LPS - The Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at LPS – the Surgery on 9 February 2015. During the inspection we gathered information from a variety of sources. We spoke with patients, interviewed staff at all levels and checked that the right systems and processes were in place.

Overall the practice is rated as inadequate. Specifically, we found the practice to be inadequate in providing effective and well led services and requires improvement for providing safe services. We found the practice was good for providing a caring and responsive service. They were also inadequate for providing services for the six population groups:

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

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

- The practice team understood the needs of their local population.
- Staff at the practice were aware of the need to report incidents, complaints and safeguarding concerns however there was no evidence that these were used to improve the quality of the service provided and that learning was shared with staff.
- Systems were in place to protect vulnerable children and adults from the risk of abuse.
- There was no evidence of completed audit cycles to drive improvements in performance and patient outcomes.
- Not all staff had received annual appraisals with identified learning and development needs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Patients told us they were generally satisfied with the appointments system and urgent appointments were usually available on the day they were requested.
- The practice did not hold regular governance meetings and issues were discussed at irregular, informal meetings.

The areas where the provider must make improvements are:

- Develop the effective operation of system to analyse significant events and incidents and ensure learning is recorded, identified and shared with staff and contributes to improvements in service delivery.
- Ensure audits of practice are undertaken, including completed clinical audit cycles to monitor performance and demonstrate improved outcomes for patients.
- Ensure there are formal governance arrangements in place to regularly assess and monitor the quality of the services provided.

In addition the provider should:

- Ensure that all multiagency involvement with patients is recorded on the patient record in the practice's computer system and shared with the practice, particularly safeguarding referrals.
- Develop a robust process to ensure that all test results are prioritised as they are received to prevent any possible delay to the treatment required for the patient
- Ensure that all multidisciplinary meetings with other health professionals are recorded to evidence the benefits of joined up working and positive outcomes for patients
- Develop the existing risk log to include the mitigating actions that need to take place to reduce and manage the risks.
- Continue to seek feedback from staff and patients and record action taken as a result of their feedback.
- Develop a business strategy to strengthen and ensure continuity of the service over the next three to five years and share with staff
- Ensure that all staff have an regular appraisal and personal development plan including the practice manager.

On the basis of the ratings given to this practice at this inspection I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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?

Requires improvement

The practice is rated as requires improvement for providing safe services as there are areas where improvements should be made. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement. Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe in relation to recruitment and learning from significant events.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services as there are areas where improvements should be made. Data showed patient outcomes were at or below average for the locality. Although there were valid reasons in relation to some of these figures, the practice did not have clear action plans on how these could be improved. There was no framework for completed clinical audit cycles to take place. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent and not able to demonstrate the benefits of joined up care for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Practice staff were knowledgeable about their patient population and demonstrated their commitment to removing barriers for patients to access care and treatment. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. The practice had a diverse population group and a large proportion of patients that were transient. Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day. Information about how to

Summary of findings

complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice had introduced a facility to enable patients to feedback about the quality of the service on the practice website.

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well-led as there are areas where improvements should be made, particularly in the safe domain and which does not demonstrate good leadership. The practice did not have a clear vision and strategy. The practice had a number of policies and procedures to govern activity, but some of these needed to be reviewed. The practice did not hold regular governance meetings and issues were discussed at informal meetings. The practice had recently begun to seek feedback from patients and was in the process of setting up a patient participation group (PPG). Not all staff had received regular performance reviews and at the time of the inspection only one staff meeting had been held.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The practice had a much lower than average number of patients who were over 65, particularly in the over 80 age range. The practice offered proactive, personalised care to meet the needs of the small number of older people in its population and had a range of enhanced services, for example, in dementia. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

The provider carried out reviews as part of the Quality Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards surgeries achievement points for managing some of the most common chronic diseases such as asthma and diabetes. In 2013/2014 the practice achieved 100% of QOP points available for patients who have a diagnosis of dementia who had received a face to face consultation in the last 12 months. However 40% of the patients in this group had been exception reported for the purposes of QOF which is 32% above the national average. Exception reporting is the exclusion of patients from the list who meet a specific criteria, for example patient who choose not to engage in the review process or where a medication cannot be prescribed due to a contraindication or side-effect.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. Nationally reported data showed that the practice had a mixed performance in relation to long term conditions, however this was partly due to the transient nature of a large proportion of the patient population.

The provider carried out reviews as part of the Quality Outcomes Framework (QOF). The QOF is the annual reward and incentive

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programme which awards surgeries achievement points for managing some of the most common chronic diseases such as asthma and diabetes. In 2013/2014 of those patients registered at the practice with diabetes, 45% had had a full review of their condition. This was 44% below the recorded national average of 90%. Staff told us that since the introduction of the new computer system in October 2014, the QOF recording was improving. They told us that this enabled the practice to have a more accurate position statement in terms of reviews for patients for example with a long term condition.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and those who were identified at risk of harm. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and schools. We found the practice was proactive in promoting the benefits of childhood vaccinations with parents.

We saw evidence that last year's performance for childhood immunisations was below national average at the practice, however within expectations for the Clinical Commissioning Group. During the inspection we saw that some of the problems that the practice had were in relation to the large proportion of their patient population who were transient and difficult to engage.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The needs of

Summary of findings

the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The GPS at the practice undertook cervical cytology screening. The data available to us indicated that the uptake of screening for patients at the practice was below the national average. 40% of eligible patients had received the screening which is below the national average of 77%. In addition the practice exemption rate for screening was 30% which is 24% above the national average of 6%. Exception reporting is the exclusion of patients from the list who meet a specific criteria, for example patient who choose not to engage in the screening process.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and seven out of nine of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice had shared information with vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

The practice had a large percentage (17%) of its patient population from the Romanian community which we were told was predominantly young. The practice had allocated a number of days each week specifically to support these patients. Interpreters were booked in advance to support patients at these sessions.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

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People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). For patients with a new diagnosis of depression the QOF data indicated that 48% had received the recorded intervention. This was 38% below the national average of 86%. The overall QOF scores for patients experiencing poor mental health were also below the national average of 90% with the practice scoring 74% directly. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with substance dependency.

The practice directed patients who experienced poor mental health to various support groups and voluntary organisations including MIND and SANE.

The provider was rated as inadequate for effective and well-led. It was rated requires improvement for safe and good for responsive and caring services. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

We spoke with three patients on the day of our inspection who were complimentary about the care and treatment they received. We reviewed 42 patient comments cards from our Care Quality Commission (CQC) comments box that had been placed in the practice prior to our inspection. All but one comment was positive about the service experienced. Patients said that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff were kind and sympathetic. One comment was less positive about being listened to by one of the GPs. Patients told us that the practice was always clean and tidy.

The results from the National Patient Survey 2014 showed that 95% of patients felt that their overall experience of the practice was good; this was above both the CCG and National average. The practice had carried out a patient satisfaction survey prior to the inspection and received feedback from patients in the practice's comments box in the waiting area. Information from the results of the survey received after the inspection showed that overall patients were satisfied with the service provided by the practice.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Develop the effective operation of system to analyse significant events and incidents and ensure learning is recorded, identified and shared with staff and contributes to improvements in service delivery.
- Ensure audits of practice are undertaken, including completed clinical audit cycles to monitor performance and demonstrate improved outcomes for patients.
- Ensure there are formal governance arrangements in place to regularly assess and monitor the quality of the services provided.

Action the service SHOULD take to improve

In addition the provider should:

- Ensure that all multiagency involvement with patients is recorded on the patient record in the practice's computer system and shared with the practice, particularly safeguarding referrals.
- Develop a robust process to ensure that all test results are prioritised as they are received to prevent any possible delay to the treatment required for the patient
- Ensure that all multidisciplinary meetings with other health professionals are recorded to evidence the benefits of joined up working and positive outcomes for patients
- Develop the existing risk log to include the mitigating actions that need to take place to reduce and manage the risks.
- Continue to seek feedback from staff and patients and record action taken as a result of their feedback.
- Develop a business strategy to strengthen and ensure continuity of the service over the next three to five years and share with staff
- Ensure that all staff have an regular appraisal and personal development plan including the practice manager.

LPS - The Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor and a second CQC inspector.

Background to LPS - The Surgery

LPS – the Surgery, also known as Cotterills Lane Surgery is located in Alum Rock, Birmingham and has approximately 2700 patients registered with the practice. The practice is in an area with high levels of social and economic deprivation. The practice has a higher proportion of patients who are children, young people and adults up to the age of 35 than the national average. They have a much lower than average number of patients who are over 65, particularly in the over 80 age range.

The practice has three GP partners, one male and two females. Two of the GPs are full time and a third GP works to support the practice when required. The practice also has a practice manager, two full time receptionists and a part time administrative assistant. There are no practice nurses employed at the practice.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice does not provide an out of hours service. The out of hours (OOH) arrangements are carried out by an external provider (Prime Care Services) and patients are advised that they can also call the 111 service for healthcare advice.

The practice has installed a computer system over the last twelve months which enables them to send performance data electronically to NHS England Local Area Team and the Birmingham Cross City Clinical Commissioning Group.

The Aspiring to Clinical Excellence (ACE) is a programme offered to all Birmingham Cross City clinical commissioning group (CCG) practices. ACE is a programme of improvement aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. Achievement of ACE is verified by a practice appraisal process by the CCG.

We looked at the results of the assessment of the evidence provided by the practice in relation to the ACE and saw that there were areas for improvement identified in the Engagement & Involvement, Quality and Safety and Prevention priority areas.

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. This 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.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. These groups are:

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

Before carrying out our inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 9 February 2015. During our inspection we spoke with both GPs, the practice manager, two receptionists and three patients. We reviewed 42 comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

There was a significant events policy in place and staff knew where to locate it for support and guidance. Staff we spoke with knew it was important to report incidents and significant events to keep patients safe from harm. They were aware of the most appropriate person to report their concerns to.

The practice had only one record of a practice meeting and therefore we were not able to evidence that incidents and safety alerts were discussed regularly with all relevant staff. Discussions we had with staff showed that they took the incidents and safety alerts seriously and these were now recorded. However it was difficult to determine if these had been managed consistently over time and therefore show evidence of a safe track record previously due to a lack of record keeping.

Learning and improvement from safety incidents

The practice had a system in place for reporting and recording significant events and incidents. There were records of eight significant events (all clinical) that had occurred during the last 12 months and we were able to review these. We found that these were not signed and no detailed action plans were seen, although we could see that actions had been taken as a result. However we found that significant events had not been formally discussed by the whole team.

We were unable to determine that the practice had learned from significant events and complaints received and that learning had been shared with appropriate staff. Through discussion with the practice manager we saw that plans had been made to address this and that they had made arrangements for formal meetings to take place on a regular basis. They told us that they would ensure that a record of all future meetings would be kept to provide a clear audit trail of all discussions, actions taken and learning that occurred.

Staff we spoke with knew about the process for reporting and recording incidents and some described situations they or other staff had been involved in. These included situations where there had been concerns about the behaviour of patients which may have put staff or other patients at risk. These staff were aware of policies such as the lone working and violence and aggression policies which were aimed at helping to keep staff safe.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training in safeguarding. Clinical staff had received appropriate training (advanced) in child protection. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible.

The practice had a dedicated GP who was the lead in safeguarding vulnerable adults and children. They had been trained and could demonstrate they had the necessary training to enable them to fulfil this role. All staff we spoke with told us they were aware who the lead was and who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans or carers.

There was a chaperone policy available to staff on the practice computer. We saw that a new poster informing patients about the chaperone policy had been obtained. The practice manager confirmed that this would be put in the waiting area to inform patients about their right to have a chaperone if they so wished. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. Staff we spoke with told us they acted as chaperones when needed. Staff told us they had not received any chaperone training and they were unclear about their responsibilities. This included, for example knowing where to stand when intimate examinations took place.

Requires improvement

Are services safe?

GPs were appropriately using the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records demonstrated good liaison with partner agencies such as the police and social services. However we saw that safeguarding concerns about patients that were made by other health professionals were discussed but not always recorded in the patient record.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential refrigerator failure. Staff we spoke with understood and adhered to the policy.

Processes were in place to check that medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There were no nurses employed at the practice and therefore the two GPs administered vaccines. We saw that the GPs had received additional training to administer vaccines. All prescriptions were reviewed and signed by a GP before they were given to the patient. We saw that blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had a lead GP for infection control. We saw that that an infection control audit had been carried out by the infection prevention and control lead at the Clinical Commissioning Group (CCG) in August 2014. We saw that a number of actions had been identified for improvement and the majority had been completed. The practice did not provide any evidence of any internal infection prevention and control audits being carried out by the practice.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings for couches were available for staff to use. Staff we spoke with were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us that there was sufficient equipment to enable diagnostic examinations, assessments and treatments to be carried out. We asked to see evidence that this equipment was tested and maintained regularly. The practice manager showed us evidence of equipment that had been tested and checked, however this did not include medical equipment. Following the inspection, the practice manager sent us evidence that they had contacted an external company and made arrangements to test and calibrate the equipment; for example weighing scales, blood pressure measuring devices, oximeters and the fridge thermometer. We saw that all portable electrical equipment was routinely tested and displayed stickers indicating the last testing date.

Staffing and recruitment

Staff were well established and most had worked at the practice for many years. Since the practice had registered with the Care Quality Commission (CQC) only one new member of staff had been recruited. We looked at the recruitment records for this member of staff and found that the practice had not carried out a DBS check to ensure they had reliable, up to date information about this person. We looked at two other staff records. We were unable to find information that provided evidence of on-going training for these staff. Following the inspection the practice sent us evidence to show that DBS applications had been submitted for all staff including GPs working at the practice.

We spoke with staff about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that the practice manager would cover for any staff who were on leave or off

with sickness, although staff were flexible and would work additional hours if required. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the environment, medicines management and dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and the practice manager was the identified health and safety representative.

Identified risks were included on a risk log. Each risk was assessed and rated, however we did not see that mitigating actions had been recorded to show how they were to reduce and manage the risks. We did not see any evidence that risks had been discussed with the GP partners or action taken to reduce the possibility of the risk occurring.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that both GPs had received training in basic life support. We saw evidence that basic life support training had been booked to take place in April 2015 for all staff including reception staff. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, a severe allergic reaction and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, loss of telephone system, loss of computer system, GP sickness and loss of clinical supplies. The business continuity plan provided action plans and important contact numbers for staff to refer to which ensured the service would be maintained during any emergency or major incident. For example, contact details of local suppliers to contact in the event of failure, such as heating and water suppliers.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Clinical Excellence (NICE). We found however that new guidelines were not formally discussed by the practice. We were told that informal discussions took place regarding new guidelines and action agreed and followed up where appropriate. We were told that details of these decisions were recorded on the individual patient's record. We found from our discussions with the GPs that they completed assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate. However there was no shared record to enable best practice guidance to be stored and accessed by all staff, including locum GPs.

National data showed that the practice was generally below or in line with referral rates to secondary and other community care services for all conditions. For example we saw that elective referral rates were generally lower than the Clinical Commissioning Group (CCG) and the national average. We also saw data which showed that the emergency admissions to hospital were at or below the CCG average and the national average.

The provider carried out reviews as part of the Quality Outcomes Framework (QOF). The QOF is the annual reward and incentive programme which awards surgeries achievement points for managing some of the most common chronic diseases such as asthma and diabetes. The practice's achievements had been historically low in comparison to other practices in the area, for example in 2013/2014 patients registered at the practice with Chronic Obstructive Pulmonary Disease (COPD) 70.5% had had a full review of their condition. This was 24% below the recorded national average of 95%. We saw evidence that one of the GPs had been working with the CCG to address this issue. For patients with a new diagnosis of depression the QOF data indicated that 48% had received the recorded intervention. This was 38% below the national average.

Although historically the GP's had not used the computer system to record QOF data directly they had achieved the expected level of reviews for patients with a diagnosis of asthma. Staff told us that since the introduction of the new computer system in October 2014, the QOF recording was improving. They told us that this enabled the practice to have a more accurate position statement in terms of reviews for patients for example with a long term condition.

The practice had a very low number of older patients and a low prevalence of patients with cancer (two only) at the time of the inspection. One of the GPs we spoke with told us they used national standards for the referral of patients with suspected cancers referred and seen within two weeks. Data we saw from the CCG supported this. Other data showed that the practice had low performance figures for reviewing patients following an initial diagnosis of cancer. Following the inspection we asked the practice about this. Their response showed that patients had received a review within the required timescale and appropriate actions were ongoing.

Discrimination was avoided when making care and treatment decisions. Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patients' age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff in the practice had key roles such as data input, scheduling clinical reviews, and managing child protection alerts and medicines management.

The practice was unable to provide us with any evidence of completed clinical audits undertaken at the practice and therefore we were not able to demonstrate improved outcomes for patients. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards are being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

Clinical audits are often linked to medicines management information, safety alerts or as a result of information from the quality and outcomes framework (QOF) a national performance measurement tool. Staff told us about the process they used following an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA). It was clear that action was taken to reduce the risk to the

relevant patients and this was recorded to show the action that had been taken. However clinical audits had not been completed to demonstrate whether any changes to treatment or care would be required following the alert or a repeat audit conducted to ensure outcomes for patients had improved.

We saw that there was a series of correspondence with consultants in relation to safety related issues and to minimise the risk to patients' health. This demonstrated a commitment to improve patient safety and reduce risk, however this was not always recorded to demonstrate positive patient outcomes.

There was a protocol for repeat prescribing which was in line with national guidance. In line with this, staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for patients with long-term conditions such as diabetes and that the latest prescribing guidance was being used. The new computer system used at the practice flagged up relevant medicines alerts when the GP was prescribing medicines. We saw evidence to confirm that, after receiving an alert, the GPs had reviewed the use of the medicine in question and, where they continued to prescribe these outlined the reason why they decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

Effective staffing

Practice staffing included medical, managerial and administrative staff. We reviewed staff training records and saw that the two GPs at the practice had completed a mandatory training course in June 2014 in basic life support and a variety of other training such as safeguarding and hypertension. Other staff told us about training that they had completed however it was difficult to evidence this from the records seen.

We saw evidence that both GPs had received annual appraisals, were up to date with their yearly continuing professional development requirements. We were told that one GP had been revalidated in 2014 and the other GP was due to be revalidated in 2016. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

We saw a record of one staff appraisal dated 28 May 2014 which included details of planned training for the individual. The practice manager confirmed that arrangements had been made for their own and other staff appraisals to be completed by July 2015.

The GPs in the practice administered vaccines and one GP was responsible for cervical cytology. We saw that they had received specific update training for these activities. There was also other evidence of the GPs having additional diplomas in other areas such as diabetes and asthma and both GPs had many years of experience working in psychiatry. The practice had introduced an e-learning training package for staff in January 2015 which demonstrated that the practice was committed to improving the skills and knowledge of the whole staff group.

Working with colleagues and other services

The practice worked with other service providers to meet patient's needs and manage those of patients with complex needs. It received blood test results, x ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Staff were clear about their responsibilities of passing on, reading and acting on any issues arising from communications with other care providers. The GP who saw these documents and test results was responsible for the action required. We found that all clinical letters and test results were dealt with, coded and actioned by the GPs. We found that not all paper copies of test results were actioned the same day as they were received which may cause a delay to the treatment required for the patient.

The practice had meetings with other health professionals such as a midwife or health visitor to discuss the needs of complex patients, for example children who were at risk of harm. The practice manager confirmed that these took place, however there were no records kept of these meetings and it was therefore difficult to evidence the positive outcomes for patients from these meetings.

Information sharing

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals. The practice was however, below the Clinical Commissioning

Inadequate

Are services effective?

(for example, treatment is effective)

Group's (CCG) Aspiring to Clinical Excellence (ACE) aspirational target for the number of referrals made last year through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital). We saw that as part of the ACE development plan for 2014/2015, the CCG had asked the practice to actively increase the number of patients who used the Choose and Book facility.

The practice had a system to provide staff with the information they needed. The practice had an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's safety and ease of use. The GPs and staff told us how helpful they had found this software and continued to see its benefits. The practice manager informed us that the software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. They confirmed that plans were in place for a system to be installed at the end of March 2015 which would enable the practice to receive electronic documents automatically into a system for filing and workflow. We saw that staff training on this system had been arranged prior to its installation.

Consent to care and treatment

We saw that the practice had a policy for documenting consent. We were told that consent was recorded on the patient's record only if they refused to have a particular treatment when offered. We found that clinical staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. The clinical staff we spoke with understood the key parts of the legislation and were able to describe to us how they implemented it in their practice.

Patients with a learning disability were supported to make decisions through the use of care plans, which they were involved in agreeing. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. Clinical staff demonstrated a clear understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).

Health promotion and prevention

It was practice policy to offer a health check to all new patients registering with the practice. The GP identified and followed up all health concerns detected in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or supporting patients with a substance dependency.

The practice had numerous ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. We saw evidence that last year's performance for childhood immunisations was overall below average for the CCG. During the inspection we saw that some of the problems that the practice had were in relation to the large proportion of their patient population who were transient and difficult to engage. The practice told us they were able to demonstrate how they were working with church leaders and other health professionals such as a midwife and health visitor to help to address this.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction which was information from the national patient survey 2014, complaints and compliments received by the practice and feedback from the 42 Care Quality Commission comment cards completed by patients. The evidence from all these sources showed that patients were generally satisfied with how they were treated and that this was with compassion, dignity and respect.

Data from the national patient survey which was based on 40 responses showed that the practice was above the local Clinical Commissioning Group (CCG) average, 96%, for patients who had confidence and trust in the last doctor they saw or spoke with. Also 100% of patients who responded said that the last appointment they had was convenient and 95% of respondents described their overall experience of this surgery as good. The practice was below the local CCG average for its satisfaction scores on consultations with doctors and nurses with 73% of practice respondents saying the GP was good at listening to them and 74% saying the GP gave them enough time. The practice had carried out a patient satisfaction survey prior to the inspection and received feedback from patients in the practice's comments box in the waiting area. At the time of the inspection the information from the survey and comments box were in the process of being analysed. Information from the results of the survey received after the inspection showed that overall patients were satisfied with the service provided by the practice.

We looked at each of the CQC comment cards completed by patients who told us what they thought about the practice. We received 42 completed cards and all but one were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff were kind and sympathetic. One comment was less positive about being listened to. We also spoke with three patients on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We saw the rooms had appropriate couches for examinations and curtains to main privacy and dignity during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. The telephones were located away from the reception desk behind a screen which helped to keep patient information private. Staff told us that if patients wanted to speak to the receptionist or practice manager privately, they would be taken to a private room although this facility was not seen advertised.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Observation of and discussions with staff showed that they were compassionate and treated patients in a sensitive manner, particularly for those whose circumstances may make them vulnerable such as temporary residents or patients who were experiencing mental health issues. The practice had a significantly high number of patients where English was not their first language and we saw that staff took time to listen and explain information to them in a way that they could understand.

There was information in the practice information leaflet and on the practice's website stating the practice's zero tolerance for abusive behaviour. Staff told us that there had been a number of occasions when they had had to refer to this to diffuse potentially difficult situations.

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed improvements were needed to involve patients more in planning and making decisions in their care and treatment. Data from the national patient survey showed 82% of practice respondents said the GP involved them in care decisions and 78% felt the GP was good at explaining treatment and results. These results were below the average compared to the CCG's local average.

Good

Are services caring?

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views. One patient wrote that the GPs at the practice were particularly good when treating their children and listened to them and dealt with them in an age appropriate way.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We also saw large posters about how patients could access an advocacy service if they needed to. We saw that the practice had had these translated into two other languages to assist the majority of patients who attend the practice.

We saw evidence of care plans and patient involvement in agreeing these. For example each patient with a learning disability was given a 45 minute appointment so that they could be given time to discuss their individual care plans. Other patients who were asthma suffers also had individual care plans.

Patient/carer support to cope emotionally with care and treatment

Feedback from patients showed that they were positive about the emotional support provided by the practice. For example, one patient wrote in the comment cards that they had received help to access mental health services to help them manage their treatment and care when it had been needed. Comments from other patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this feedback. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room told patients how to access a number of support groups and organisations including how to get benefits advice. The practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us that if families had suffered a bereavement, they were given advice on how to find a support service for example CRUSE the national bereavement charity. One patient who had had a bereavement confirmed they had used this type of support and said they had found it helpful.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We did not see any evidence of any formal analysis of patient population needs, however it was clear through discussions with clinical staff and the practice manager that the needs of the practice population were understood. We also found the practice was responsive to the needs of their patient population.

One of the GPs gave us examples about how the practice had engaged with other professionals to respond to the needs of patients in specific groups. For example the GP had recently met with a senior member of staff from the South Birmingham Mental Health Foundation Trust to agree the responsibilities between primary and secondary care to achieve best outcomes for patients with mental health needs. The GP told us that this meeting also promoted a positive working relationship with the Trust and helped to clarify the roles between them for the benefit of the patients.

The practice manager told us that they were in the process of establishing a patient participation group (PPG). We saw that they had recently set up a practice website which included a section where patients could opt to join the practice's virtual PPG and offer suggestions on how the services at the practice could be improved.

There had been very little turnover of staff during the last few years which enabled good continuity of care and accessibility to appointments with a GP. Longer appointments were available for patients who needed them and those with long term conditions.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. For example services for asylum seekers, those with a learning disability and travellers. The practice had access to translation and interpreter services and two GPs and a receptionist who spoke three languages.

The practice had recently (January 2015) signed up for an e-learning training package to enable staff to keep up to date with required training requirements and improve their knowledge. No equality and diversity training had been completed by staff, however the practice manager confirmed that this would be completed as part of the training needs that had been identified by the practice for all staff. The practice manager confirmed that all staff would complete this training in 2015. Although there had not been any formal equality and diversity training, the practice did have an Equality and Diversity policy which staff had access to.

Practice staff were highly familiar with dealing with patients from a broad diverse spectrum and were able to demonstrate and gave examples to us about how they tackled inequity and promoted equality for all patients. One example was given of a homeless patient who was experiencing a mental health crisis and the staff explained how they supported the patient and accessed specialist support for them.

The premises and services had been adapted to meet the needs of patient with disabilities. For example there was a disabled toilet and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties. This was also useful for parents with prams or pushchairs to access the practice.

The practice provided all services for its patients on the ground floor. This made movement around the practice easier and helped to maintain patients' independence.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and there was easy access to the treatment and consultation rooms. No baby changing facilities were available at the practice.

The practice had a patient population made up of approximately 20 different ethnicities. Three members of staff (including the two GPs) were fluent in Urdu and Punjabi in addition to English. Almost 50% of patients were Asian and therefore were supported directly by the practice staff. Most of the other patients were Eastern Europeans and the practice supported these by the regular use of interpreters.

The practice enabled people whose circumstances may make them vulnerable to easily register with them. This included homeless people who were able to use the practice's address to register and asylum seekers. The practice ensured that there were no barriers to accessing services for vulnerable people.

Access to the service

Access to the reception service was open throughout the day from 8.30am except for Thursday afternoons.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Appointments were available from 9am to 11.45am and 2pm to 5.30pm on a Monday, Tuesday and Friday, from 9am to 11.45am on a Thursday and from 9am to 11.45am and 3pm to 7.15pm on a Wednesday.

Comprehensive information was available to patients about appointments on the practice website and in the practice information leaflet. This included how to arrange urgent appointments and home visits. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number of the out of hours primary care service they should ring depending on the circumstances. Information on the out-of-hours service was also provided to patients in the practice information leaflet and on the practice website.

Longer appointments were also available for patients who needed them and those with long-term conditions. The practice had only one patient in a local care home that received a visit from one of the GPs when required. Other home visits were made to those patients who were house bound or needed one.

Patients were generally satisfied with the appointments system. Data from the national patient survey 2014 showed that 100% of patients who responded said that the last appointment they made was convenient and 98% described their experience of making an appointment as good. Patients we spoke with on the day of the inspection and from patient feedback in the comment cards confirmed that they could see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

The practice's extended opening hours on a Wednesday evening was particularly useful to patients with work commitments. This was confirmed by two patients who said that they found it helpful not to have to leave work early to see the GP.

The practice had a large percentage (17%) of its patient population from the Romanian community which we were told was predominantly young. This patient group were unable to speak English and were very frequent travellers, having different concepts of care especially in relation to on-going continuity of care and preventative medicine. To address some of the challenges of this population group, the practice had allocated a number of days each week specifically to support these patients. Interpreters were booked in advance to support patients at these sessions. One of the GPs told us that all the staff were working hard to develop the trust of these patients and to help them to improve their health and well-being. However continuity of care for a long term care illness for these patients was more difficult due to their frequent and prolonged absences from the country. We saw evidence of contact that the practice had made to the local Church leaders to convey the message to the Romanian congregation about support to improve patients' health.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system in the practice information booklet and on the practice website. We saw that the complaints form was available on the website for patients to access if required. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at seven complaints which had been received by the practice in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. We saw that learning from these complaints had taken place and shared with staff.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice staff described a vision to provide a sympathetic, caring and efficient service to its patients. However there was no strategic plan with aims and objectives to support this vision. Staff we spoke with were clear about the requirement to develop its systems and processes to support the vision. Following the inspection, the practice manager informed us that they had sought advice from colleagues at the practice manager forum in relation to developing a strategy and business plan. The practice manager confirmed that this would be developed with the GPs at the practice over the next few months.

The practice manager told us that they and the GPs recognised the need for clear leadership and a strategy for the future development and sustainability of the business which was not yet in place. We found the practice manager to be insightful into the improvements required at the practice and they were able to demonstrate how they had begun to develop some of the systems and processes to achieve this. The practice manager showed us some of the action plans that they had in place to support them to start this process, which was in the early stages of development.

One of the improvements that had been introduced was to take advantage of the opportunities provided by using information technology in an efficient manner with the introduction of a new computer system in October 2014. This would provide a more efficient system to manage incoming communications such as test results. The system would also assist with the ongoing monitoring of performance of key health targets such as QOF. We recognise this change however at this stage we were unable to demonstrate that the introduction of the new system had improved monitoring and outcomes for patients for example exemption reporting within QOF. Other improvements in development but not yet embedded included the development and 'go live' of a new practice website, a new e-learning training package for staff, work to develop a system for patients to join a virtual patient participation group (PPG) and to contribute to and influence service delivery at the practice.

The practice manager said that the GPs were supportive of the changes needed to improve the systems at the practice. They confirmed that both GPs had been using a manual recording system for consultations for many years and had accepted the challenge to use and manage computer systems to improve efficiency and effectiveness. Both GPs had received training on the new computer system at the practice and had continued to develop their skills in this area since it was introduced in October 2014. The practice manager told us that the staff were all on a journey of learning but could clearly see the benefits of using the new system.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on their desktop within the practice. We looked at eight of these policies and saw that most of these had been reviewed and dated. We saw that three of these needed to be dated and authorised, for example the chaperone policy.

There was a small staff team at the practice which included two GPs and no other clinical staff. One of the GPs was the lead for most areas for example safeguarding, infection control and governance. An infection prevention audit had been completed by the Clinical Commissioning Group in August 2014, however there had been no follow up or repeat of this audit to ensure action identified was effective and embedded. We spoke with five members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed performance was generally below national standards. For example in 2013/2014 the practice achieved 74% of the available points, this was 19% below the national average of 93%. The exception report rating at the practice was 21.5%, which is above the national average of 8%. We found that QOF data had not been formally discussed by the practice. When asked, the practice was unable to provide written records that showed how they had responded to maintain or improve outcomes for patients. Staff we spoke with told us that QOF data was regularly reviewed, however there was no evidence of this or what actions, if any had been taken.

Aspiring to Clinical Excellence (ACE) is a programme offered to all Birmingham Cross City clinical commissioning group (CCG) practices. ACE is a programme of improvement aimed at reducing the level of variation in general practice

Are services well-led?

Inadequate

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

by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. Achievement of ACE is verified by a practice appraisal process by the CCG. We looked at the results of the assessment of the evidence provided by the practice and saw that there were areas for improvement identified which the practice had developed an action plan to address.

We saw that there had been a few medication reviews following a medication alert or as part of the work the practice carried out with the prescribing support pharmacist. However the practice had not completed any clinical audits to monitor quality and systems to identify where action should be taken to improve outcomes for patients. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance to measure whether agreed standards are being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

The practice had some arrangements for identifying, recording and managing risks. The practice manager showed us the risk file, which addressed some potential issues such as building maintenance and security. The practice had held only one formal meeting and therefore we were not able to evidence how performance, quality and risks were discussed or updated when required.

Leadership, openness and transparency

We saw that regular, formal staff meetings had not previously been held. The practice manager had taken steps to address this and we saw minutes from a recent meeting between the GPs and the practice manager. There was no evidence of any proposed structure for the future meetings to include specific agenda items such as significant events, complaints, training, governance, risk management or performance. We discussed this with the practice manager who said this would be addressed immediately. Following the inspection we received a template of a practice meeting from the practice manager and an agenda for a planned meeting in March 2015. We saw that this required further development to ensure all areas of the practice were included.

Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time with the practice manager or the GPs.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example an induction policy and equal opportunities/ anti-discrimination (employment) policy which were in place to support staff. Staff we spoke with knew where to find these policies if required.

Seeking and acting on feedback from patients, public and staff

The practice had gathered feedback from patients through comment cards, complaints and compliments received. The practice manager told us that they had made improvements to the waiting area which included new chairs and redecoration following comments made by patients.

The practice had recently set up a virtual patient participation group (PPG) which we saw on the practice website. The membership had not been confirmed at the time of the inspection as the 'recruitment' to the group was still ongoing. We saw that the practice specifically invited a wide range of patient population group representatives such as younger patients and those from non-British ethnic groups. We saw that the aim of the practice was to ultimately have a list of 100 PPG members to help them to identify and deliver on improvements to the practice services.

The practice manager confirmed that a patient satisfaction survey had recently been completed and was in the process of being analysed. They confirmed that feedback from this survey would be used to make improvements to the service. The practice manager informed us that an external company had been contracted to carry out a patient satisfaction survey for the practice in June 2015. They told us that the results of the survey and an associated action plan would be made available on the website for all patients to view.

The practice had gathered feedback from staff through informal staff meetings and discussions. Minutes from meetings were not previously kept and we were only able to see evidence of a recent meeting between the practice manager and the GPs. The practice manager confirmed that all staff meetings would be recorded and minutes

Are services well-led?

Inadequate

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

shared with staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. They confirmed that they worked well together as a team and it felt more like being in a family than working with colleagues. However if they had any concerns they confirmed that they would follow the whistleblowing policy which was available to all staff on their computers in the practice.

Management lead through learning and improvement

We looked at three staff records and found that only one member of staff had received an appraisal. The practice manager told us that they planned to complete these for all staff by July 2015. There were no records seen of a completed appraisal for the practice manager to support their learning and development.

We saw evidence that the practice had recorded eight significant events (all clinical) in the past 12 months. We found that these were not signed and no detailed action plans were seen, although we could see that actions had been taken as a result. There was no written evidence of how these were shared with staff, however staff confirmed that informal discussions took place about significant events to ensure the practice improved outcomes for patients.

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 Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision This is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider must protect patients against the risk of unsafe and inappropriate care and treatment by ensuring that they have robust governance systems in place to identify, assess and monitor the quality of the service provided at the practice.