

Lozells Medical Practice

Quality Report

Finch Road Primary Care Centre

Lozells

Birmingham

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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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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Lozells Medical Practice also known as Finch Road Primary Care Centre on 2 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. We saw evidence of annual meetings to review trends and where learning had been shared.
- Most risks to patients were assessed and well managed. However, some emergency medicines were not stocked in the practice, and the risk assessment provided by the practice did not demonstrate mitigating actions.
- The practice received patient safety alerts and there was evidence that they were cascaded. However, there was no system to monitor that appropriate action had been taken.
- Not all patients had received a regular review of their medication.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients were positive about the levels of care received and staff delivering the care. However, some patients also said that they struggled to get through on the phone or get an appointment at times. The practice had implemented changes but was unable to demonstrate improvement.
- The practice was located in purpose built premises, had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
 - The practice had available an information leaflet with details of the services patients could access. However, this needed to be updated as some information was not current.

The areas where the provider must make improvement are:

- A risk assessment must be carried out which clearly identifies mitigating actions why some emergency medicines are not being stocked in the practice. The practice must review the system in place for the monitoring of some prescribed medicines to ensure it is effective and follows published guidance.

The areas where the provider should make improvement are:

- Review the system for monitoring that appropriate action had been taken in response to all relevant patient safety alerts.
- Continue to review and improve patient access to the services in regards to appointments and getting through on the phone.
- Systems or processes should be reviewed to ensure patients who are carers are identified so they can be offered appropriate support.
- The practice leaflet should be updated to contain the most current information.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Some emergency medicines were not stocked in the practice and an effective risk assessment had not been carried out to support the decision making. Not all patients had received a regular review of their medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national figures.
- Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care (although the practice was rated below others in regards to access).

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient information and confidentiality.
- The practice had only identified 17 patients as carers (0.4% of the practice list) so they can be offered appropriate support.

Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice was located in a purpose built premises which had good facilities and was well equipped to treat patients and meet their needs.
- Learning from complaints was shared with staff and other stakeholders. The practice satisfaction rates for telephone access and availability of appointments were significantly below local and national averages.
- The practice was responding to this by implementing changes and by engaging with the CCG to look at ways to improve access to appointments. However, patient satisfaction was not being monitored and the practice could not demonstrate that actions taken had been sufficient to increase satisfaction with access to the practice.

Requires improvement



Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Some patients on certain medicines had not been appropriately monitored in the last 12 months.

Requires improvement



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. However, this did not result in improved satisfaction regarding access to appointments.
- We saw evidence where findings from the patient participation group (PPG) survey were being implemented.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- 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.
- Separate access telephone number was provided to those patients with care plans to help improve access to the service.
- The practice had carried out reviews of patients over the age of 75 years who were taking eight or more medicines.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice processes to regularly review patients on repeat medicines needed to be strengthened, as some patients on certain medicines had not been appropriately monitored in the last 12 months.
- 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 91%, compared to the CCG average of 86% and the national average of 89%. The practice held virtual clinics with a diabetes consultant from the local hospital for the most complex patients. This was a CCG initiative.
- In-house appointments were also available with a diabetes specialist nurse.
- The practice employed a spirometry nurse specialist who offered in-house clinics once every two months or more frequently depending on need.
- Longer appointments and home visits were available when needed.

Requires improvement



Summary of findings

- All these patients had a named GP but the process for medication review for those that required monitoring needed to be improved.

Families, children and young people

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- There were systems in place 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.
- Appointments were available outside of school hours and the premises were purpose built therefore was suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Data for April 2014 to March 2015 showed the practice's uptake for the cervical screening programme was 76%, compared to the CCG average of 79% and the national average of 82%. We saw appropriate processes were in place.
- The practice had taken on an enhanced service to provide screening for tuberculosis (a bacterial infection) to new patients and those that had travelled to high risk areas within the last six months.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, mental health as well as dementia.
- 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 about 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.
- The practice had only identified 17 patients as carers (0.4% of the practice list) so they can be offered appropriate support and needed to improve.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe, responsive and well led services. The issues identified as requiring improvement overall affected all patients including this population group.

- Data showed that 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was comparable to the local CCG average of 84% and national average of 84%.
- The practice achievement for mental health related indicators was 89% which was the same as the local CCG average and below the national average of 93%.
- 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 about how to access various support groups and voluntary organisations. The practice website also provided information and advice on various conditions.

Requires improvement



Summary of findings

- 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.

Summary of findings

What people who use the service say

The most recent national GP patient survey results were published on July 2016. The results showed the practice was performing below local and national averages for satisfaction around access. Of the 364 survey forms that were distributed 69 were returned. This represented a completion rate of 19% and 1.7% of the practice's patient list.

- 27% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 52% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 75% and the national average of 76%.
- 48% of patients described the overall experience of this GP practice as good compared to the local CCG average of 62% and the national average of 85%.

- 45% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 64% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 59 comment cards which were all positive about the staff and the level care received. Patients said staff were caring, welcoming and the GPs always listened. However, we received eight cards where patients also stated that they had experienced difficulties receiving an appointment or contacting the practice by phone.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, welcoming and caring. However, two patients also stated that they had found it difficult to get through on the phone or to get an appointment.

Areas for improvement

Action the service **MUST** take to improve

- A risk assessment must be carried out providing clear rationale why some emergency medicines are not being stocked in the practice. The practice must review the system in place for the monitoring of some prescribed medicines to ensure it is effective and follows published guidance.

Action the service **SHOULD** take to improve

- Review the system for monitoring that appropriate action had been taken in response to relevant patient safety alerts.

- Continue to review and improve patient access to the services in regards to appointments and getting through on the phone.
- Systems or processes should be reviewed to ensure patients who are carers are identified so they can be offered appropriate support.
- The practice leaflet should be updated to contain the most current information.

Lozells Medical Practice

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 and a practice nurse specialist advisor.

Background to Lozells Medical Practice

Lozells Medical Practice also known as Finch Road Primary Care Centre is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. However, the practice was in the process of joining the Birmingham South Central CCG and had started working with the CCG.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an inner city area of Birmingham with a list size of approximately 4100 patients. The practice premise is located in a purpose built building.

The practice has one GP provider (male) and one regular locum GP (female). The GPs are supported by a practice nurse. The non-clinical team consist of administrative and reception staff and a practice manager.

The practice is open between 10am and 1pm Monday to Friday. In the afternoon it is open from 4.30pm to 6.30pm Weekdays except Thursdays when it is closed in the afternoon. The practice provides an extended hours service on Mondays from 6.30pm to 8pm and on Tuesdays from 6.30pm to 7pm. The practice had an arrangement with an out of hours service provider for when the practice is closed between the hours of 8am to 6.30pm.

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

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.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 August 2016.

During our visit we spoke with a range of staff including the GP provider and the practice nurse. We spoke with the

Detailed findings

practice manager and two members of the administration staff. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with six patients including two members of the patient participation group.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. The practice was located in a health centre and staff told us that they also reported any incidents to the centre receptionist if it occurred outside of the practice.

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).

We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, we saw a prescription was given to the wrong patient with the same name. We saw that the patient was informed with appropriate action taken and learning discussed and implemented.

The practice had recorded 10 incidents over the past 12 months. Minutes of meetings we looked at showed that they were discussed to share learning and prevent reoccurrence. The practice carried out an annual review of incidents and minutes of meetings for June 2016 showed that this was discussed.

We reviewed patient safety alerts and saw that these were cascaded to relevant staff members. We saw evidence that some alerts had been actioned such as those related medical devices. However, the practice was unable to provide evidence that all relevant patient safety alerts had been actioned although we saw that they had been received and cascaded.

Following the inspection the practice informed us that the most recent patient safety alert that was applicable to the practice, was received in February 2016 in regards to prescribing of some medicines. The practice informed us that they had conducted a search on their system which showed no eligible patients requiring a review. This search

was re-run following our inspection and still showed that there were no eligible patients for review. The evidence of this search was sent to us after the inspection to demonstrate that alerts were being actioned.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. 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. Staff demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP we spoke with told us they had been trained to child protection or child safeguarding level three.

We looked at the staff file for the locum GP and found that the file did not contain records to demonstrate that they had received safeguarding training. However, the practice was able to send evidence after the inspection to confirm that the locum GP had completed the relevant safeguarding training as required.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We looked at the recruitment files of two permanent staff members and saw that appropriate recruitment processes had been followed. We also looked at the recruitment of two locum GPs. We saw that one locum GP had worked at the practice for approximately three years, but the practice was unable to confirm if the locum GP had undergone a DBS check. Shortly after the inspection the practice sent records to demonstrate that the locum GP had a DBS check in place and also confirmed that they were on the national GP performers list.

Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. An infection control audit was undertaken in March 2016 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing emergency medicines and vaccines in the practice kept patients safe (including obtaining, recording, handling, storing, security and disposal). However, we found the process in place to regularly review patients on repeat medicines needed to be strengthened. We noted that some patients on certain medicines had not been appropriately monitored in the last 12 months.

The practice carried out regular medicines audits, with the support of the local CCG medicines management team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice was located in a health centre and regular fire drills were carried out by staff who managed the building. Two of the practice staff were fire wardens and had received training.

There was a fire risk assessment that was undertaken by the landlord of the building. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and

legionella. Legionella testing was carried out by the landlord in September 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Reception staff told us that they had set work patterns and in the event of unplanned absences they covered for each other. When the nurse was away, clinics were planned around their absence. Locum agencies were used to ensure cover for the GP when they were away on leave or for unplanned absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to most 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. Staff received annual basic life support training and there were some emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks.

The practice held some emergency medicines in the practice such as adrenaline to prevent anaphylactic shock, those related to chest pain (due to heart failure) and antibiotics (for suspected meningitis). However, some emergency medicines (such as those related to the treatment of seizures and analgesia) were not kept in the practice and the risk assessment in place did not demonstrate assurance that mitigating actions were in place. The practice was located in a health centre and there was a pharmacy attached to the building.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had an agreement with a nearby surgery and told us that they could use their premises to store vaccines in the event of power failure and where they needed to maintain medicines and vaccines at the recommended temperature.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice generally 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 in place 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. We saw examples of audits related to NICE guidance and where improvements were made through changes.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available. The overall exception reporting was 2% which was 7% below 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. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. The practice achievement was 92% which was 2% above the local CCG average and the same as the national average.
- Performance for mental health related indicators was similar to the local and national averages. The practice achievement was 89% which was the same as the local CCG average and 4% below the national average of 93%.
- The practice achievement for other long term conditions (epilepsy, chronic kidney disease and heart failure) and public health (cervical screening, cardiovascular disease) indicators were generally above CCG and national averages.

There was evidence of quality improvement including clinical audit. There had been three clinical audits completed in the last 12 months. All three of these were

completed audits where improvements made were implemented and monitored. For example, we saw that an audit on hypertensive diabetic patients which showed improvement.

The practice participated in local benchmarking and inoculation data (for over 65s) we looked at on the day showed the practice achievement to be above other local practices. The GP lead had attended antibiotic champion training. An antibiotic champion within the surgery can make significant improvements in antibiotic prescribing as they can help to drive and maintain initiatives to affect the required changes. Data we looked at on the day showed the practice prescribing had reduced year on year since 2014.

The practice was participating in the enhanced service designed to help reduce avoidable unplanned admissions by improving services for vulnerable patients and those with complex physical or mental health needs, who are at high risk of hospital admission. Data we looked at on the day showed the practice had also reduced its unplanned admission to hospital compared to the previous year's data (2014/15).

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Staff received role-specific training and permanent staff regularly completed training updates. We saw each member of staff had records of training attended based on their role.

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 and discussion at practice meetings.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. Relevant staff files we looked at showed that they had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, in-house training as well as training from the CCG.

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. We saw evidence that face to face reviews of care plans took place after unplanned admission to hospital.

The practice did not share medical records with other services and therefore shared relevant information through referral and multidisciplinary meetings. However, if there was a need the practice could communicate with other services via special notes. These are summaries of the medical history of a patient that is taken from the GP electronic record to provide relevant information to other healthcare professionals who may be providing a consultation for a patient.

Multidisciplinary meetings took place on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. Minutes of meeting we looked at showed they were attended by the GP, practice manager, district nurses, community matron as well as other professionals such as social workers.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, those at risk of developing long-term conditions and those requiring advice on their diet or smoking. The practice did not have any patients on their end of life care register. The practice recognised that not all patients wanted to be on the end of life care register and offered a choice. The GP was able to give us an example of a patient they had supported through end of life but chose not to be on the register.

The practice offered a virtual clinic with a specialist diabetes consultant and nurse consultant from the local hospital for the most complex patients. The practice also offered a pre-diabetes enhanced service where patients at risk of developing the condition were identified and referred to intervention programmes such as lifestyle advice.

The practice had recently started to offer a tuberculosis enhanced service where patients joining the practice were given the choice for screening. Patients that had travelled to at risk areas within the last six months were also offered screening.

The practice's uptake for the cervical screening programme was 76%, which was below the CCG average of 80% and the national average of 82%. The practice sent out three letters if patients did not attend for their cervical screening test followed by an exclusion letter.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. We saw appropriate follow ups were in place. There were 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, data supplied by the practice showed childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 98% and five year olds from 99% to 99%.

The percentage of patients with cancer, diagnosed within the preceding 15 months, who had a patient review recorded as occurring within 6 months of the date of diagnosis, was 100%. This was above the CCG and national average of 95%. The exception reporting was 0%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate

follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. So far this year the practice had carried out 24% of health checks for this age group.

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.

All of the 59 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were pleasant, welcoming, caring and treated them with dignity and respect.

We spoke with four patients who stated that staff were brilliant and understanding. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 96% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 80% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the clinical commissioning group (CCG) average of 86% national average of 91%.
- 60% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The patient participation group had undertaken a survey for 2015/2016 which had received 41 responses. 75% had rated the reception staff as excellent and 25% as good or very good. In order to maintain these scores the practice had introduced customer service training.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. For example, care plans were reviewed face to face with patients after any unplanned admission to hospital.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 90% 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%.
- 85% 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%.
- 90% 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%.

Comments card we received were positive about the staff and services patients had received. All the patients we spoke with were also positive about staff.

Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Most of the staff were able to speak some of the languages spoken by the patients.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers (0.4% of the practice list). The practice identified carers through consultations and through multidisciplinary meetings. The practice made available information in the practice and on their website to direct carers to the various avenues of support available. It offered flu immunisations and had recently signed an enhanced scheme to offer carers checks.

We were given an example of the GP and practice manager supporting a family following a bereavement during the weekend. This had supported the families ability to respect their faith and arrange a prompt burial.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

For example, the practice was taking part in the primary care commissioning framework (PCCF) and as part of this; the practice was expected to offer various services such as improved access, improve patient safety through better safeguarding processes and to improve on the management of long term conditions. However, the practice was transferring to another CCG and this was now being replaced by the hub model. GP practices work together in groups, or 'hubs' to deliver better service such as increased access. This was a group of six local practices working together. The practice was working with five other practices to provide better services including access to appointments from 8am to 8pm. We saw evidence where stakeholder meetings were taking place and the practices were awaiting funding from the CCG (Birmingham South Central CCG).

The practice offered extended opening from 6.30pm to 8pm on Mondays and on Tuesdays it offered extended opening from 6.30pm to 7pm. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits and telephone consultations were available for those that were registered as housebound and the vulnerable such as those on end of life care.

The practice was located in a purpose built premises with easy access for patients with a disability. A hearing loop and translation service was available. The practice website could also be translated in different languages.

The practice employed a specialist community diabetes nurse who offered two clinics a week (four hours). The practice also employed a spirometry nurse specialist who offered in-house clinics once every two months or more frequently depending on need.

The practice had offered online facility for appointments and repeat prescriptions. A separate telephone number was given to patients registered as house bound and with a care plan for easy access.

Access to the service

The practice was open between 10am and 1pm Monday to Friday in the morning. In the afternoon it was open from 4.30pm to 6.30pm every weekday except Thursday when it was closed in the afternoon. Appointments were from the above times. The surgery offered extended hours appointments on Mondays from 6.30pm to 8pm and Tuesdays from 6.30pm to 7pm.

Although the practice did not open until 10am the provider told us that patients had access to a GP from 8am for telephone triage and telephone consultations.

When the surgery was closed between 8am and 10am the practice had an arrangement with an out of hours provider (Primecare) to manage the phone calls. The GP provider was on call and would provide telephone consultation or triage when required.

In addition to pre-bookable appointments, on the day appointments were available as well as emergency appointments for people that needed them. Home visits were offered to patients if they were registered house bound or were unable to attend the practice. Online and telephone consultations were also available.

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

- 49% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 27% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

We received 59 comment cards and eight of the comments cards also stated that patients often found it difficult to get through on the phone or to get an appointment. We spoke with four patients on the day of the inspection and two of the patients also gave similar feedback.

The practice was aware of the poor feedback and had developed an action plan based on the findings of the patient survey results (2015-16) and was responding by implementing changes. For example, the practice had offered increased online booking of appointments in a bid to free up the telephone lines and told us that they had advertised this. We looked at the appointment system and saw that the uptake of online appointment had increased.

Are services responsive to people's needs?

(for example, to feedback?)

Online repeat prescriptions were also offered and advertised to patients in order to also reduce demand on the telephone. The practice was also in the process of updating its telephone system.

The practice had a second telephone line which was given to housebound patients and those with care plans to improve access. The practice had also increased the number of GP sessions from 14 to 16 in a bid to increase access to appointments.

Appointment times were from 10am to 1pm but the GP regularly saw patients until 1.30pm to 2pm. We looked at the appointment system for the previous 12 months which confirmed this.

Telephone triage was available and the practice told us that they had increased the number of telephone consultations to increase access to appointments. However, as this was not audited we were unable to confirm this.

The practice used a communication book to record the number of telephone consultation requests. This was then forwarded to the GP to action. We looked at the communication book and compared the number of telephone consultation over the last 12 months. We saw that there was some evidence that more telephone consultations were being offered. However, this was without verifiable data.

The practice had changed its telephone system to improve access but the new system was found to be unsuitable and did not lead to any improvements. The practice planned to make further changes to the telephone system.

The practice had carried out patient surveys which asked patients about the availability of appointments, waiting times and the ability to get through to the practice via the telephone. We saw results for the last three years which showed that appointment availability had improved. For example, the survey in 2013-14 showed that 37% of patients said they were able to get an appointment the same day and 18% said they were able to get an appointment the next day. For 2014-15, 39% said they were able to get an appointment the same day and 15% the next day. For 2015-16 this had further improved to 63% of surveyed patients saying that they were able to get an appointment the same day and 17% for the next day.

For questions regarding telephone access we saw that the satisfaction rate had decreased in the patient survey from 2014-15 compared to 2013-14. However, the latest survey (2015-16) showed that there had been a significant improvement in comparison to the previous two surveys. The practice was also planning to work with a group of five other practices to deliver better access and was awaiting funding from the CCG. However, the latest national patient survey did not reflect the practice findings.

The practice had conducted its own survey through the PPG which showed that 87% of patients surveyed rated the opening times as excellent/very good or good. This was carried out in December 2015 and the later national patient survey results from July 2016 did not reflect any improvements that had been achieved through the changes initiated.

We also compared data from the January 2016 and July 2016 national GP patient survey data in relation to patient's satisfaction and the ability to get an appointment. The January data was 26% and the July data was 27%. This reflected no real improvement as compared with the local CCG average of 60% and national average of 73%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system in the practice leaflet. However, we saw that the practice leaflet needed to be reviewed as some information needed to be updated. For example, it referred to being part of the Primary Care Trust (PCT) which was replaced by Clinical Commissioning Groups (CCG).

We looked at four complaints received in the last 12 months. One of the complaints was received in September 2015 via the CCG and we saw that this had been resolved. A verbal complaint was received in September 2015 and we saw that the practice had sent a written response and the patient was satisfied.

We saw that the practice had carried out an annual analysis of complaints and the finding was that it was following its policy for responding to complaints.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients. It aimed to provide the best possible service to patients and one of the focuses was improving access and patient experience. However, the opening times were limited with the practice opening at 10am and closing during the afternoon.

Some plans were in place to improve access by engaging with the CCG by taking part in the Primary Care Commissioning Framework (PCCF) to improve access. However, the practice was in negotiation to transfer from their current CCG to a neighbouring CCG and was now looking at an alternative (hub) model to deliver improvements. Minutes of meetings we looked at showed that arrangements had been discussed with other practices, and was now awaiting approval of funding from the CCG. Groups of general practices under a CCG work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

As part of its vision to deliver a high quality service and deliver better outcomes for some patients with long term conditions, the practice had employed a specialist nurse in diabetes. It had also employed another nurse in spirometry (help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease (COPD)).

Governance arrangements

An understanding of the clinical performance of the practice was maintained. For example, we saw evidence of annual meetings to review trends (from incidents and complaints) and share learning. The practice also showed us how they were monitoring their performance for management of long term conditions such as asthma, diabetes, COPD as well as cancer diagnosis rate over a number of years. We saw that there had been a year on year improvement of the rate of diagnosis for diabetes from 2008-9 to 2014-15.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that the practice had undertaken various audits and had demonstrated improvements.

The practice had a governance framework to support the delivery of quality care. However, certain governance processes required strengthening to ensure patients were protected from risks related to patient safety alerts, by ensuring all relevant alerts had been actioned.

The practice did not keep in stock certain medicines to respond to medical emergencies in the surgery. Therefore, the practice could not guarantee that these medicines would always be available at times the practice was open. Also, the risk assessment in place did not demonstrate assurance that mitigating actions were in place.

The practice had processes in place to regularly review patients on repeat medicines. However, we found the process needed to be strengthened as some patients on certain medicines had not been appropriately monitored in the last 12 months.

We also saw that some information in the practice leaflet were not current. The leaflet mentioned that the practice was part of a Primary Care Trust (PCT). However, they had been replaced by CCG and the leaflet did not reflect this.

Leadership and culture

The practice was aware that access was an issue as it had been highlighted by patients previously and we saw it had been discussed in PPG meetings.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The practice had systems in place to ensure that when things went wrong with care and treatment. We saw an example where the practice gave affected people reasonable support, truthful information and a verbal and written apology. The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management. Staff told us the practice held regular team meetings and records we looked at confirmed this. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Requires improvement 

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

All staff were involved in discussions about how to run and develop the practice and the provider encouraged all members of staff to identify opportunities to improve the service delivered by the practice. A staff member we spoke with told us about a suggestion they had made which was implemented. This was in regards to patient queuing in the reception area.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG generally met quarterly, carried out patient surveys and submitted proposals for improvements to the

practice management team. For example, we looked at the minutes of PPG meetings which showed that issues regarding telephone access were fed back to the practice in August 2015 and again in November 2015. We saw that the PPG had conducted a survey in December 2015 where 60 surveys were sent out. The practice received 41 completed surveys which showed that patients were happy with the care being provided and the staff.

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, a staff we spoke with told us about a suggestion they had made in regards to patients queuing at the reception. They felt that this did not always provide confidentiality at the reception and management had taken on board their suggestions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The provider must ensure care and treatment is provided by ensuring availability of all emergency medicines. A risk assessment must be carried out to mitigate potential risks of some emergency medicines not being stocked in the practice. The practice must review the system in place for the monitoring of some prescribed medicines to ensure it is effective and follows published guidance.