevant staff.

National patient safety alerts relating to medicine were disseminated by the Clinical Commissioning Group (CCG) pharmacist. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. Patient safety alerts are issued when potentially harmful situations are identified and need to be acted on. The practice manager kept a log of all other national patient safety alerts however, there were informal arrangements in place for sharing these with staff.

Reliable safety systems and processes including safeguarding

The arrangements in place to manage and review risks to vulnerable children, young people and adults were not robust. Some of the staff spoken with had received training relevant to their role and were aware of their responsibilities to report safeguarding concerns. However, not all staff had received safeguarding training and our discussion with a member of clinical staff demonstrated that they did not have a clear understanding of safeguarding. Our discussion with staff indicated that they were not all sure who the lead GP for safeguarding vulnerable adults and children was. We did not see evidence of an identified lead. We spoke with one of the GPs who told us that they were the lead however, they were not able to demonstrate they had the necessary understanding to enable them to fulfil this role. In addition, this GP was not working clinically in the practice and was not on the NHS performers list. GPs providing clinical care in general practice must be on the NHS performers list.

There were no posters visible on the waiting room noticeboard or in consulting rooms to inform patients that a chaperone service was available. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Nursing staff had been trained to be a chaperone. Health care assistants and reception staff would also act as a chaperone. However, they had not undertaken training to ensure they understood their responsibilities when acting as chaperones. We also identified that they did not have a Disclosure and Barring Service (DBS) check or a risk assessment in place that considered for example, if the staff member could be left unattended with the patient. The DBS check is a criminal records check that helps identify people who are unsuitable to work with children and vulnerable adults.

Contact details were easily accessible so that staff knew how to contact the relevant agencies in working hours and out of normal hours.

There was a system to highlight vulnerable patients on the practice's electronic records so that staff were aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

The practice did not have regular meetings with the health visitors to discuss children with safeguarding concerns. However, we spoke with the health visiting team who told us there were effective systems for sharing important information and to discuss the needs of children who were at risk of harm.

Medicines management

There was a dedicated secure fridge where vaccines were stored. There were systems in place to ensure that regular checks of the fridge temperatures were undertaken and recorded. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use. There was also a policy available to guide staff and ensure procedures were being

followed consistently although it did not identify a lead for overseeing and monitoring the process. We were told by staff that the practice manager was the lead. However, the practice manager reported that they did not have the lead role and it was clear that they did not have the knowledge or understanding to assume this role. For example, what to do in the event of a potential cold chain failure.

There were arrangements in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs.

We spoke with the pharmacist from the local CCG who was allocated to the practice. They told us they undertook regular visits to the practice and worked with the clinicians to enable best practice guidance to be followed through the process of joint auditing. For example, in the treatment of patients with diabetes.

National data specific to the practice in relation to areas such as prescribing was not readily available as the practice was part of a branch surgery. A branch surgery is a practice that shares the same registered patient list size as the main practice. We also found the practices NHS code did not correlate with the details provided when the practice registered with the Care Quality Commission (CQC). The practice manager and senior GP partner told us that they had changed their clinical system in February 2015 and as a result they could not extract all of the data requested.

We reviewed the most recent national data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. The data in relation to prescribing showed that that the practice prescribing rate for Non-Steroidal Anti-Inflammatory was a value of 60.7, this was better than the national average value of 72. Prescribing for hypnotics was higher than the national average with a practice value of 0.49 compared to the national average value of 0.32. The practice explained that this was because the practice offered a direct enhanced services (DES) for substance misuse and held a regular clinic however, the contract for the service was due to finish at the end of June 2015. Prescribing for certain antibiotics were also higher than the national average with a practice value of 8.6 compared to the national average value of 5.4. The practice explained that this was because there were patients registered at the practice with a medical condition who required a large amount of regular antibiotics prescribing.

Cleanliness and infection control

On the day of our inspection we observed most of the areas in the practice were visibly clean and tidy. There were systems in place to reduce the risk of cross infection. This included the availability of personal protective equipment and posters promoting good hand hygiene. A contract was in place to ensure the safe disposable of clinical waste.

We saw that some aspects of the practice were not in line with good infection prevention and control procedures. We were unable to see records of cleaning schedules for the environment and equipment used by staff that would provide assurance that regular cleaning had been undertaken to an appropriate standard. An infection prevention and control audit had been completed by a Primary Care Trust (the predecessor organisation to the CCG) in June 2011, however no further audits had been completed. The practice manager told us that a CCG audit was due to take place this month. The staff toilets did not have any disposable paper towels or hand drier. The practice manager confirmed they had no clinical waste bins to store clinical waste safely. We saw bags containing clinical waste were placed in an unlocked room which was being used for general storage.

There was no system in place to record and monitor staff training so we were unable to confirm that all staff had received infection control training. We saw completed infection control training for only one member of staff but this training had not been provided by the practice. Some of the staff told us that they had not received any recent infection control training. We saw one member of clinical staff who was undertaking clinical duties which included blood tests for patients but was not following accepted best practice with regards to procedures for infection prevention and control. They were not wearing clothing that ensured their arms were bare below the elbows. This did not ensure good infection prevention and control procedures.

We were told that the practice manager was the lead for infection control however, they were not able demonstrate they had the necessary training and understanding to enable them to fulfil this role.

Inadequate

Are services safe?

There were no records of a legionella risk assessment or regular water testing. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and there was evidence of calibration of relevant equipment; for example blood pressure measuring devices.

We saw evidence that fire equipment had been checked to ensure it was in good working order. However, fire alarms were not tested to provide assurance that they would be activated in the event of a fire emergency.

Staffing and recruitment

The combined registered patient list size for Church Lane Medical Centre and the branch surgery at Bromford Medical Centre Bromford Drive was approximately 5080 patients with about 3800 patients who were regularly seen at Church Lane. The staffing levels at Church Lane Medical Centre consisted of six GPs. This included two GP partners, one salaried GP and three regular locum GPs. The practice employed two advance nurse practitioners one of whom had a dual role as practice nurse, one practice nurse and two health care assistants. There were also four reception staff, one administrative staff and a practice manager.

There were some systems in place to monitor and review staffing levels to ensure any shortages were addressed and did not impact on the delivery of the service. Administrative staff were able to cover each other's annual leave and we saw that there were sufficient administrative staff on duty to meets the needs of the service. The senior GP partner was not working in a clinical capacity and was not on the NHS performers list. They told us that they worked in an administrative role.

We identified a lack of stability in the clinical staff team to ensure patients received continuity in their care. All of the clinical staff worked on a part time basis. One of the GP partners worked 24 hours a week, the salaried GP worked ten hours a week .The practice employed three locum GPs, who between them worked 29 hours a week. There was no evidence that the practice was actively recruiting permanent GPs. The nurses and the healthcare assistants worked on a part time basis. Some of the patients we spoke with commented on difficulty accessing appointments with a GP.

Patient information was not updated to reflect the various staff working at the practice. For example, information on the NHS Choices website was not consistent with signs displayed in the practice or information in the practice leaflet. This made it difficult to determine the current staffing team.

The practice did not operate effective recruitment procedures and ensure that the information required under current legislation was available in respect of all staff employed at the practice. We looked at the recruitment records for six clinical staff including the most recent member of clinical staff employed at the practice. There was evidence that appropriate pre-employment checks had been completed for some of the staff as part of the recruitment procedure. This included details of professional registration, indemnity, references and DBS checks. However, we saw that a practice nurse had a DBS check from a previous employer and this had not been risk assessed. We saw that a health care assistant did not have a DBS check and there was no written references in place. This was not in line with the practice's own recruitment policy which stated that a DBS check would be required before employment commenced.

Monitoring safety and responding to risk

The practice did not have effective systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There was no evidence that risks were routinely discussed with all staff. Staff had last received fire safety training in 2013 and regular fire drills did not take place to ensure staff were prepared in the event of a fire emergency. There was no annual fire risk assessment in place to ensure risks had been assessed and managed. For, example the room where emergency oxygen was stored did not have a sign warning of the risks associated with flammable liquids and oxygen. There was no general health and safety risk assessment which covered potential risks relating to the environment. The practice did not have data log sheets for the control of substances hazardous to health (COSHH) to ensure an accurate record of all COSSH products.

Inadequate

Are services safe?

The practice had public indemnity insurance. This insurance provides legal cover and expense in the event of claims being made against the practice for alleged inadequate advice, services or designs.

Arrangements to deal with emergencies and major incidents

There were some arrangements to deal with foreseeable medical emergencies. There were emergency medicines and equipment available. The practice had oxygen and an automated external defibrillator (AED). This is a piece of life saving equipment that can be used in the event of a medical emergency. All of the staff asked (including receptionists) knew the location of the emergency medicines and equipment. Staff told us that the emergency medicine including oxygen was checked regularly but there were no details of the medications that should be available or the checks on the medicine and oxygen undertaken.

A business continuity plan was in place. This plan ensures that practices are prepared to deal with a range of emergencies that may impact on the daily operation of the practice. Staff were aware of the plan and the lead GP had a copy to ensure it could be accessed in an emergency.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians we spoke with were able to describe and demonstrate how they accessed and implemented guidelines based on best practice such as National Institute for Health and Care Excellence (NICE) for example in the management of diabetes. NICE provides national guidance and advice to improve health and social care.

The practice had nurse led clinics to review patients with long term conditions such as asthma, hypertension and heart disease. Administrative staff were involved in calling and recalling patients for their reviews. The practice achieved 96.1% of points for the Quality and Outcomes Framework (QOF) for the last financial year 2013-2014. This was slightly above the average practice score nationally. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. However, the practice had a higher than the national average rate of clinical exception reporting at 10% compared to the national average of 7.8%. The QOF includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. The most recent QOF data that we reviewed for the year 2013-2014 showed areas in which the practice achievement was below the national average. For example, the practice score for depression assessments was 52%, this was below the national average by 34%. The practice score for the management of hypertension (high blood pressure) was 81.8%, this was below the national average by 6.6%.

We also reviewed the most recent data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. They are focused on an evidence based approach and agreed definition of general practice. Data from the GPOS showed a number of areas where the practice was not in line with the national average. For example, emergency admissions for people with long term conditions was higher than the national average with a value of 34 compared to the national average of 23. The practice was below the national average for depression assessments with a value of 69 compared to the national average value of 88.7.

The practice was below the national average for dementia diagnosis with a value of 49.7 compared to the national average of 58. However, the practice had a below average practice population aged 75 years and over. At the time of the inspection the practice had no patients living in residential care which has an impact on the data relating to dementia diagnosis. The practice also provided us with local comparative data which showed that the practices dementia diagnosis rate was 53% this was above the CCG average of 48%.

We asked the practice to provide us examples of a comprehensive agreed care plan for patients with a mental health need. The practice was not able provide this information. The practice manager and senior GP partner told us that they had changed their clinical system in February 2015 and as a result they could not extract the data and provide any examples.

The practice manager and senior GP partner told us that they had started the process of identifying patients as part of an enhanced service to avoid unplanned hospital admissions .This service focused on coordinated care for the most vulnerable patients and included emergency health care plans. The aim was to avoid admission to hospital by managing their health needs at home. However, we saw that care plans were in a paper format and had not been inputted on to the clinical system to ensure clinical staff were able to access the information and review and update the plan with patients.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GP and nurse showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

We saw examples of medicine audits that had been undertaken in conjunction with the pharmacist from the local Clinical Commissioning Group (CCG). A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. For example, an

Inadequate

Are services effective?

(for example, treatment is effective)

audit to ensure patients were prescribed an alternative more effective medicine for their health condition based on NICE guidance. There were meetings with the pharmacist to discuss progress of these audits. However, the practice did not have a system in place for completing clinical audit cycles. The practice showed us a clinical audit based on a review of dementia patients. However, this was not a two cycle audit where the practice was able to demonstrate the changes resulting since the initial audit.

The system in place for identifying and reviewing patients with some long term conditions was not effective. We reviewed the most recent national data from the GPOS for the year 2013-2014. The data showed that the practice rate for identifying patients with chronic obstructive pulmonary disease (COPD) (lung disease) was lower than the national average, with a practice value of 0.26 compared to the national average value of 0.41. The practice also had a much lower than the national average detection rate for cancer with a value of 24 compared to the national average of 46.5. We did not see evidence that these systems were in place to monitor and improve performance in these areas.

Childhood vaccinations were provided during normal surgery time. There were systems in place to identify and follow up children who did not attend and these included discussions with the health visitor. On the day of the inspection the practice was not able to show us recent figures for childhood vaccination rates due to a change in the clinical system. Following the inspection the practice sent us data for childhood vaccinations undertaken between July 2014 to March 2015. The data was not comparative data and it was difficult to establish the practices performance against practices nationally. However, the data provided by the practice showed that the practices performance for some childhood vaccinations had reduced from 91% in July 2014 to 60% in March 2015. One parent who we spoke with told us that they had to contact the practice for their child's vaccination that was due as they had not received an appointment from the practice. There was no evidence that the practice used national data to assess its performance and to monitor and improve outcomes for patients.

There was no evidence to suggest that team was making use of clinical audit tools and staff meetings to manage, monitor and improve patient outcomes.

Effective staffing

The practice did not have an established clinical staff team as GPs working at the practice were mostly locums.

There was evidence that the GPs had completed training in areas such as safeguarding vulnerable adults and children, the Mental Capacity Act (2005) and basic life support. However, we were unable to confirm that all staff were up to date with core training in areas such as fire safety, infection control and safeguarding vulnerable adults and children as there was no system in place to monitor and record staff training. Our discussion with some of the staff confirmed that they had not received training in these core areas. Records of training for some of the staff were stored in individual staff files and not in an organised format. This made the information difficult to access for both us and the practice manager.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines and cervical cytology screening. Those with extended roles for reviewing patients with long-term conditions such as diabetes, sexual health and family planning advice were able to demonstrate they had appropriate training to fulfil these roles. However, we found that most of the staff had received training from their previous employers and not at the practice.

We did not see evidence that staff had recent annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed annual appraisals were not taking place.

There were quarterly multidisciplinary meetings which included the GPs, nurses, admin staff and the CCG pharmacist. This also provided the opportunity to monitor and review progress of medicine management systems.

The GPs we spoke with said that they were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Inadequate

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

Multidisciplinary working was in place, meetings were held with health care professionals such as the district nurses and Macmillan nurses as part of the Gold Standard Framework (GSF) for end of life care. The GSF helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life.

The practice provided antenatal and post natal care for women. A midwife undertook regular clinics at the practice and our discussion with them suggested that there was a good working relationship with the GPs with informal arrangements in place to share information and discuss any concerns.

Two of the GPs at the practice undertook regular clinics jointly with staff from a local substance misuse service to support and treat people with addictions. This included patient referred from other practices. This was part of a direct enhanced service (DES) but the contract for the service was due to finish at the end of June 2015. Direct enhanced services are schemes that commissioners are required to establish or to offer contractors the opportunity to provide, linked to national priorities and agreements.

There were systems in place to ensure that the results of tests and investigations were reviewed and acted on as clinically necessary by the GPs.

Information sharing

There were procedures in place to enable patient data to be shared with the local GP out-of-hours provider in a secure and timely manner.

The practice referred patients to secondary and other community care services such as district nurses. The practice used the Choose and Book system for making the majority of patient referrals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen. The systems in place to monitor urgent referrals to ensure these were completed in a timely manner and any lapses in the process identified and acted on were not effective. The most recent national GPOS data for 2013-2014 showed that Urgent 'Two week Wait' 'referrals to secondary care were much lower than the national average with a practice value of 24 compared to the national average value of 40.4.

Our discussion with health care professionals such as the pharmacist, health visitor and midwife suggested that that information was shared in a timely manner by the practice.

Consent to care and treatment

Not all of the staff had received training on the Mental Capacity Act. However, the clinical staff we spoke with were aware of the Mental Capacity Act (2005) and were able to describe how they implemented it in their practice. Clinical staff also demonstrated an understanding of Gillick competencies and were able to give an example of it being implemented in practice. (This helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

The practice had a consent policy in place to provide guidance to staff however, this did not cover assessing patients' mental capacity.

The practice was unable to provide us evidence that patients with a learning disability and those with dementia were supported to make decisions through the use of care plans, which they were involved in agreeing. We were unable to see any care plans which demonstrated patients' involvement in their care as the practice was unable to provide any examples due to a change in the practices clinical system.

Health promotion and prevention

Information leaflets and posters were available in the patient waiting area relating to health promotion and prevention. We saw a television in the patient waiting area which was used to disseminate health promotion and prevention advice.

The practice offered direct enhanced services (DES) for substance misuse and anti-coagulant, this is a service that aims to ensure patients on a particular medicine are monitored closely. However, the contract for the service was due to finish at the end of June 2015.

There was a national recall system in place for cervical cytology screening in which patients were invited to attend the practice. Cytology screening was undertaken by the practice nurse. Findings were audited to ensure good practice was being followed.

The practice offered advice and support in areas such as smoking cessation, weight management, family planning and sexual health. Flu vaccinations were offered to high risk groups. However, the most recent national GPOS data for 2013-2014 showed that the practice was below the national average for flu vaccination for at risk groups. The practice performance for flu vaccinations for at risk group was a

Inadequate

Are services effective?

(for example, treatment is effective)

value of 38 compared to the national average of 53. The practice performance for flu vaccinations for patients over 65 years was 70.7 this was slightly below the national average of 72.9.

The practice did not have a website that could provide information and links to patient information on various health conditions such as, diabetes as well as advice on self-care for treating minor illnesses.

The practice had a policy in place for new patients registering with the practice. This included completing a new patient medical assessment but not all patients were routinely offered a health check. The practice manager told us that this was assessed based on the patient's need but it was not clear how this was determined.

NHS health checks were available for people aged between 40 years and 74 years.

Inadequate

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at results of the most recent national GP patient survey 2014- 2015 in comparison to the average for other practices nationally. We saw that there were a number of areas in which the practice was below the national average. This included the percentage of patients who said the last GP they saw and spoke with was good at treating them with care and concern, the practice score was 60% compared to the national average of 85%. The practice score for the percentage of patients who said the last nurse they saw or spoke to was good at treating them with care and concern was 72% compared to the national average of 90%. The practice was below the national average for the number of patients who would recommend this surgery to someone new to the area with a percentage of 48% compared to the national average of 78%.

We reviewed comments left on the NHS Choices website to see what feedback patients had given over the last year. There were five comments posted on the website of these four contained negative feedback relating to poor attitude of some staff and a lack of confidentiality in the patient waiting area .This was aligned with the feedback we received on the day of the inspection, when five out of seven patients we spoke with described reception staff as unhelpful.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room and that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations. However, we saw that the layout of the patient waiting area meant that patients confidentiality was not always maintained. Patients at the reception desk could be overheard when talking to staff. Staff taking incoming calls could also be heard. We did not see any information displayed informing patients that they could discuss any issues in private away from the main reception desk. One patient who we spoke with provided an example of how their sensitive information was discussed in the patient waiting area and could be overheard by other patients. We also found that one of the consulting rooms was located off the patient waiting area and patients' consultations with clinical staff could be easily overheard.

We saw two posters displayed in the patient waiting area that were inappropriate and not respectful to patients. One outlined an acceptable dress code for patients and another suggested there were no good days for patients to access the service. We discussed this with the practice manager who was unable to explain why these posters were on display.

Care planning and involvement in decisions about care and treatment

Findings of the most recent national GP patient survey 2014- 2015 highlighted areas in which the practice was below the national average. This included the percentage of patients who said the last GP they saw and spoke with was good at explaining tests and treatments with a practice score of 63% compared to the national average of 86%. However, the patients we spoke with on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about their care and treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

We did not see any information in the patient waiting area on how to access support groups and organisation for patients who were carers. A poster was displayed in the patient waiting room informing carers to ask reception staff for more details. We asked the practice manager what support was available to carers. They showed us that an alert system was in place to highlight patients who were carers and said that a member of staff was the carer's champion. Their role involved sending patients who were carers a leaflet which sign posted them to support groups. Carers were also invited for a flu vaccination. The senior GP told us there were 31 carers registered at the practice. The most recent data from Public Health England for the year 2013-2014 showed that the practice had a higher than the national average number of patients with caring responsibilities. The practice had 21.5% of patients with caring responsibilities compared to the national average of 18.4%. The practice was not aware of this data and at the time of the inspection the practice manager told us that the carers register was not up to date.

Staff told us that if families had suffered bereavement, the GPs only contacted them if they requested support and

Inadequate

Are services caring?

advice and this may include sign posting to bereavement support groups such as 'Cruse' a bereavement charity which provides free and bereavement support and counselling.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was not responsive to patients' needs and did not have systems in place to maintain the level of service provided. The practice delivered core services to meet the needs of the patient population they treated. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as diabetes. Patients over the age of 75 years had a named GP to ensure their care was co-ordinated. There were vaccination clinics for babies and children at risk groups, and women were offered cervical cytology screening. However, national GPOS data for the year 2013-2014 showed that the practice performance in areas such as flu vaccinations for at risk groups were below the national average.

Data provided by the practice showed that the practices performance for some childhood vaccinations had reduced over the last eight months (July 2014 –March 2015). There was no evidence to support that the practice was taking action to ensure improvements were made.

There was no clear evidence that practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from the patients. The practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service.

Tackling inequity and promoting equality

Staff told us that translation services were available for patients who did not have English as a first language. However, there was no information on display informing patients that this service was available.

There were no automatic doors at the main entrance into the building and the door was not wide enough to allow wheel chair access, unless it was fully open. The practice had not completed an audit to assess compliance with the Equality Act (2010). This Act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to prevent disabled people using their service. The senior GP told us that the buzzer and speaker phone available at the entrance would ensure patients received help if needed.

The arrangements in place to enable patients with no fixed address or those requiring temporary registration to be seen or to be registered at the practice were not clear. The practice had a policy in place for new patients registering with the practice but this did not make any reference to patients with no fixed address. The practice manager told us there were currently no patients registered at the practice with no fixed address and any new patients wanting to register would be assessed based on need. However, this approach might not enable vulnerable patients to register at the practice.

Access to the service

The practice was open Mondays, Tuesdays, Thursdays and Fridays between 8.30am to 6:30pm and on Wednesdays between 8.30am to 1pm. Extended hours surgeries were offered on Mondays and Tuesdays when the practice was open early morning at 6:30am to 8am The senior GP partner told us that this was particularly beneficial for staff working night shifts at a local vehicle manufacturer.

The practice had opted out of providing out-of-hours services to their own patients. This service was provided by 'Badger', the external out of hours service. Appointments were available in advance, and urgent appointments were available on the same day. However, some patients we spoke with described difficulty accessing urgent appointments and said they had to go to the local NHS walk in centre or A&E. We reviewed the most recent national data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. The data showed that practice had a much higher than average A&E attendance rates with a practice value of 118.6 compared to the national value of 82.

We reviewed comments left on the NHS Choices website to see what feedback patients had given over the last year. There were five comments posted on the website of these four contained negative feedback that included comments about access to appointments and length of time patients waited to be seen on arrival for their appointment. This was aligned with feedback that we received from patients on the day of the inspection. Data from the national GP survey 2014-2015 showed that the practice was below average for areas relating to accessing appointments with 78% stating that they could get an appointment the last time they tried compared to the national average of 85%. Feedback from

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

most of the patients on the day of the inspection highlighted that they were not always able to see a GP in a timely manner. One patient told us that they had tried for four weeks to see a GP for the results of their blood test and eventually made an appointment with a nurse to avoid further delay. We looked at the appointment system and saw that there was insufficient access to GPs. All of the GPs working in a clinical role including the locum GPs worked on a part time basis.

The senior GP partner told us that children were prioritised for same day appointments. However, we spoke with two sets of parents who gave examples when they were unable to get urgent appointments for their children and had to attend a NHS walk in centre.

No audits had been carried out to assess demand for appointments, the number of telephone calls received each day or the number of patients that had not attended their appointment (DNA). The practice manager confirmed that patients were not sent any reminders for their appointments and that DNA's was not followed up.

Patients could book appointments and order prescriptions on line but we were told that the uptake was poor.

Telephone consultations were available for urgent cases and based on the GPs assessment of the patients' needs.

Home visits were undertaken for those patients who were unable to attend the practice.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling patients' complaints and concerns. We saw there had been ten complaints in the last year. However, there was a lack of detailed analysis of the complaints to demonstrate that they had been responded to and that learning and reflection was shared with staff.

There was no complaints information on display in the patient area to ensure the information was accessible to patients. The complaints forms were only available from reception staff which might discourage patients from raising complaints.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. The senior GP partner explained their plans for the future which were seven day opening and improving IT support. However, these plans had not been formally documented or shared with staff and discussions with the senior GP partner demonstrated that the plans lacked clarity, direction and focus.

Governance arrangements

The practice was part of the Clinical Commissioning Groups (CCG) 'Aspiring to Clinical Excellence (ACE) foundation programme. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services. ACE is a programme of improvement aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. There are two levels; ACE Foundation and ACE Excellence and achievement of ACE is verified by a practice appraisal process. The practice told us that they had achieved ACE foundation status.

The practice had a number of policies and procedures in place to govern activity. We were told that these were available to staff in a paper format. However, not all staff spoken with were aware of them. We looked at seven of these policies and saw that they were generic with little evidence of how they were implemented in practice and some lacked detail. For example, there was a consent policy but no reference to the Mental Capacity Act (2005). There was no information in the registration policy about patients with no fixed address. Staff had not completed a cover sheet to confirm that they had read the policies. We saw examples of staff not adhering to policies and procedures such as infection prevention and control procedures.

The practice did not have an effective system in place to use the Quality and Outcomes Framework (QOF) to measure its performance. The QOF is the annual reward and incentive programme which awards practices achievement points for managing some of the most common chronic diseases, for example asthma and diabetes. Available QOF data that we reviewed showed areas where the practice was not performing in line with national standards such as depression assessments and the management of hypertension (high blood pressure).There was no evidence that QOF data was regularly discussed and action plans produced to maintain or improve outcomes.

We also reviewed the most recent data from the General Practice Outcome Standard (GPOS) for the year 2013-2014. The standards aim to improve quality, access and patient experience in general practice, and to reduce the variation that exists across England. They are focused on an evidence based approach and agreed definition of general practice. Data from the GPOS showed areas where the practice was not in line with the national average. For example, emergency admissions for people with long term conditions, depression assessments, detection rates for cancer and A&E attendance rates. The practice did not use national data to assess its performance and to monitor and improve outcomes for patients.

The practice did not have robust arrangements for identifying, recording and managing risks. Risk assessments had not been carried out in areas such as fire, health and safety risk assessment and legionella. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

The practice did not hold any governance meetings that provided the opportunity to discuss performance, quality and risks. The practice did not have an ongoing programme of completed clinical audit cycles which could be used to monitor quality and systems and identify where action should be taken.

We were told staff members had lead roles such as infection control and safeguarding. However, when we spoke with staff we found that they were not clear about their roles and responsibilities in relation to their lead roles and did not have the knowledge and skills to fulfil such roles.

Leadership, openness and transparency

Most of the staff spoken with were committed to providing a high quality service and we saw examples of good clinical care. However, we found that the leadership structure was fragmented, and chaotic with poor systems to monitor staff performance resulting in lapses in professionalism. For example, we saw inappropriate posters displayed in the patient waiting area, and examples given by patients where

Are services well-led?

Inadequate

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

staff were occupied with answering personal calls on their mobile phones instead of attending to patients in reception. The practice leadership admitted to us that it was struggling to get its staff to follow its own policy and guidelines with regards to infection control procedures.

The practice had a whistleblowing policy, our discussions with staff indicated that they were confident to raise any concerns. Whistleblowing is when staff are able to report suspected wrong doing at work confidentially, this is officially referred to as 'making a disclosure in the public interest'.

Practice seeks and acts on feedback from its patients, the public and staff

There was a suggestion box in the patient waiting area for patients to give feedback. There were no comments in the box on the day of our inspection and no evidence to demonstrate previous suggestions that had been acted on.

The practice did not have a patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. The practice manager and senior GP partner told us that they had previously attempted to start a PPG but had received a poor response from patients. They confirmed that there were no plans in place to set up a PPG and the practice was not in the process of recruiting members. The practice had no system in place for collecting or responding to feedback from patients. There was no practice patient survey and the practice had not replied to comments left on the NHS choices website.

The practice showed us an action plan developed as a response to feedback from the National GP survey. However, the action plan lacked detailed analysis and did not demonstrate how the practice was implementing changes to improve the quality of the service.

There was no effective process for staff engagement, the practice had not gathered feedback from staff through staff meetings, appraisals and discussions.

Management lead through learning and improvement

The practice manager had management responsibilities for both Church Lane Medical Centre and the branch practice Bromford Medical Centre. They told us that they divided their time between both practices and this was manageable as the branch surgery had fewer patients. However, we found that the clinical and management team at Church Lane Medical Centre were disconnected from each other resulting in poor communication and a chaotic approach to the delivery of service. For example, the practice manager was unaware that policies and procedures had been changed and updated. We found poor governance arrangements at the practice. During the course of the inspection there were often considerable delays in requests for information with a lack of ownership from the management team.

We found that staff were demotivated, sometimes defensive and lacked strong and visible leadership. There were no formal systems to share significant incidents and complaints with all of the staff to help ensure the practice improved outcomes for patients.

The practice did not have an effective system to monitor their performance in comparison to other practices in the local Clinical Commissioning Group (CCG) or nationally. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **The care and treatment of service users must be appropriate and meet their needs.** **The arrangements in place to identify, review and monitor patients with some long term conditions and at risk groups were not effective.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **The registered person must have an effective system in place for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.** **Systems for handing complaints were not robust and the complaints procedure was not easily accessible to patients.**

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to** **Regularly assess and monitor the quality of services provided in the carrying on of the regulated activity.**

This section is primarily information for the provider

Requirement notices

Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity.

Seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

The practice did not have robust systems in place to assess and monitor the quality of the service provided or to act on information available to order to improve patient outcomes.

The practice did not seek and act on feedback from patients, staff and others to improve the quality of the service provided.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Not all staff had clearly defined roles and responsibilities to ensure they worked within their competencies. Training needs had not been identified or monitored to ensure they had appropriate training for their role. Appropriate supervision was not in place to ensure staff were competent in the duties they were expected to perform.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person must have a robust recruitment process in order to ensure that persons employed for

This section is primarily information for the provider

Requirement notices

carrying on a regulated activity are of good character, have the qualifications, skills and experience which are necessary for the work to be performed and ensure information specified in Schedule 3 is available.

Not all staff employed had a Disclosure and Barring Service (DBS) check. The roles and responsibilities of staff were not risk assessed to ascertain why a DBS check was not required or why a DBS check had been accepted from a previous employer.