

Great Bridge Partnership for Health

Inspection report

Sai Surgery
10 Slater Street, Great Bridge
Tipton
West Midlands
DY4 7EY
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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 location

Good 

Are services safe?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection July 2017 – Good overall, with requires improvement rating for providing Safe services)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services well-led? – Good

We inspected Great Bridge Partnerships for Health on 28 April 2016. As a result of our inspection, the practice was rated as requires improvement overall with a requires improvement rating for providing effective, caring and well led services; the practice was rated good for providing safe and responsive services. A requirement notice was issued to the provider. A second announced follow up inspection was carried out on 20 July 2017, in order to review progress made by the practice. The practice was rated requires improvement for providing safe services. The practice was rated as good for providing effective, caring, responsive and well led services and rated good overall. You can read the reports from our previous inspections by selecting the 'all reports' link for Great Bridge Partnership for Health on our website at www.cqc.org.uk

This inspection was an announced focused inspection carried out on 16 August 2018. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified at the previous inspection. As part of this inspection we also reviewed if the practice was providing a well led service. This report covers our findings in relation to those requirements.

At this inspection we found:

- The practice had improved its safeguarding processes to ensure concerns about children and vulnerable adults were easily identifiable and could be acted on.
- Records for the maintenance of the premises was accessible and could be referred to as required.
- Patients records reflected if they were on high risk medicines or had major active problems.
- The system for recording and learning from significant events was not always clear or consistent to support learning and improvements.
- The practice had taken action to improve patient satisfaction in relation to accessibility and monitored this through surveys. However, patient feedback showed ongoing improvements were required.
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The areas where the provider **should** make improvements are:

- Ensure the system for recording and learning from significant events is clear and consistent to support learning and improvements.
- Ensure learning from patient's safety alerts is shared with all staff.
- Continue acting to improve patient satisfaction in relation to access to appointments and getting through to the practice by phone.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Great Bridge Partnership for Health

Great Bridge Partnerships for Health is a long established practice located in the area of Tipton, in the West Midlands. There are three locations that form the practice; these consist of the main practice at Slater Street Surgery (also known as Sai Surgery) and two branch practices which are Cordley Street Surgery and Yew Tree Healthy Living Centre. At this inspection we visited the main practice only.

The practice has one patient list of approximately 11,800 patients of various ages registered and cared for across the practice. Patients can be seen by staff at any of the practices and systems and processes are shared across the three sites. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Great Bridge Partnerships for Health is led by three partners; a GP and two directors. The partners and the practice manager form the general management team across the practices. The clinical team includes six GPs, a nurse consultant, an advanced nurse practitioner, three

practice nurses and a health care assistant. The clinical team is also supported by two clinical pharmacists. The practice has a non-clinical team of 17 staff members who cover reception, administration and secretarial duties.

Slater Street Surgery is open for appointments from 8am to 6:30pm during weekdays, except on Thursdays when the practice closes at 12:30pm; patients are directed to access appointments at Cordley Street Surgery on Thursday afternoons. Extended hours are provided at Slater Street Surgery between 6:30pm and 8pm on Monday evenings.

Cordley Street Surgery is open for appointments from 8am to 6:30pm during weekdays. Extended hours are available on Monday evenings between 6:30pm to 8pm, as well as Saturdays between 9:30am and 1pm and then from 2pm to 5pm.

Yew Tree Healthy Living Centre is open for appointments between 8am and 6pm on Mondays, Wednesdays and Fridays. Patients are directed to access appointments at Cordley Street Surgery when the surgery closes at 6pm and on Thursdays when the surgery closes at 12:30pm. Extended hours are provided at Yew Tree Healthy Living Centre from 6:30pm to 8pm on Tuesday evenings.

There are also arrangements in place to ensure patients received urgent medical assistance when the practice is closed during the out-of-hours period.

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems in place to safeguard children and vulnerable adults from abuse. Staff knew how to identify and report concerns. Risk registers were up to date and contained relevant information to alert staff to any concerns.
- There were risk assessments in relation to health and safety and we saw that the practice had taken action to address identified issues. Safety records were accessible to staff.
- An infection prevention and control audit had been carried out in March 2018. There were effective systems in place to control the spread of health care associated infections.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.

Appropriate and safe use of medicines

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

- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

- Systems were in place to highlight patients on high risk medicines.
- Uncollected prescriptions were reviewed and recorded on patients records. However, there was no overall log to provide a clear audit trail. Following the inspection, the practice implemented a written checklist.

Track record on safety

The practice had systems in place to identify and monitor risks to patient safety.

- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

When things went wrong the practice took action to reduce the likelihood of reoccurrence.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. However, the system for recording and learning from significant events was not clear or consistent to support learning and improvement.
- There were adequate systems for reviewing and investigating when things went wrong. The practice took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, these were not routinely discussed in clinical meetings to ensure learning was shared throughout the practice.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

- Leaders were aware of issues and priorities relating to the quality and future of services. They understood some of the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- Areas for improvements identified at the previous inspection were mostly addressed. Some of the areas for improvement were ongoing and actions taken had not been fully embedded to demonstrate a positive impact for patients.

Vision and strategy

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

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

Culture

The practice had an open supportive culture.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Responsibilities, roles and systems of accountability generally supported good governance and management.

- Staff were clear on their roles and accountabilities in areas such as safeguarding and infection prevention and control. However, there were inconsistencies in the reporting and recording of significant events.
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended. Sometimes these were not consistently followed such as incident reporting.
- Team meetings provided an opportunity to discuss and share important information. However, patient safety alerts were not routinely discussed in clinical meetings. Annual meetings took place to review the practices complaints and significant events. However, there were some inconsistencies in the information recorded.

Managing risks, issues and performance

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

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.
- The practice used the information collected for the Quality Outcome Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. We identified areas of high exception reporting however, we saw that these patients had been exception reported appropriately.

Appropriate and accurate information

Are services well-led?

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients. For example, QOF and the local Clinical Commissioning Groups (CCG) Primary Care Commissioning Framework (PCCF).
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. The practice had reviewed the information governance policies and procedures in response to a significant event to ensure a clear and consistent approach.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services. However, ongoing improvements were required.

- Patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. However, feedback from patients showed that ongoing improvements were required to increase satisfaction in the service.
- There was a patient participation group. However, there was a lack of engagement with the practice to enable collaborative working.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

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

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.