Dr Umesh Chandra Kathuria

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Umesh Kathuria on 22 November 2016. Overall the practice is rated as inadequate.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the majority of reviews were not thorough enough and there was minimal evidence of learning and communication with staff. No significant events were recorded in 2015.
- Risks to patients were generally assessed and managed, with the exception of those relating to recruitment checks. For example, one member of clinical staff did not have medical indemnity insurance.
- Data showed that patient outcomes were variable compared to the national average.
- Inconsistent coding meant that there was a risk of sharing incorrect information with other services.
- Under prevalence of chronic lung disease signified a potential lack of diagnosis and treatment.
- Although two audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.
- A female locum GP worked at the practice for one morning a week.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Patients said that they were treated with kindness, dignity and respect.
- Patients said that it was easy to make an appointment with a named GP and that they appreciated the continuity of care. Urgent appointments were available the same day.
- Information about services was available but the complaints leaflet was not available in hard copy in reception. Although three quarters of the patients were from ethnic minority backgrounds, the practice leaflet was only available in English.

Summary of findings

- The practice had a number of policies and procedures to govern activity.
- The practice had a leadership structure, but there were limited effective formal governance arrangements.

The areas where the provider must make improvements are:

- Review the coding of medical records to ensure that an accurate and contemporaneous record is maintained for all patients.
- Record safety incidents in a timely manner and ensure that learning is shared amongst all practice staff.
- Ensure that recruitment arrangements include all necessary employment checks for all staff, including medical indemnity cover.
- Ensure that the Hepatitis B status is recorded for clinical staff.
- Ensure that there is a system to identify carers and provide them with appropriate treatment and support.
- Carry out a systematic quality improvement programme, including patient identification and diagnosis, clinical audits and re-audits to ensure that improvements to patient outcomes have been achieved and maintained.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

In addition the provider should:

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Implement a system to track prescription pads through the practice.
- Adopt guidelines for checking uncollected prescriptions before destruction. Routinely review all patients who have been discharged from hospital.
- Take action to improve patient experience in relation to waiting times.
- Undertake a formal risk assessment before accepting a previously issued DBS check for a new employee.
- Continue to encourage patients to engage with the national bowel cancer screening programme.
- Ensure that key staff have offsite access to the disaster handling and business continuity plan.
- Provide practice information in appropriate languages.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

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.

- There was a system for reporting and recording significant events. We were shown details of four significant events. We noted that no significant events had been recorded in 2015 and two had been recorded several months after the dates on which they had occurred in 2016. There was little evidence that reviews and investigations were carried out in a timely manner or that lessons learned were communicated widely enough to support improvement. Two significant events had been thoroughly investigated, recorded and appropriate action taken in a timely manner.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and there were satisfactory processes to mitigate against the risks, for example infection control and safeguarding.
- A member of the clinical team did not have medical indemnity insurance.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was minimal evidence that the practice was comparing its performance to others, either locally or nationally.
- The practice carried out two clinical audits in the past 12 months. There was however, no evidence that audits were driving improvement to patient outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.
- Patients said that they were treated with compassion, dignity and respect and that they were involved in decisions about their options for care and treatment.
- The practice had not identified any patients as carers and they did not have a carers' register.
- Information for patients about the services available was easy to understand and accessible. The practice leaflet was only available in English, although nearly three quarters of the practice population was from ethnic minority groups.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available on the practice website. We saw that the practice responded quickly to issues raised
- There was no evidence that learning from complaints was shared with staff, or other stakeholders.

Are services well-led?

Inadequate

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

Summary of findings

- There was a leadership structure and staff told us that they felt supported by management. The practice had a number of policies and procedures to govern activity.
- There were systems which supported the delivery of good quality care. This included arrangements to monitor and identify the majority of risks. However, the practice had not ensured that all clinical staff were protected by medical indemnity insurance.
- The practice did not hold regular governance meetings and issues were discussed at informal meetings.
- Clinical audits were not full cycle audits and there was no evidence of a structured quality improvement programme.
- The approach to significant events was not co-ordinated. None had been recorded in 2015 and two out of the four recorded in 2016 were written up several months after they had occurred.
- The provider was aware of and complied with the requirements of the duty of candour. The practice had a system for reporting notifiable safety incidents, but learning from incidents was not widely communicated amongst staff.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was small, but keen to engage with the 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

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients who were aged 75 and over had a named GP, which provided continuity of care.
- The practice had signed up to the Unplanned Admissions enhanced service, which resulted in more personalised support being offered to those patients considered to be most at risk of unplanned admission, readmission and accident and emergency (A&E) attendance.

People with long term conditions

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 88% had a specific blood glucose reading of 64 mmol/mol or less in the preceding 12 months compared to the CCG and national averages of 77% and 78%.
- Longer appointments and home visits were available when needed.
- QOF data showed low numbers for chronic lung disease (two patients were on the register). There was no dedicated clinic for chronic lung disease and spirometry was not provided at the practice. Patients were referred to other agencies for spirometry.

Summary of findings

- We were told that training was ongoing for electrocardiograms (an electrocardiogram tests for problems with the electrical activity in the heart), diabetes initiation, phlebotomy (taking blood) and spirometry.
- Personalised care plans were in place, but a GP did not know how to access them.
- A diabetic consultant and nurse held a clinic at the practice every three months to review patients and to see patients face to face.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The uptake for cervical screening programme for patients aged 25 to 64 in the preceding five years was 97%, which was higher than both the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Patients were able to book routine GP appointments online as well as order repeat prescriptions at a time that was convenient for them.
- A full range of health promotion and screening was provided that reflected the needs for this age group.
- The practice provided NHS health checks for patients aged 40 to 74 years.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 12 patients on the learning disability register; 11 had had a review since April 2016.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Meetings were held every two months with other professionals to discuss cases of concern.
- The practice did not pro-actively identify carers and there was no carers' register.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as requires improvement for providing caring services and inadequate for safe, effective and well-led services. The issues identified as requiring improvement and inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 16% higher than the CCG and national averages. However, the exception reporting rate was 50%, which was 43% above both CCG and national averages.
- 90% of patients with poor mental health had a comprehensive care plan documented in the preceding 12 months, which was 1% below the CCG average and 1% above the national average.
- Two patients were on the dementia register and three were on the depression register. We were told that patients were coded as having anxiety or low mood instead, because they were reluctant to be diagnosed with either dementia or depression or accept the treatment.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Patients could be referred to external services for support, for example Birmingham Healthy Minds and Forward Thinking Birmingham (FTB). FTB provided services and facilities for 0-25 year old patients.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. 329 survey forms were distributed and 58 were returned. This represented an 18% return rate and 4% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 60% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were mainly positive about the standard of care received. Patients said that staff were kind and helpful. Two patients commented on the long waiting times for appointments.

We spoke with one patient during the inspection, who was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. They said that they appreciated the continuity of care and that they thought that all staff were friendly, committed and caring. They said that the GP took time to listen to them and to explain options for care and treatment.

We viewed the results of the Friends and Families Test from August 2016. Four out of five respondents said that they would be likely or extremely likely to recommend the practice. One card said that the GP was kind and caring. The fifth was neutral.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Review the coding of medical records to ensure that an accurate and contemporaneous record is maintained for all patients.
- Record safety incidents in a timely manner and ensure that learning is shared amongst all practice staff.
- Ensure that recruitment arrangements include all necessary employment checks for all staff, including medical indemnity cover.
- Ensure that the Hepatitis B status is recorded for clinical staff.
- Ensure that there is a system to identify carers and provide them with appropriate treatment and support.
- Carry out a systematic quality improvement programme, including patient identification and diagnosis, clinical audits and re-audits to ensure that improvements to patient outcomes have been achieved and maintained.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.

Action the service SHOULD take to improve

In addition the provider should:

- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Implement a system to track prescription pads through the practice.

Summary of findings

- Adopt guidelines for checking uncollected prescriptions before destruction. Routinely review all patients who have been discharged from hospital.
- Take action to improve patient experience in relation to waiting times.
- Undertake a formal risk assessment before accepting a previously issued DBS check for a new employee.
- Continue to encourage patients to engage with the national bowel cancer screening programme.
- Ensure that key staff have offsite access to the disaster handling and business continuity plan.
- Provide practice information in appropriate languages.

Dr Umesh Chandra Kathuria

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector supported by a GP specialist advisor.

Background to Dr Umesh Chandra Kathuria

Dr Umesh Kathuria, known locally as City Health Centre, is located in a residential area of Ladywood, Birmingham. The practice is registered with the Care Quality Commission (CQC) as a sole provider. The practice currently holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. At the time of our inspection Dr Umesh Kathuria was providing medical care to approximately 1,463 patients.

The practice is in a converted house and is spread over two floors. All consulting rooms are on the ground floor.

There is one registered GP partner (male) and one salaried GP (male). A female locum GP works on a Thursday morning. The GPs are supported by a practice nurse, a practice manager and reception and administrative staff.

On Mondays the practice is open from 8.30am until 7pm. On Tuesdays, Wednesdays, Thursdays and Fridays, the practice opens between 8.30am and 6.30pm. Appointments are available during these times. Patients are referred to the out of hours provider between 8am and 8.30am. Out of hours cover is provided by Primecare. Patients can also use the three nearby walk in centres in the area, which are open daily from 8am to 8pm.

Why we carried out this inspection

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

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 our inspection of Dr Umesh Kathuria we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Birmingham South Central Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of service provided at the practice.

Detailed findings

We carried out an announced inspection on 22 November 2016. During our inspection we spoke with a range of staff which included the lead GP, the practice manager, the practice nurse and reception staff. We also spoke to a patient who was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us that they would inform the practice manager of any incidents. A GP or the practice manager completed the incident form. A recording form was included in the policy which was stored on the practice's computer system. Hard copies were available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The approach to recording significant events was not well co-ordinated. None had been recorded in 2015. Two out of the four recorded in 2016 were recorded several months after the events had occurred. A log was not kept and no analysis of trends had been carried out. Learning was not widely shared amongst the practice team or discussed at practice meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.

There was an effective system for acting on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager and GP received the alerts, which were actioned and tracked. Hard copies of patient safety alert emails were kept on file and we saw that actions taken were annotated on the relevant email.

Overview of safety systems and processes

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had received training for the role and had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice manager was the infection control lead. There was an infection control protocol and staff had completed the relevant e-learning module. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We viewed the inspection checklist from September 2016 and saw that clinical rooms had been fitted with new washbasins.
- There was a sharps safety checklist and a needlestick injury policy. There was no record that clinical staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had suitable locked storage available for waste awaiting collection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were satisfactory processes for handling repeat prescriptions. Patients on high risk medicines were monitored at the local hospital. Blank prescriptions were securely stored but there was no system to track the prescription pads through the practice. There was no system for checking uncollected prescriptions before destruction. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- We reviewed three personnel files and found that, in most cases, satisfactory recruitment checks had been

undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. One member of staff had a DBS check from another employer and a risk assessment had not been carried out to determine whether a new DBS check was required. We found that one member of the clinical staff did not have medical indemnity insurance. It had been assumed that the member of staff was covered by the practice indemnity insurance, but the practice did not have group indemnity cover. We were sent evidence after the inspection which showed that the member of staff had arranged appropriate indemnity cover. There was no induction pack for locum GPs. We were told that the induction was done informally.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the corridor. The practice had up to date fire risk assessments (October 2016) and carried out fire drills every six months. The last fire drill was carried out in November 2016. All electrical equipment was checked to ensure the equipment was safe to use. The last portable appliance testing was carried out in November 2016. Clinical equipment was checked annually to ensure it was working properly. The last equipment calibration was carried out in August 2016. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The test certificate which confirmed that no Legionella bacteria had been found was provided after the inspection.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff told us that they covered for each other during periods of annual leave or illness. The GP covered for the practice nurse during sickness or annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a disaster handling and business continuity plan for dealing with major incidents such as loss of computer, loss of medical records, power failure or building damage. The plan included emergency contact numbers for utility companies and staff. Hard copies were not held offsite.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

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

Data from 2015/16 showed:

- The practice achieved 94% of the total points available. This was 1% below the Clinical Commissioning Group (CCG) average and 2% below the national average.
- Exception reporting was 4%, which was 6% below both the CCG and national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceeding 12 months was 88%, which was higher than both the CCG and national averages of 77% and 78% respectively.
- 90% of patients with poor mental health had a comprehensive care plan documented in the preceding 12 months, which was 1% below the CCG average and 1% above the national average.

Incorrect coding resulted in the practice being an outlier for several QOF clinical targets. For example, two patients were on the dementia register and three patients were on the depression register. Exception reporting for dementia and depression was 50% and 0% respectively. We noted that coding was inconsistent for mental health issues.

There was no evidence of a structured quality improvement programme.

- We were shown two clinical audits, which were not full cycle audits. These two audits were submitted as a result of work undertaken at the virtual clinics, which were held to discuss or review patients with moderate to severe kidney disease and patients with type two diabetes. No learning outcomes were identified in the audits, although some improvement to patient outcomes was noted.
- The practice participated in local audits, national benchmarking, accreditation, and peer review. The practice participated in the Quality, Innovation, Productivity and Prevention (QIPP) mental health programme, which supported the redesign of work streams to provide better access, treatment and quality of mental health services, with an emphasis on preventative and early intervention services.

Effective staffing

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

- The practice had an informal induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they encouraged role-specific training and updating for relevant staff. For example, the practice nurse had completed a cancer care course in October 2016.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff received training that included safeguarding, fire safety awareness, basic life support, chaperoning and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- At the time of the inspection, spirometry was not provided in-house. Patients were referred to other agencies for spirometry. There was no evidence that an effective system was in place to identify patients with chronic lung disease. The prevalence rate was low for chronic lung disease (only two patients were on the register), which signified a potential lack of diagnosis and treatment.
- A GP could not access care plans on the computer, so the nurse completed them.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. However, there was a risk that information shared with other services might not be accurate, due to issues with coding.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. However, follow ups after discharge were not done routinely except for patients on the Unplanned Admissions register. Meetings took place with other health care professionals every two months when care plans were routinely reviewed and updated for patients with complex needs. We viewed minutes of these meetings.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme for women aged 25-64 was 97% which was higher than both the CCG average of 80% and the national average of 82%. The exception reporting rate was 6% which was in line with the CCG rate of 8% and the national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were systems 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 practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening in the last 30 months was 38%, which was lower than both the CCG average of 46% and the national average of 58%. We saw that handouts were given to the PPG members at their August meeting in order to raise awareness of the importance of regular screening for bowel cancer. The uptake for breast cancer screening in the last three years was 94%, which was higher than the CCG average of 67% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 96%, which was comparable to the CCG averages of 90% to 94% and the national averages of 73% to 95%. The

Inadequate

Are services effective?

(for example, treatment is effective)

childhood immunisation rates for five year olds ranged from 83% to 96%, which was comparable to the CCG averages of 82% to 95% and the national averages of 87% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Practice records showed that 23 patients out of a possible 60 had had health checks since April 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The majority of the 26 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good level of service and staff were friendly, helpful, and treated them with dignity and respect.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey published in July 2016 showed that patients felt they were treated with kindness, dignity and respect. The practice was in line with Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were mixed in comparison with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Practice staff spoke English, Punjabi, Hindi and Urdu.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Requires improvement

Are services caring?

The practice had not identified any patients as carers and they did not have a carers' register. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP would visit them and offer advice about how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Birmingham South Central Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS or were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Practice staff could speak English, Punjabi, Hindi and Urdu which made communication easier with patients who did not have English as a first language.
- Instructions on the automated patient check-in screen were available in English, Punjabi and Urdu.
- The practice leaflet was only available in English, although nearly three quarters of the practice population were from ethnic minority groups.

Access to the service

On Mondays the practice was open from 8.30am until 7pm. On Tuesdays, Wednesdays, Thursdays and Fridays, the practice opened between 8.30am and 6.30pm. Appointments were available during these times. Patients were referred to the out of hours service between 8am and 8.30am. Out of hours cover was provided by Primecare. Patients could also use the three nearby walk in centres in the area, which were open daily from 8am to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people who needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 79% of patients said they could get through easily to the practice by telephone compared to the CCG average of 60% and the national average of 73%.
- 49% of patients said that they usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 54% and the national average of 65%.

We were told that the waiting times for appointments could be long because patients presented with multiple conditions.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Patients who wanted to request a home visit were asked to telephone the practice as early as possible. Requests received after 6.30pm were passed to the GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made with an urgent care centre. Clinical and non-clinical staff managed requests for home visits in accordance with the home visit request policy.

Listening and learning from concerns and complaints

The practice had an effective system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated lead for handling all complaints in the practice.

Information was available to help patients understand the complaints system in the practice leaflet. There was no complaints leaflet available for patients in reception, although there was one on the practice intranet. A complaints and comments box was available in reception.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at three complaints received in the last 12 months and found that they had been dealt with in a satisfactory and timely manner. For example, we saw that a complaint about a prescription request had been resolved in accordance with the practice's complaints policy.

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

We were told that the practice had a family friendly approach, which was shared by staff. One of the strengths of the small team was that staff knew many of the patients by name and there was continuity of care.

However, there was no formal business plan or strategy. There was a lack of evidence that the practice was providing the population groups with appropriate services and responding to their needs.

There was a lack of evidence of effective leadership.

Governance arrangements

There was a governance framework, but the systems required strengthening. For example:

- The system for recording significant events was unco-ordinated. None were recorded in 2015 and two out of the four recorded in 2016 were recorded several months after the events had occurred.
- There were minimal opportunities for learning from significant events either internally or externally.
- There was a lack of evidence of quality improvement activities such as those driven by full cycle clinical audits.
- Audits did not have a clear rationale or show improvement to patient outcomes.
- There were arrangements for identifying, recording and managing the majority of risks, issues and implementing mitigating actions. However, there was not an effective system for ensuring that all clinical staff were protected by medical indemnity insurance. One member of clinical staff did not have medical indemnity insurance. The Hepatitis B status of clinical staff was not recorded.
- We noted gaps in information governance. The practice had not maximised the functionality of the computer system in order to run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- There was no effective system in place to identify carers or to provide appropriate treatment and support.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and staff knew how to access them.

Leadership and culture

A GP told us that they prioritised safe, high quality and compassionate care. Staff told us that the GP and practice manager were approachable and would listen to them. Staff said that they knew that their contribution was valued. There was a leadership structure and staff told us that they felt supported by the GP and practice manager.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice had systems to ensure that when things went wrong with care and treatment patients were offered an apology and the sequence of events was explained.

Practice meetings were held every two months and we saw that minutes were taken to record discussions. Staff told us that they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

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

The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. The PPG met every two to three months, and submitted proposals for improvements to the practice management team. For example, the PPG had suggested that more appointments be available to book online and the practice agreed to do so.

Staff told us that they would discuss concerns with colleagues or management.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Coding was not always applied correctly for patients, therefore they did not receive the correct treatment. No spirometry was offered to assess lung conditions for patients, which was contrary to the recommended assessment pathway for patients with suspected chronic lung disease (NICE guidelines (2016). This was in breach of regulation 12(1)(of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that 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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance There was a lack of evidence of quality improvement activities such as those driven by full cycle clinical audits. The recording of significant events was not co-ordinated or consistently recorded in a timely manner. There was a lack of evidence to demonstrate learning and that learning from events was shared with staff. There was no effective system in place to identify carers or to provide appropriate treatment and support. Incorrect coding of some patient records meant that the practice had failed to maintain an accurate and contemporaneous record for all patients. There was a risk that incorrect diagnoses might be shared with other stakeholders and that patients would not be recalled effectively. There was not an effective system in place to ensure that all clinical staff were protected by medical indemnity insurance. There was not a system in place to ensure that all clinical staff were protected against Hepatitis B. This was in breach of regulation 17(1)(of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.