

# Yardley Medical Centre

## Quality Report

1222 Coventry Road  
Yardley  
Birmingham  
West Midlands  
B25 8BY

Tel: 0121 772 1898

Website: [www.yardleymedicalcentre.co.uk](http://www.yardleymedicalcentre.co.uk)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Key findings

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## Letter from the Chief Inspector of General Practice

Drs Pattni & Ahmad are the registered provider of Yardley Medical Centre. The partnership registered with CQC on 9 March 2018. The practice was previously inspected on 9 November 2016 under the previous provider Dr Bhikhu Pattni. The overall rating was requires improvement.

This practice is now rated as Good overall.

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Good

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

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) - Good

We carried out an announced inspection at Yardley Medical Centre on 27 March 2018 as part of our inspection programme.

At this inspection we found:

- The provider had made significant improvements to the practice in the past three months to improve the quality of care they were delivering to patients. Patients we spoke to and comments we received from patients also reflected this.
- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes. However, some systems were not fully established or embedded.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

# Summary of findings

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

- The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- The provider should review the management of prescription stationary to ensure a clear audit trail.
- The provider should consider patient feedback in order to identify areas for further improvement.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

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

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

# Yardley Medical Centre

## 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 adviser.

## Background to Yardley Medical Centre

Drs Pattni & Ahmad are the registered provider of Yardley Medical Centre. This new partnership registered with CQC on 9 March 2018 to provide the following regulated activities:

- Diagnostic and screening procedures
- Maternity and midwifery services
- Treatment of disease disorder or injury.

Yardley Medical Centre is located at 1222 Coventry Road, Yardley, Birmingham, B25 8BY. More information about Yardley Medical Centre can be found on their website [www.yardleymedicalcentre.co.uk](http://www.yardleymedicalcentre.co.uk). Dr Ahmad is also the registered manager for another nearby GP practice, Coventry Road Medical Centre (CRMC).

Parking is restricted and available only in a side street adjoining the practice. The practice occupies two floors, with all clinical services being offered on the ground floor. Disabled facilities are provided. The practice provides services to approximately 1300 patients.

There are two male part time GPs working at the practice. The practice employs a part time: nurse, health care assistant and locum clinical pharmacist prescriber. The nurse and health care assistant are employed to work at both practices. The clinical staff are supported by a practice manager (who also works at CRMC), a business manager and reception staff.

The practice is located in a deprived area. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged above 75 years, and has a below average practice population aged 14 to 18 years.

The practice is open between 8.30am and 1pm and between 2.30pm and 6.30 pm on Monday, Tuesday, Thursday and Friday. On Wednesday, the practice is only open in the morning between 8.30 and 1pm. Whenever the practice is closed and during out of hours cover is provided by Badger GP out of hours service.

Appointments are from 9.20am to 11.20am and 4.30pm to 6.30pm on Monday, Tuesday, Thursday and Friday and from 9.20am to 11.20am on Wednesday.

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.

# Are services safe?

## Our findings

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

### Safety systems and processes

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

- The practice had a suite of safety policies including adult and child safeguarding policies which had been reviewed within the last three months and communicated to staff. All policies outlined clearly who to go to for further guidance.
- Staff received safety information for the practice as part of their verbal induction and refresher training.
- As many staff were part time, the practice had introduced a communication folder to ensure they were kept updated with any safety alerts or changes to policy.
- There was a system to highlight vulnerable patients on patient records and a risk register of vulnerable patients was in place.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. 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 reviewed four staff files. The practice carried out staff checks, including DBS checks, checks of professional registration where relevant, on recruitment and on an ongoing basis. However, the practice could not show us evidence of medical indemnity arrangements for the nurse. Following the inspection, the provider informed us they had taken immediate action to arrange the correct indemnity, which was confirmed to be in place.
- There was an effective system to manage infection prevention and control.

- There were systems for safely managing healthcare waste.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions.
- The provider carried out the necessary checks on emergency equipment and documented them appropriately.

### Risks to patients

The practice had adequate systems to assess, monitor and manage most risks to patient safety, however not all had been fully implemented.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an induction system for temporary and new staff, however we found the provider had not fully implemented this. The practice manager told us that staff from the other practice had a verbal induction to this practice, however they could not show us any evidence of this. We saw that all staff had fire training and knew where policies and procedures were kept and staff we spoke with during the inspection knew how to respond in an emergency.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice had a debrillator and oxygen on site.
- The practice stocked some emergency medicines, and we saw they had a written agreement with the pharmacy next door (within the same building) to obtain other emergency medicines if they were needed.
- We discussed with the practice the accessibility of the medicines at the time of the inspection, the provider informed us they would review this. After the inspection the provider sent us evidence to show they now stocked all necessary emergency medicines on site.
- We saw a risk assessment for doctors not carrying emergency medicines in their doctor's bags.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

# Are services safe?

## Information to deliver safe care and treatment

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

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

## Safe and appropriate use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised most risks. The practice had carried out an appropriate risk assessment to identify medicines that it should stock. The practice kept prescription stationery securely however they had not implemented a robust system to monitor its use in line with their own medicines management policy. After the inspection, the provider sent us evidence they had revised their medicine management policy to ensure they could monitor all prescription stationary.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial management in line with local and national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

- The practice had patient group directions (PGDs) for the nurse and patient specific directions (PSDs) for the HCA. The GP and HCA told us the GP checked each patient's record before the HCA delivered the vaccine in line with their policy, however we saw no documented evidence of this during the inspection. Following the inspection, the provider sent us evidence they had strengthened their PSD protocol to make it clear that the GP must document the instruction to give the vaccine on the patients record or sign the PSD list.

## Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

## Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, and took action to improve safety in the practice. The provider had recently made improvements to the security of the building, as a result of the new shutters installed, wheelchair access into the building had become difficult. On becoming aware of this, the practice took immediate action to rectify this.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

(Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

#### Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

#### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Following the inspection, the provider submitted evidence of their first

multidisciplinary meeting under the new provider, that showed for patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice offered 24 hours blood pressure monitoring.
- Previous provider data from 2016/2017, showed the percentage of patients with asthma who have had an asthma review in the preceding 12 months was 81% compared with 76% CCG and national average and exception reporting was comparable at 10%. The current provider had further improved on data for 2015/2016 and 2016/2017 and provided unverified and unpublished data during the inspection to show the percentage of patients with asthma who have had an asthma review in the preceding 12 months was 100%. The level of exception reporting was 0%.
- 2016/2017 data showed the percentage of patients with COPD who have had a review, undertaken by a healthcare professional, in the preceding 12 months was 92%, the same as national value and exception reporting had reduced and was more comparable.
- The provider gave us unverified data during the inspection to show the percentage of patients with COPD who have had a review was 91%. The level of exception reporting was 0%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Under the current provider uptake rates for the vaccines given were improving and moving towards the target percentage of 90% or above.
- During the inspection the practice gave us unverified data that showed the practice had achieved 100% of children's immunisations in the past three months and 88% for pre-school boosters.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

# Are services effective?

## (for example, treatment is effective)

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- During our November 2016 inspection under the previous provider we found rates of cervical screening were significantly lower than local and national averages at 47%. The practice provided us with unverified data to show their uptake for cervical screening was 71%. Although this was below the 80% coverage target for the national screening programme, the practice showed us since employing a nurse this level had increased significantly in three months.
- The practice showed us 35 patients had been formally invited for a health check, and another seven had been carried out opportunistically.
- There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice used learning disability passports for patients with a learning disability to help all staff know how to make patients feel comfortable and provide appropriate care and treatment.

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

- The practice provided unverified data during the inspection to show they had low numbers of patients on their dementia register and all patients had a care plan in place and had an annual face to face review including review of their medication.
- Under the previous provider, in 2016/2017 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12

months. This was comparable to the national average of 90%. Exception reporting was lower than the national average. Unverified data provided on the day showed this was 88%. The level of exception reporting was 0%.

- The practice had systems in place to identify and refer patients at risk of dementia.

### Monitoring care and treatment

The practice was aware of the previous provider's performance and had employed a business support manager to routinely review the effectiveness and appropriateness of the care provided. We saw during monthly governance meetings the business manager advised the management team of areas where performance required improving for example cervical screening and children's immunisations.

The most recent published QOF results for this practice, were under the previous provider and were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 96%. The overall exception reporting rate was 10% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice was taken over by the current provider on 9 March 2018 and current data showed they were currently achieving 92% of the number of points available with 5% exception reporting. However, this data was unpublished and unverified.

The practice used information about care and treatment to make improvements. For example:

- The practice provided evidence of audits they had carried out during January to March 2018. This included an audit on antibiotic prescribing which showed they were prescribing antibiotics in line with guidelines.
- The practice was actively involved in quality improvement activity. They used benchmarking and performance information to identify areas and take action where they could improve. For example, they monitored prescribing data, uptake of cervical screening and childhood immunisations and they took action to improve where they identified they were not in line with local and national targets.

# Are services effective?

(for example, treatment is effective)

## Effective staffing

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

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included one-to-one meetings, appraisals, clinical supervision and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- The provider sent us evidence following the inspection to show that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- During this inspection we looked at two care plans and found they were all completed fully and had been developed with the patient.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

## Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- At the time of the inspection, the practice had offered 84% of patients smoking cessation advice and of these 4% had stopped smoking.

## Consent to care and treatment

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

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

# Are services caring?

## Our findings

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

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that staff were caring and treated them with respect, they felt listened to and the GP explained things well. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice on NHS choices.
- We spoke with two patients during the inspection they told us staff, in particular reception staff treated them with compassion and respect.

However, results from the July 2017 annual national GP patient survey, carried out under the previous provider showed patients did not always feel they were treated with compassion, dignity and respect. 355 surveys were sent out and 79 were returned. This represented about 22% of the practice population. The practice was below average for its satisfaction scores on consultations with GPs. For example:

- 75% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 80% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 67% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG- 85%; national average - 86%.

The provider informed us they were aware of the results, and had implemented a suggestions box, where patients could leave anonymous feedback. Up until the time of inspection they had not received any suggestions.

As new staff members had only been at the practice for less than three months, the provider told us they felt it was too soon to conduct a full patient survey, however they planned to do one later in the year.

### Involvement in decisions about care and treatment

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

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

The practice proactively identified patients who were carers. The new patient registration form asked if the patient was a carer. The practice displayed information in the waiting area on what a carer was and asked patients to let the practice know if they were a carer. The practice had identified 17 patients as carers (1% of the practice list).

The practice used a dedicated display board in the waiting area to display information on support groups for carers.

Staff told us that if families had experienced bereavement, their usual GP contacted them by letter offering them support from the practice if needed and giving them advice on how to find a support service. The practice had also displayed information in the waiting area on bereavement support.

Results from the July 2017 national GP patient survey showed patients responded fairly positively to questions

## Are services caring?

about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages and with feedback we received through our comment cards:

- 76% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 73% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 82%; national average - 82%.

### Privacy and dignity

The practice respected respect patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room.
- The practice had a separate area for breastfeeding within the waiting area.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

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

- During the November 2016 inspection under the previous provider, we found there was no nurse, healthcare assistant or regular access to a female clinician. During this inspection, we saw the practice had employed a part time nurse and healthcare assistant. The practice also employed a female locum clinical pharmacist prescriber one day a week
- The management team told us they were monitoring the use of these new staff members and would increase their hours as needed.
- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments, and directed patients to advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. There was wheelchair access into and around the building, a disabled access toilet, a hearing loop was installed and staff had access to interpreters.
- At the time of the inspection, we saw the practice had not held any multidisciplinary meetings under the new provider. However, the provider sent us evidence following the inspection, of their first meeting. We saw from the evidence submitted care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

#### Older people:

- All patients had a named GP.
- The practice was responsive to the needs of older patients, and offered home visits and urgent

appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to poor health.

#### People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- Following the inspection, the provider submitted evidence of meetings with health care professionals to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice offered weekly immunisation clinics for routine childhood immunisations.
- The practice offered breastfeeding and baby changing facilities.

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

- The practice did not offer evening or weekend appointments, however their last appointment was at 6.20pm.
- Patients could have a telephone consultation if they were unable to attend the practice.

#### People whose circumstances make them vulnerable:

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

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

# Are services responsive to people's needs?

## (for example, to feedback?)

- The practice had plans to discuss patients in multidisciplinary clinics.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.

Since the change in provider, we saw there had been no change to access arrangements. Under the previous provider, results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mostly above local and national averages. This was supported by observations on the day of inspection and completed comment cards. 355 surveys were sent out and 79 were returned. This represented about 22% of the practice population.

- 79% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by phone; CCG – 59%; national average – 71%.

- 87% of patients who responded said that the last time they wanted to speak to a GP they were able to get an appointment; CCG - 80%; national average - 84%.
- 91% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.
- 86% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 73% of patients who responded said they don't normally have to wait too long to be seen; CCG - 51%; national average - 58%.

### Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received one verbal complaint in the last three months. We reviewed the complaint and found that it was satisfactorily handled in a timely way.

The practice learned lessons from individual concerns and complaints and had implemented a suggestions box in reception to try to identify further areas that needed improving.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it. During the inspection, we informed management of risks they had not identified. They took immediate action and responded to our concerns appropriately.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

### Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Following the inspection we were sent evidence that showed the provider had strengthened existing policies to ensure they were robust. For example their policy for clinical supervision, patient specific directions and management of prescriptions.

### Managing risks, issues and performance

There were clear and effective processes for managing most risks, issues and performance.

# Are services well-led?

Good 

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

- There was an effective process to identify, understand, monitor and address most current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- Performance of employed clinical staff was monitored by the GP according to the clinical supervision policy, however they had not developed a formal audit process for monitoring their consultations, prescribing and referral decisions. We checked five patient records at random and found they were all fully completed by the clinician and appropriate follow up with the GP had been arranged if needed.
- Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- We found that prescription stationary was securely stored at all times however there was no robust process for maintaining a clear audit trail. Following the inspection we were sent an updated Medicines Management policy that ensured all prescription stationary could be monitored.
- We found the protocol for Patient Specific Directions (PSD) was not robust. Following the inspection we were sent evidence the provider had amended their policy to make it clear that a GP has to authorise the instruction on the patient's record and/or on the PSD document before the vaccine is given.
- The provider had an induction process however had not fully implemented it, we found staff employed to work at both practices (Yardley Medical Centre and Coventry Road Medical Centre) had not received a formal induction to this practice.
- The provider did not have a record of all of the necessary immunisations that staff required. Following the inspection, the provider informed us that all necessary immunisation checks had been carried out and staff files would be updated accordingly.
- The provider was unable to show evidence of medical indemnity for the practice nurse. Following the inspection, the provider sent us evidence to show this was now in place.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

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

- There was an active patient participation group. We saw evidence of the practice's first PPG meeting since the new partnership. The group were informed of recent complaints and updates to the practice and asked for any ideas on how to improve further.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

- The providers had achieved significant improvements in the three months prior to our inspection to address the areas of concern that were identified in our previous inspection and had plans to expand the practice further.
- There was a focus on continuous learning and improvement at all levels within the practice.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.

# Are services well-led?

Good 

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

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

## 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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>We did not see evidence of formal clinical supervision of non-medical prescribers.</p> <p>Not all staff had received a formal induction to the practice.</p> <p>Not all staff records we viewed contained relevant immunisation data.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>