Haslucks Green Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Haslucks Green Medical Centre on 7 August 2017. Overall the practice is rated as requires improvement.

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

- The practice had a system in place to receive safety alerts, however we found the system to be ineffective and alerts were not actioned appropriately.
- The practice did not have an effective system in place for the recall of patients on high risk medicines.
- There was no effective system in place to monitor staff training and to ensure all staff were up to date with the latest guidelines for health and safety, fire training and Infection control. .
- New employees did not have infection control guidance or training relevant to their role. Staff immunisation status for GPs and non-clinical staff was not recorded and no risk assessments had been completed to mitigate risks.
- Non clinical staff carrying out chaperone duties had not the appropriate risk assessments completed in the absence of a Disclosure and Barring Service (DBS) check.
- Clinical audits did not demonstrate quality improvement.
- Staff understood their responsibilities to raise concerns, incidents and near misses and there was a system in place for reporting and recording significant events. We saw minutes of fortnightly clinical meetings where significant events were discussed. Regular meetings with the administration team had not taken place due to staff shortages and there was no evidence to confirm events and incidents had been discussed with the whole team.
- Arrangements were in place to safeguard children and vulnerable adults from abuse, and local requirements and policies were accessible to all staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.

Summary of findings

- 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 not available for patients. We saw evidence that complaints were discussed within the clinical team, but not shared with the administration staff.
- There was a clear leadership structure and staff felt supported by management; however effective oversight to ensure governance arrangements were embedded had not been established. The practice proactively sought feedback from staff and patients, which it acted on. The GPs encouraged a culture of openness and honesty.

However there were areas of practice where the provider must make improvements:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

There were also areas of practice where the provider should make improvements:

- Consider the arrangements in place to share information with all staff to ensure there are systems in place to cascade this information to staff.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

- The practice had some systems and processes to minimise risks to patient safety, but we found these were not effective in the actioning of safety alerts.
- The practice did not have an effective system in place for the recall and effective monitoring of patients on high risk medicines.
- There was information to advise patients that chaperones were available if required. Some staff who acted as chaperones had not received a risk assessment in the absence of 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 found that staff immunisation status was not recorded for some staff including the GPs and no risk assessments had been completed to minimise the risk to staff and patients.
- The practice had not followed Public Health England guidelines on medicine fridge thermometers and solely relied on an external electronic display, but had no other thermometer in the case of failure of the refrigerator.
- The practice told us that health and safety risk assessments had been completed; however these were not available on the day of inspection. We found no records to confirm that staff had completed health and safety awareness training. Since the inspection we have received evidence to confirm that risk assessments had been completed.
- From the sample of documented incidents we reviewed, we found there was an effective system for reporting and recording significant events. The clinical team had fortnightly meetings to discuss significant events and lessons learnt and a member of the administration team also attended the meetings to ensure information was shared with the wider team.
- Staff demonstrated that they understood their responsibilities regarding safeguarding and the majority of staff had received training on safeguarding children and vulnerable adults relevant to their role, however there was no record that new employees had completed this training.
- The practice had some arrangements to respond to emergencies and major incidents; however we found that two

Summary of findings

of the recommended medicines to deal with emergencies were not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm that the practice had access to adequate medicines.

Are services effective?

Requires improvement

- Quality Outcomes Framework (QOF) data showed patient outcomes were at or above average compared to local and national average. The latest published results showed the practice had achieved 96% of the points available. The practice used this information to monitor performance against national screening programmes and outcomes for patients.
- Clinical audits had been completed but they did not demonstrate quality improvement.
- There was evidence of appraisals and personal development plans for all staff, but the practice did not have effective systems in place to monitor that staff had received training and the appropriate updates relevant to their role.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

- National GP patient survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and feedback from patients supported these results.
- Information for patients about the services available was accessible. For example breast feeding cafes and care navigators. (Care navigators offer a service for vulnerable elderly patients to ensure they receive the appropriate social care).
- The practice had a carers register and data provided by the practice showed 1% of the practice's population had been identified as carers. There was no carers' information displayed in the waiting room to inform patients of local support available.

Are services responsive to people's needs?

Good

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, a counselling service was available for patients with mental health needs.

Summary of findings

- Results from the national patient survey showed 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- Patients could access appointments and services in a way and at a time that suited them, this included by telephone, online and face to face.
- Information about how to complain was not available in the waiting areas, but evidence we reviewed showed the practice responded quickly to issues raised. Improvements were made to the quality of care as a result of complaints and concerns. Complaints were discussed at fortnightly clinical meetings, but the practice was unable to demonstrate that these were shared with the whole team.
- To keep patients up to date with the latest news at the practice, a patient newsletter was available every three months in the patient waiting areas.

Are services well-led?

Requires improvement

- There was a clear leadership structure and staff felt supported by management. The practice had some policies and procedures to govern activity, but these were not effective in the management of risk.
- Staff had received annual performance reviews. Some staff had received further training to develop within their roles. Staff meetings had not taken place since January 2017 due to staff shortages. However, the practice had a planned schedule of meetings organised for the remainder of the year for administration staff.
- The GPs encouraged a culture of openness and honesty. The practice had systems for recording and responding to safety incidents, but we found the sharing of information with staff was not effective in including the whole team.
- The practice proactively sought feedback from staff and patients and the practice engaged with the patient participation group.
- The GPs were skilled in specialist areas and used their expertise to offer additional services to patients. For example, minor surgery and family planning service.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice worked with the Care Navigator Service, in conjunction with Age UK Solihull. The Care Navigator Service offered support to older people to find solutions to

issues they may face and assists them to navigate and access relevant services that could meet their needs.

- Older patients were provided with advice and support to help them to maintain their health and independence for as long as possible. For example, the practice had proactively started to review patients with the Community Matron.
- Documentation provided by the practice showed that patients on the palliative care register were discussed at six weekly meetings and their care needs were co-ordinated with community teams.

People with long term conditions

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. The latest published QOF results (2015/16) showed performance for diabetes related indicators was 87% which was lower than the CCG average of 93% and the national average of 90%.

Summary of findings

- Patients with long-term conditions received annual reviews of their health and medication. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every six weeks.
- The practice offered an anti-coagulant monitoring service for patients on warfarin registered at the practice.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.

Families, children and young people

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

- 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 accident and emergency (A&E) attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, the midwife held ante-natal clinics once a week and meetings with the health visitors were held every two weeks.
- Childhood immunisation rates remained relatively high for all standard childhood immunisations. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice offered a range of family planning services including intrauterine contraceptive device (IUCD) fittings.
- The practice's uptake for the cervical screening programme was 78% which was comparable to the national average of 81%.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours were available four mornings a week from 7.30am to 8am.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offers NHS health checks for patients aged 40-70 years. Data provided by the practice showed 213 patients had received a health check in the past 12 months.
- The practice nurse ran an in-house stop smoking service and 86% of identified smokers had received smoking cessation advice and data provided by the practice showed that 23 patients had stopped smoking in the past 12 months.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

- The practice held a register of vulnerable patients including those living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Unverified data provided by the practice showed 33 patients on the learning disability register and 70% had received a face to face review in the past 12 months and 70% had received a medication review.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as inadequate for providing safe services and requires improvement for effective and well led services; this affects all six population groups.

Summary of findings

- Patients at risk of dementia were identified and offered an assessment. The latest QOF data (2015/16) showed 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- Patients requiring support with mental health needs were referred to Improving Access to Psychological Therapies (IAPT) which is a local counselling team.
- The practice did not have an effective system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Data provided by the practice showed 42 patients on the mental health register and the latest QOF data (2015/16) showed 83% of patients on had had their care plans reviewed in the last 12 months, which was lower than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages. A total of 232 survey forms were distributed and 106 were returned. This represented 1% of the practice's patient list.

- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were positive about the standard of care received. Patients told us that the staff listened and excellent care was always provided.

We spoke with three patients during the inspection. The patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Action the service SHOULD take to improve

- Consider the arrangements in place to share information with all staff to ensure there are systems in place to cascade this information to staff.

Haslucks Green 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.

Background to Haslucks Green Medical Centre

Haslucks Green Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

The practice is based in Shirley, Solihull an area of the West Midlands in purpose built premises situated over two floors. The second floor is accessible by stairs and a lift which has been adapted for the use of patients with disabilities. The practice provides primary medical services to approximately 7500 patients in the local community and the premises are also used for a range of community hospital services including ophthalmology and cardiology. The practice is run by a lead female GP (provider) with two salaried GPs (both female). The nursing team consists of an advanced nurse practitioner (male), a practice nurse and healthcare assistant. The non-clinical team consists of a practice manager, administrative and reception staff. The practice is a teaching practice for medical students

The area served by Haslucks Green Medical Centre has lower deprivation compared to England as a whole and ranked at nine out of ten, with ten being the least deprived.

The practice is open between the hours of 8am to 6.15pm Mondays to Fridays. Extended opening hours are provided by the practice on Tuesdays, Wednesdays, Thursdays and Friday mornings from 7.30am to 8am.

The practice has recently joined the Solihull GP Alliance, which is a group of practices in the local area to collaboratively work together to improve services and health outcomes for patients.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 25 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and

experienced health care professionals to take on commissioning responsibilities for local health services.

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

Detailed findings

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, for example the local clinical commissioning group (CCG) to share what they knew. We carried out an announced visit on 7 August 2017. During our visit we:

- Spoke with a range of staff including GPs, advanced nurse practitioner, practice nurse, health care assistant, practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a 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 which the practice manager used to record details of the incident. 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).
- From the 10 documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all events and these were discussed at fortnightly clinical meetings, however we found no evidence that events or incidents were discussed with the whole team where appropriate.

Staff we spoke with were able to explain processes in place to minimise risks to patient safety, this included systems in place to receive alerts from central alerting system (CAS), local safety alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA), however we found the system for actioning alerts was not effective. For example:

- An MHRA alert regarding Sodium Valproate (a medicine used to treat epilepsy and bipolar disorder and to prevent migraine headaches) and the links to women of child bearing age had been received by the practice, but we found the alert had not been actioned. During the inspection we identified patients that were receiving the medicine; however, they had not been reviewed by the GPs.
- An MHRA alert regarding Spironolactone (a medicine used to prevent the body from absorbing too much sodium) and the links to patients with heart failure had been received by the practice. The practice had identified 42 patients on the medicine, but had not followed the recommended guidelines of monitoring potassium and renal function with regular blood tests.
- A local safety alert had been received by the practice in June 2017 asking for a series of actions to be carried out including a review of systems for incoming information from hospitals to ensure the appropriate action was taken, we found no evidence to confirm that this had been implemented.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding 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 we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Members of the nursing team had received child safeguarding level two and safeguarding adults training. Non-clinical staff were trained to level one child safeguarding.
- There was no information available to advise patients that chaperones were available if required. Some staff who acted as chaperones had not had a risk assessment completed in the absence of a Disclosure and Barring Service (DBS) check or the appropriate training to carry out this role. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- The landlords maintained appropriate standards of cleanliness and hygiene and observed the premises to be clean and tidy. We saw daily cleaning records and completed cleaning specifications for each area of the

practice. There were also records to reflect the cleaning of medical equipment and staff had access to appropriate hand washing facilities and personal cleaning equipment.

- The health care assistant was the infection prevention and control (IPC) lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol, but on the day of inspection, we found that staff were not up to date with infection control training and this was not included in the induction of newly employed staff. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed in and the practice had achieved 96%. An action plan was in place which identified that the air vents in the kitchen had not been cleaned. We saw evidence to confirm that this had been reported to the cleaning company and had been actioned.
- We found that staff immunisation status was not recorded for some staff including the GPs and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff and patients.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not effective in minimising risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions, but from the examples of anonymous clinical records we reviewed, we found the system for monitoring the review of high risk medicines was not effective. For example, we found the practice was not following the appropriate guidelines in the monitoring of patients on high risk medicines with regular blood tests not being carried out.
- The practice carried out medicines audits with the support of the local clinical commissioning group pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing. However, the practice were not effectively using this support to assist with the monitoring of patients on high risk medicines.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- The advanced nurse practitioner was able to prescribe medicine within their competency to do so. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.
- The practice had not followed Public Health England guidelines on fridge thermometers and solely relied on an external electronic display, there was no other thermometer in the case of failure of the refrigerator. The practice had recorded two incidents when the fridge had loss power in recent months and vaccines had to be destroyed.

We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS for clinical staff.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available and we were told that regular risk assessments were carried out, however on the day of inspection we were unable to confirm this as no documentation was available. Since the inspection we have received evidence to confirm that risk assessments had been completed.
- The practice had an up to date fire risk assessment which had been completed in December 2016. The fire risk assessment had identified the need for all staff to have up to date fire training, however only four members of staff had completed this.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. The last review of equipment had been completed in February 2017.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Inadequate

Are services safe?

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all administration staff had received annual basic life support training and we were unable to confirm that all the clinical staff had received a recent update at the time of inspection. We have since received assurances that the clinical staff will be completing the relevant training in September 2017.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely, however we did find that two of the recommended medicines to deal with medical emergencies were not available at the time of inspection. The practice acted on this immediately and we saw evidence to confirm that the practice had access to adequate medicines.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, however this system was not effective as we found examples where guidelines had not been adhered too.

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 (2015/16) were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%. Exception reporting was 6% which was lower than the CCG average of 8% and the national average of 10%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 87% which was lower than the CCG average of 93% and comparable to the national average of 90%.
- Performance for mental health related indicators was 97% which was comparable to the CCG average of 96% and the national average of 93%.
- Performance for Chronic Pulmonary Obstructive Disease (COPD) indicators was 98% which was comparable to the CCG average of 96% and the national average of 96%.

There was limited evidence of quality improvement including clinical audit:

- We saw evidence of four clinical audits that had been undertaken in the past 12 months, however none of the audits were two cycles and therefore the practice were unable to demonstrate quality improvement. We reviewed two audits to see what actions had been implemented. For example, the practice had carried out an audit to see how many patients were on respiratory medicines but not on a clinical long term condition patient register. The first audit showed 59 patients were taking respiratory medicines and were not on a clinical register. The practice devised a plan to look at the clinical coding of each of the 59 patients to ascertain why they had not been included on the register. We found no evidence to confirm this had been done and the audit had not been repeated to show any improvements or changes to the number of patients on respiratory medicines.
- The provider did not have a schedule of audits, but with the support of the clinical commissioning group pharmacist had completed some medicine audits. For example, the practice had taken recent action to reduce antibiotic prescribing by reviewing evidence based guidance.

Effective staffing

Evidence reviewed showed that some clinical staff received training which demonstrated that they had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff, but this did not cover such topics as infection prevention and control, fire safety and health and safety.
- The practice had seen a change in staff over the recent months, with the retirement of one of the practice nurses and the resignation of a salaried GP. The practice was actively trying to recruit more clinical staff and had employed an advanced nurse practitioner to support the GPs; however more nursing staff had been identified by the practice as a requirement.
- The practice could not demonstrate how they ensured role-specific training and updating for all staff. We did see one example where the health care assistant had completed and advanced level apprenticeship in health, clinical healthcare support.

Requires improvement

Are services effective?

(for example, treatment is effective)

- 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.
- Staff told us that they received ongoing support, one-to-one meetings, coaching and mentoring, some clinical supervision and facilitation and there was support for revalidating GPs and nurses.,
- Staff received some training that included: safeguarding and information governance. However we found that administration staff had not completed basic life support training and we were unable to ascertain if health and safety training, infection control and fire awareness training had also been completed. Staff had access to e-learning training modules and in-house training. All staff had received an appraisal within the last 12 months. Since the inspection we have received confirmation that some of the administration team had completed basic life support training.

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.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a co-ordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice had adopted the gold standards framework (GSF) principles to ensure frontline staff were able to provide a gold standard of care for people nearing the end of life. Where appropriate the practice shared information with the out of hours services so that they were aware of patients who might contact the service in order support continuity of care and ensure patient's wishes were maintained.

Data provided by the practice showed 37 patients on the palliative care register. Documentation shared by the practice showed that these patients had care plans in place and they were regularly reviewed. We saw evidence to support that patients were discussed at six weekly meetings and their care needs were co-ordinated with community teams.

There were 33 patients on the learning disability register and 70% had received a face to face review in the past 12 months and 70% had received a medication review. These patients were discussed as part of multi-disciplinary team meetings to support the needs of patients and their families.

The practice had a register of patients from vulnerable groups, this included patients with a drug or alcohol dependency. These patients were regularly reviewed and data provided by the practice showed 106 patients were on the register and the practice referred patients for further support and to the local addiction services.

Consent to care and treatment

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

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

Requires improvement

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice offered NHS health checks for patients aged 40-70 years. Data provided by the practice showed 213 patients had received a health check in the past 12 months.
- The practice nurse ran an in-house stop smoking service. Unverified data provided by the practice showed 86% of identified smokers had received smoking cessation advice and 23 patients had quit smoking in the past twelve months.

The practice's uptake for the cervical screening programme was 78%, which was comparable with the CCG average of 81% and the national average of 81%. 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. There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer.

The uptake of national screening programmes for bowel and breast cancer screening were comparable to the CCG and national averages. For example:

- 78% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 62% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were higher than the CCG and national averages. For example, rates for vaccines given to under two year olds were 96% to 100% in comparison to the national average of 90% and five year olds ranged from 92% to 94% in comparison to the national average of 88% to 94%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- 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.
- Patients could be treated by a clinician of the same sex.

All of the 12 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 helpful, caring and treated them with dignity and respect.

We spoke with two patients and the chair of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 86%.
- 91% of patients said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said the nurse gave them enough time compared with the CCG average of 94% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.

Results for helpfulness of receptionists showed:

- 88% of patients said they found the receptionists at the practice helpful compared with the CCG average of 87% and the national average of 87%.

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.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 92% and the national average of 90%.

Good

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- A hearing loop was available for patients who had hearing difficulties.
- Information leaflets were available in easy read format and the practice used bold print leaflets to support patients with eyesight difficulties.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 99 patients as carers (1% of the practice list). There was no written information on display to direct carers to the various avenues of support available to them; however the staff did have a carer's folder which they could use to share information with patients.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on Tuesdays, Wednesdays, Thursdays and Friday mornings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice used a text messaging service to remind patients of their appointments.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- A telephone triage service was available every morning from 8.30am to 1pm for those patients that required advice.
- The practice offered a range of family planning services including intrauterine contraceptive device (IUCD) fittings.
- Patients were able to receive travel vaccines available on the NHS and those only available privately were referred to other clinics for vaccines.
- The premises were accessible to patients with mobility difficulties. This included disabled parking and disabled toilet facilities available on both floors.
- There was a specific room available with baby changing facilities and there was a hearing loop to support patients with hearing difficulties and interpretation services available.
- Patients were able to access a range of services including minor surgery, joint injections, cryotherapy, smoking cessation and spirometry.
- We saw examples of joint working with midwives and the midwife ran an antenatal clinic one morning a week.
- The practice offered anti-coagulation monitoring to patients on warfarin registered at the practice.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Patients requiring support with mental health needs were referred to the local Improving Access to Psychological Therapies (IAPT) counselling team.
- The practice used the Care Navigator Service, in conjunction with Age UK Solihull. The Care Navigator Service offered support to older people to find solutions to issues they may face and assists them to navigate and access relevant services that could meet their needs.

Access to the service

The practice was open between the hours of 8am to 6.30pm on Monday to Friday. Appointments were from available from 8.am to 11.50am Monday, Wednesday and Friday, 8am to 10.50am Tuesday and 8am to 11.30am on Thursday. Afternoon appointments were available from 1.30pm to 5.50pm on Mondays, Tuesdays, Wednesdays and Fridays and from 1pm to 3pm on Thursdays. The practice offered a telephone triage service from 8.30am to 1pm every morning for patients who required advice. Extended hours appointments were offered on Tuesdays, Wednesdays, Thursdays and Fridays from 7.30am to 8am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available on the day for patients that needed them. Badger was the out-of-hours (OOH) service provider when the practice was closed.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher in the majority of responses in comparison to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 77% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 88% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 84% and the national average of 84%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 81% and the national average of 81%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 79% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 64% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 59% and the national average of 58%.

The practice had reviewed the amount of patients who did not attend appointments and between January and June 2016 had 675 appointments that patients did not attend. The practice introduced a telephone text messaging service to remind patients of their appointments and also encouraged patients to use the online booking system. The practice had seen a 35% reduction in patients not attending appointments between January to June 2017.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns, but there were no details for patients on the process to follow.

- The practice 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.
- There was no information available to help patients understand the complaints system. For example, complaints leaflets were not available in the waiting room and there was no information on display.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learned from individual concerns and complaints. Documentation viewed showed that action was taken to improve the quality of care. Verbal complaints were also recorded. All complaints were discussed at clinical fortnightly meetings; however we saw no evidence to confirm that these were shared with the whole team.

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 and strategy to provide primary health care to patients. We spoke with six members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. Feedback received from patients on the day of the inspection was positive about the care received.

Governance arrangements

The practice had some governance arrangements in place, that were effective and outlined structures and procedures and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, one of the GPs had a specialist interest in sexual health.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- Informal clinical meetings were held every two weeks and a formal clinical meeting was held every three months which provided an opportunity for clinical staff to discuss the performance of the practice.

However, we found areas where the governance framework was not effective in delivering the strategy and monitoring risks. For example:

- We found the actioning of safety alerts was not effective, this included alerts received from the Medicines Health Regulatory Agency (MHRA) and local safety alerts.
- The practice received support from the local CCG to ensure prescribing was in line with best practice guidelines, the practice was not effectively using this support to assist them with the monitoring of patients on high risk medicines.
- Risk assessments had not been completed for staff who acted as chaperones in the absence of 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).
- There was no system in place to identify the training needs of staff for example in relation to health and safety, fire safety, infection control and chaperoning. Staff had access to e-learning training modules but we found this was not used effectively.
- There was no system in place to ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties undertaken, risks and actions to minimise the risk to staff.

Leadership and culture

Staff told us the GPs and manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure and staff felt supported by management.

- The practice demonstrated joint working with other health care providers. Members of the management team provided evidence of a range of multi-disciplinary meetings with district nurses and health visitors to monitor vulnerable patients.
- The practice manager had completed a level five national vocational qualification, in leadership and management.
- Administration staff meetings had not been held in recent months due to staff shortages; however we did see a plan of meetings to be held in the forthcoming months with a set agenda.
- Staff said they felt respected, valued and supported and told us there was an open culture within the practice and they had the opportunity to raise any issues 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)

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

The practice encouraged and valued feedback from patients and staff.

- The practice had a patient participation group (PPG). A PPG is a way in which the practice and patients can work together to help improve the quality of the service. We spoke with the chair of the PPG who explained that the group met on a quarterly basis and currently there were 10 regular members.
- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment must be provided in a safe way for service users. **How this regulation was not being met:** The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The provider had not complied with relevant patient safety alerts, including local alerts and alerts issued from the Medicines and Medicines and Healthcare products Regulatory Agency (MHRA). • Patients on high risk medicines were not receiving regular reviews. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 **How the regulation was not being met** • Staff immunisation status for GPs and non-clinical staff was not recorded and no risk assessments had been completed to identify duties undertaken, risks and actions to minimise the risk to staff.

This section is primarily information for the provider

Requirement notices

- Risk assessments had not been completed in the absence of a Disclosure and Barring Service (DBS) check for staff who carried out the role of chaperoning.
- Incidents that affected the health, safety and welfare of people using services were not being shared with the whole team to promote learning.
- The registered person was not following Public Health guidelines on thermometers for vaccination fridges.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.** **How this regulation was not being met:** • The registered person had not implemented an induction and training plan for the safe operation of premises and equipment for all staff. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.