

Schoolacre Road Surgery

Quality Report

2 Schoolacre Road
Shard End
Birmingham
B34 6RB

Tel: 0121 747 2911

Website: www.schoolacresurgery.nhs.uk

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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?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

Are services well-led?

Requires improvement 

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as required Improvement overall. (Previous inspection February 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students) – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, assessments to mitigate risks in the absence of Disclosure and Barring Service (DBS) checks had not been carried out.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- Data such as QOF exception reporting rates showed areas where exception reporting was above local averages. However, the practice was aware of areas where performance was below local and national averages; and taking steps to improve. For example, improving the uptake of cervical screening, childhood immunisations and maintaining up to date disease registers.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the July 2017 national GP patient survey showed that the practice scored above local and national averages in a number of areas. Completed Care Quality Commission comment cards were also positive about the services provided.

Summary of findings

- Results from the national GP patient survey showed patients did not always find the appointment system easy to use and patients were not always able to access care when they needed it. However, completed CQC comment cards we received during our inspection were more positive.
- The practice took action to improve patient satisfaction; however, staff were unable to demonstrate whether actions carried out resulted in improvements in the experience of people accessing the service.
- The practice worked with community services to ensure that vulnerable groups in the community were not excluded from accessing quality care. For example, staff worked closely with a local service that provided support for people facing problems with drug and alcohol dependency. Over the past 12 months, 11% of patients engaged in a shared care programme successfully completed a community detox.
- There was some focus on continuous learning and improvement at all levels of the organisation. Staff we spoke with verbally described learning from complaints.
- In some areas, there were responsibilities, roles and systems of accountability to support governance and management arrangements. However, oversight of systems and processes to manage areas such as safety checks, the identification of trends following incidents; responding to performance issues, monitoring training needs and reducing some risks was not effective.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue to review the health and safety risk assessments and areas for improving the building.
- Continue exploring measures to improve the uptake of cervical screening and childhood immunisations.
- Establish a process for analysing complaints in order to identify trends and continue exploring measures to improve patient satisfaction in areas such as access.
- Continue considering reasonable adjustments and arrangements to support patients who may need extra support to access the services, such as patients with physical impairments whilst awaiting relocation.
- Review mental health data to ensure clear understanding and reasons for high exception reporting.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

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

Schoolacre Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Schoolacre Road Surgery

Dr Caterina Sterlini and Dr Annie Bangash are the providers of Schoolacre Road Surgery also known as Schoolacre Surgery. The surgery is located in a purpose built building in Shard End, Birmingham, providing NHS services to the local community. Further information about Schoolacre Surgery can be found by accessing the practice website at www.schoolacresurgery.nhs.uk

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by Schoolacre Road Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between 45 to 65 and over. The number of patients aged between birth and 44 is below local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 80% White, 5% Mixed race, 9% Asian and 5% Black.

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

The patient list is 2,846 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with Birmingham Cross City Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

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

Limited on street parking is available around the practice and designated parking for patients who display a disabled blue badge. The surgery has manual operated entrance doors which reception staff had clear view of and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of two GP partners (both female). The clinical team also includes a practice nurse and two part time health care assistants. The non-clinical team consists of a practice manager and a team of receptionists.

Schoolacre Surgery is a teaching practice providing five week placements for year five medical students. At the time of our inspection, there was one medical student on placement.

The practice is open between 8.30am and 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. Wednesday's opening times are between 8.30am and 1pm.

GP consulting hours are available between 9am and 6pm Mondays and Thursdays; between 9am and 7.30pm Tuesdays, Fridays clinics run from 9am to 5pm. Wednesday clinics are available from 9am to 11.30am. Extended opening hours are available on Tuesdays from 6.30pm to 7.30pm.

Detailed findings

The practice works jointly with other practices to improve access. This enables access to appointments from four neighbouring practices between 8am and 8pm Mondays to Saturday.

The practice has opted out of providing cover to patients in their out of hours period as well as Wednesday afternoons when the practice closes from 1pm. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

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

Are services safe?

Our findings

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

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- Most of the clinical team received up-to-date safeguarding children training and all received adult safeguarding training. All non-clinical staff received safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an on going basis. However, Disclosure and Barring Service (DBS) checks had not been undertaken for some members of the clinical and non-clinical team. 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). For staff who did not have a DBS check, no other form of risk assessment had been carried out to mitigate risks. Following our inspection, the practice applied for DBS checks and provided evidence to confirm that checks have been carried out since our inspection.

- Staff who acted as chaperones were trained for the role and most had received a DBS check. Risk assessments to mitigate potential risks had not been carried out.
- Most areas of the practice looked clean; non-clinical areas where carpets were used, staff explained that deep cleaning of the carpet area was carried out 12 months ago. However, there were no arrangements in place to ensure regular cleaning when required. Staff explained that the nursing team carried out the cleaning of specific equipment and a cleaning contractor carried out general cleaning. However, the practice were not keeping cleaning logs, which listed the frequency of cleaning, and staff were unable to demonstrate how the practice monitored appropriate cleaning standards.
- Risks from sharps injuries were adequately assessed and appropriate control measures were in place. An infection control audit carried out within the last 12 months' showed that the practice had scored 87%. Most actions required had been addressed. For example, the correct sharps bins were available in clinical rooms. However, problems picked up such as refurbishment had not been carried out. Staff we spoke with explained that the practice were in discussions with building owners regarding plans to relocate to a new premises', meeting minutes viewed showed active discussions.
- The practice ensured that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The practice operated an effective employee immunisation programme to ensure staff received the appropriate immunisations according to the roles that they undertook.

Risks to patients

There were some systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for temporary staff tailored to their role.

Are services safe?

- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had some reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial prescribing.

- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were some risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand some risks and gave a current picture of required safety improvements; however, there were areas where required improvements had not been explored in their entirety. Staff explained that they were limited on the amount of work they were able to carry out to improve areas picked up in their annual health and safety risk assessment such as internal adaptations, a hearing loop and automatic door access.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice. For example, the practice implemented processes to improve recording of assessment outcomes when assessing deep vein thrombosis and pulmonary embolism (a blocked blood vessel in the lungs) so that the most appropriate diagnostics pathway or treatment pathways can be followed.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The prescribing of Hypnotics and Antibacterial medicines was in line with local and national averages.
- There was effective prescribing of broad-spectrum antibiotics which can be used when other antibiotics have failed.
- Clinical staff explained that patients were provided with advice about antibiotic awareness and recommendations on how to self-treat infections such as common colds and sore throats.
- We saw no evidence of discrimination when making care and treatment decisions.
- Systems ensured all clinical staff were kept up to date with national guidelines. Members of the clinical team explained that they could access guidelines from The National Institute for Health and Care Excellence (NICE) electronically, and attended local education events to improve practice in relation to new guidance and standards.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- A random anonymised sample of records we viewed showed that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Data from 2016/17 Quality Outcomes Framework (QOF) showed that overall performance relating to the management of patients diagnosed with conditions such as, diabetes was above local and national averages. For example, 90% of patients diagnosed with diabetes showed effective management of cholesterol levels, compared to CCG and national average of 81%. Performance for the management of asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation (an irregular and sometimes fast pulse) were all above local and national averages. For example, 87% of patients diagnosed with asthma had a review in the preceding 12 months which included an assessment of asthma control using recognised methods, compared to CCG and national average of 76%.
- The practice offered in-house spirometry for respiratory patients, ambulatory blood pressure monitoring (ABP involves a digital machine which measures blood pressure at regular intervals), and electrocardiogram testing (ECG is a test that can be used to check patients heart rhythm and electrical activity).
- A diabetic specialist nurse from the local Hospital attended the practice monthly, and a consultant attended every two months to hold a virtual clinic with clinicians. Staff explained that the virtual clinics were used to share information within the practice regarding any guideline updates, review patients and discuss any concerns regarding diabetic control.

Families, children and young people:

Are services effective?

(for example, treatment is effective)

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, 2016 data showed uptake rates for the vaccines given were below the target percentage of 90%. For example, 85% of children aged one and 78% of children aged two received the full course of recommended vaccines, compared to national average of 90%.
- Staff we spoke with were aware of their uptake rates and explained action the practice had taken to improve immunisation uptake. For example, staff explained that the practice were part of a pilot scheme hosted by Public Health England to improve the quality and uptake of childhood immunisations. The clinical team attended three awareness and teaching sessions aimed at ensuring all services involved in the pilot were following the same protocols. For example, the practice followed a set template when speaking with parents regarding the benefits of immunisations and exploring more suitable appointment times.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Health checks for babies between six and eight week were carried out by the clinical team; and other routine checks were carried out by the health visitors.
- The practice had a failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The uptake of breast cancer screening was comparable to local and national averages; and bowel cancer screening was above local and national averages. For example, females aged 50-70 screened for breast cancer in the last 36 months was 63%, compared to CCG average of 64% and national average of 70%. Patients aged 60-69 screened for bowel cancer in the last 30 months was 51%, compared to CCG average of 44% and national average of 55%.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

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

- The practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme. Staff we spoke with were aware of this and discussed action taken to improve screening rates. For example, women were able to access appointments at different times throughout the week. Following a written appointment invitation up to three reminder letters were sent and women were also contacted by phone. Women who failed to attend screening appointments were identified and screening tests were discussed opportunistically. Information posters were located in the reception area and the practice coverage were discussed during meetings. Following our inspection, unverified data provided by the practice showed an uptake rate of 82%.

People whose circumstances make them vulnerable:

- 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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.

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

- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the national average of 84%.

Are services effective?

(for example, treatment is effective)

- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%, with 0% exception reporting rate; CCG 92%; national 91%; and the percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99%; CCG 96%; national 95%.
- Systems also enabled the practice to identify patients with co-morbidities. Staff explained that this allowed clinicians to effectively plan consultations in advance to ensure patients with more than one condition such as asthma and COPD are reviewed in one appointment.
- Overall exception rate for clinical areas such as cancer, depression and Osteoporosis (a disease where increased bone weakness increases the risk of a broken bone) was above local and national averages. For example, exception reporting rates for depression was 52%, compared to CCG average of 21% and national average of 23%. Staff we spoke with explained that patients were excluded from the practice QOF calculator if they did not meet the criteria as defined by the QOF register or if all attempts had been made to recall patients for their check-ups. An anonymised sample of care records we viewed showed appropriate exception reporting.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. The practice carried out an audit to assess the management of urinary tract infections (UTIs) to identify whether broad-spectrum antibiotics were being used, understand reasons why and ensure management were in line with the most recent guidelines. The audit we viewed demonstrated quality improvement in the treatment of UTIs.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 10% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice established processes which enabled staff to manage their disease registers. For example; staff maintained up to date lists of patients health conditions collated from patient records which supported staff to operate a call and recall system. Staff explained that this enabled staff to ensure patients were invited regular check-ups.
- The practice used information about care and treatment to make improvements. For example, staff explained that the practice identified a high prevalence of patients who presented with a single episode of depression; however, were recorded as mixed anxiety and depression. Staff felt that this might have affected the practice exception reporting rate for depression. As a result, the practice were reviewing the recording of patients who presented with a single episode of depression.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of most of its staff and provided protected time and training to meet them. Records of skills, qualifications and training were mainly maintained. However, the practice were unable provide evidence to show that some staff had received infection control training appropriate to their role. Staff we spoke with demonstrated knowledge and understanding in these areas.
- Staff were encouraged and given opportunities to develop.

Are services effective?

(for example, treatment is effective)

- Staff received training that included fire safety awareness, basic life support and information governance. Staff had access to e-learning training modules and face-to-face training.
- The practice provided staff with on going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- Records showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- 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.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and sexual health.
- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs. Staff attended quarterly Gold Standards Framework (GSF) meetings (evidence based

guidelines to deliver high quality end of life care) to discuss the care management of patients approaching end of life care. Each patient was assessed according to their needs of support and the practice.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition.
- 2016/17 data showed that 31% of new cancer cases were referred using the urgent two week wait referral pathway, compared to CCG average of 50% and national average of 52%. Staff we spoke with explained that referrals were being sent; however, staff found that there were issues with the way these appointments were allocated which was having an effect on the practice performance. Staff we spoke with explained that the issues had been raised with the secondary care provider.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- Out of the 46 patient Care Quality Commission comment cards we received, 42 were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test (FFT) and other feedback received by the practice. Data provided by the practice showed that out of 101 FFT forms completed between November 2017 and January 2018; 97% of patients would recommend the practice to a friend or family.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 271 surveys were sent out and 86 were returned. This represented 32% completion rate which is about 10% of the practice population. The practice was comparable to local and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients who responded said the GP gave them enough time; CCG and national average 86%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 82% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.

- 91% of patients who responded said the nurse was good at listening to them; CCG - 90%; national average - 91%.
- 91% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 89% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 84% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 50 patients as carers (2% of the practice list).

- Information leaflets and posters regarding support services were available in the reception area.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent

Are services caring?

them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:

- 82% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 78% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG national average - 82%.

- 90% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests were available, advanced booking of appointments and advice services for common ailments.
- The facilities and premises were mostly appropriate for the services delivered. However, there were some areas such as décor and internal adaptations, which required attention. Staff were aware of these areas and actively communicating with property owners and commissioners regarding relocating to a new premises?
- The practice made reasonable adjustments when patients found it hard to access services. For example, in the absence of a hearing loop, identified patients and staff members were able to lip read and identified patients were aware of this. The practice also used a text messaging service, patients were provided with written information and preferred method of contact were recorded on patients' records.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example, the practice worked closely with local hospice. Staff explained that both services used similar systems which enabled smooth sharing of information and effective management of patient care.
- The practice allocated appointments daily for ambulance triage as part of the Aspiring Clinical Excellence (ACE) project (a CCG led project aimed at reducing the number of patients being taken to an emergency department A&E unnecessarily following a 999 call). Staff explained that GPs offered clinical advice

and support to the ambulance crew in order to consider alternatives to taking patients to A&E departments. We were told that the practice received up to three ambulance triage calls in a month.

- Patients were signposted to local voluntary organisations to improve patients' employment prospects. Staff explained that patients who had accessed these local organisations had positive results.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients were signposted to local services such as dementia cafes, age concern and Alzheimer's' society.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, education sessions were delivered during appointments for patients diagnosed with asthma and COPD to improve control.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice provided information leaflets for advice and support for long term conditions. There was detailed information on diabetes, respiratory, heart disease and other conditions. The website gave information about the clinics available and local and national support groups.

Families, children and young people:

Are services responsive to people's needs?

(for example, to feedback?)

- 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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice nurse followed national guidelines when delivering childhood immunisations and actively engaged in a PHE led programme to improve the uptake of vaccinations.
- The practice had systems to identify young diabetic or epileptic women of childbearing age and actively advised them about pre conception management and sign posted them appropriately. The practice offered preconception advice on request to all other women of childbearing age. Women of childbearing age with special needs or complex conditions were appropriately referred to secondary care.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Data from the national GP patient survey indicated that the practice were below local and national average regarding phone access and comparable regarding opening times.
- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centre.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs, such as housebound patients. Staff explained that the practice implemented the use of Gold Standards Framework (GSF) for end of life care; (an evidence based guidelines to deliver high quality end of life care) and staff were part way through a training program to enhance the delivery of GSF within the practice. Each patient was assessed according to their needs of support.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. An addiction counsellor attended the practice to see patients who were managed under a shared care agreement. Data provided by the practice showed that 100% of patients receiving support for drug or alcohol dependency received a medication review in the past 12 months and all had a care plan in place. Staff explained that over the past 12 months, the practice worked jointly with the addiction counsellor to support patients' with community detox. Data provided by the practice showed that 11% had completed the detox and were opiate free.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Dementia groups were regularly invited into the practice to raise patients awareness of their services such as monthly coffee mornings held in local community venues.
- Patients who failed to attend were proactively followed up by a phone call from a GP, patients were also reviewed opportunistically.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Are services responsive to people's needs?

(for example, to feedback?)

- The practice established communication pathways with community mental health nurses, who offered counselling services and staff told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Timely access to the service

Completed CQC comment cards received showed that patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, results from the national GP patient survey showed patients were not positive about the level of access.

- Survey results did not always demonstrate that patients had timely access to initial assessment, test results, diagnosis and treatment.
- Staff we spoke with explained that waiting times, delays and cancellations were managed appropriately to reduce the impact on patients who needed to access appointments.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages with the exception of opening hours, which was comparable to local and national averages.

- 75% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 45% of patients who responded said they could get through easily to the practice by phone; CCG – 59%; national average - 71%.
- 66% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 84%.
- 61% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.

- 53% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 33% of patients who responded said they do not normally have to wait too long to be seen; CCG - 51%; national average - 58%.

Members of the management team explained that the practice analysed results of the national GP patient survey and other feedback they received from patients following their appointments. For example, the practice identified that patients had mixed views about the appointment system. Some patients were happy knowing that they could reasonably expect to get a same day appointment. However, others found that not being able to book an advanced appointment caused problems with employers. As a result, to improve access the practice offered pre bookable appointments. Staff also explained that they were aware of the issues relating to access and identified the impact a reduction in the clinical team were having on the practice. In the last 12 months, the practice carried out a recruitment campaign, which enabled them to employ clinical staff.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available within the practice and also the practice website. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Five complaints were received in the last year. We reviewed two complaints and found that they were handled in a timely way.
- Records we viewed did not demonstrate a detailed account of learning. However, staff we spoke with was able to verbally describe a more detailed account of how the practice learned lessons from individual concerns, complaints and actions taken to improve the quality of care. For example, the practice implemented processes to better support relatives caring for loved ones during end of life care treatment.

Are services well-led?

Requires improvement 

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

Our findings

We rated the practice as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care. However, some areas of the governance structure lacked oversight, which led to systematic problems around several areas.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address most risks to it. However, the monitoring of activities to support delivery of the strategy was not effective. For example, oversight of governance arrangements were not always carried out effectively.
- They were knowledgeable about most issues and priorities relating to the future of services. For example, leaders were aware of the challenges relating to the facilities and the need to improve things such as the decor and building adaptations. Leaders were communicating with commissioners and building owners regarding relocating to a new premises. However, this had been on going for a number of years.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care. However, oversight of training needs was not carried out effectively.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, affected patients received an apology and were informed of any actions taken to improve services. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, the practice did not have an effective processes to monitor and respond to training needs in a timely manner. For example, the practice were unable to demonstrate that infection control and safeguarding children training had been completed by some clinical staff.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.

Are services well-led?

Requires improvement 

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

- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance arrangements and management in some areas. However, a systematic approach to maintaining and improving the quality of patient care and service delivery was not always maintained.

- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective in some areas. For example, a holistic and comprehensive understanding of performance such as QOF exception reporting rates had not been established. The practice did not maintain a detailed record of incidents as well as complaints to demonstrate learning actions carried out by the practice.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care. For example, the practice established strong links with local services such as the community drug and alcohol services and successfully supported patients to recover and improve their life following a period of addiction.
- Although some staff had not completed formal training, staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control. However, the practice did not establish an effective system for monitoring and acting on training needs.
- Practice leaders had mostly established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended in most areas. However, measures to reduce or remove risks identified, as a result of infection control audits was not effective.
- The practice carried out a disability access audit in the last 12 months. The audit identified areas such as ensuring appropriate measures were in place to support access for people with physical impairment. The action plan showed that appropriate measures would be in place once the practice moved to a new location.

Managing risks, issues and performance

There were not clear and effective processes for managing risks, issues and performance in all areas.

- The practice did not have effective processes to identify, understand, monitor and address all current and future risks including risks to patient safety. For example, maintenance of carpets and measures to monitor cleaning standards had not been established. At the time of our inspection, some clinical and non-clinical staff had not received a DBS check as part of their recruitment process. Following our inspection, the practice reviewed staff recruitment and ensured the necessary checks had been carried out.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. Clinical audits we looked at were repeated audits, which demonstrated quality improvements.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Performance information was combined with the views of patients. For example, the practice were aware of areas of the national GP patient survey results where patient satisfaction was below local and national averages. Actions were taken to improve areas identified such as appointment access. However, the practice did not establish a process to enable them to measure whether actions carried out resulted in improvements in the experience of people accessing the service.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

Are services well-led?

Requires improvement 

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

- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was a patient participation group in place; however, staff explained that meetings were not well attended. As an alternative, the practice were promoting the virtual patient participation group. Patients were able to sign up by completing an online sign-up form, electronic versions were available in reception and staff sent emails to existing members advising them of this.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice carried out audits of their minor surgeries to review the effectiveness of the service provided.
- Staff knew about improvement methods and had the skills to use them. The practice were part of the Sigma group. Sigma is an extension of Birmingham CrossCity CCGs ACE project consisting of 13 local GP practices who had come together to form a small working group to support the delivery of ACE. Members of the management team explained that there were plans to develop two Hub sites to provide routine appointments 8am to 8pm Mondays to Fridays, with the provision to offer some weekend appointments to patients within the Sigma group. Plans were discussed during weekly practice meetings as well as monthly Sigma group meetings.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements. For example, an incident relating to medicines used to treat several bone diseases triggered the practice to carry out a review of the management of this patient group. The practice identified areas for improvement and implemented measures to improve the quality of care provided. Members of the management team explained that there were plans to present the learning outcomes during the monthly Sigma group meeting.

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 Family planning services 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 person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular, systems and processes in relation to management of staff training.</p> <p>The registered person did not establish a process for monitoring appropriate cleaning standards.</p> <p>Where risks were identified, the registered person did not introduce measures to reduce or remove all risks such as those identified as a result of infection control audits.</p> <p>The registered person did not ensure that systems for monitoring and acting on training needs were effective enough to ensure persons employed in the provision of the regulated activity receive appropriate training necessary to enable them to carry out the duties.</p> <p>The registered person did not ensure that records relating to people employed included a risk assessments where required for staff who did not have a Disclosure and Barring Service (DBS) check in order to mitigate risks.</p> <p>The registered person did not establish measures to enable them to demonstrate whether actions carried out in response to survey results and feedback resulted in improvements in the experience of people accessing the service.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14.</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:

The registered person did not operate effective processes to ensure where appropriate Disclosure and Barring Service (DBS) checks were undertaken to ensure the person recruited to carry out the regulated activities is of good character.

This was in breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 14