

# Dr Priyanand Hallan

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of Dr Hallan's Surgery, also known as Park House Surgery on 20 October 2016. We had previously inspected this practice on 2 June 2015. As a result of that inspection the practice was rated as good overall and requires improvement for providing safe services. Following the inspection the practice wrote to us to say what they would do to meet the legal requirements.

As a period of 12 months had elapsed since the publication of the report we carried out a second comprehensive inspection of the practice and we also checked to see whether the improvements identified at the first inspection had been actioned.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.

Since the last inspection in June 2015, the practice had introduced a system to analyse significant events and incidents, these were documented and shared with staff.

- Effective recruitment procedures have been implemented since being identified at the comprehensive inspection in June 2015. This included undertaking Disclosure and Barring (DBS) checks for staff that required them.
- Systems had been put in place identified as an area of improvement at the last inspection, to ensure patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- The practice had implemented effective systems in the management of risks including infection control procedures.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- The practice had reviewed their current patient record system to ensure that read codes were being used appropriately.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they met patients' needs.
- The building posed limitations with no parking, no disabled facilities and restricted space, but the practice had joined with two other local practices to purchase land and was planning on moving to new premises in the near future.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and staff felt they were supported by the practice manager and GP. The practice proactively sought feedback from staff and patients, which it acted on.

There are areas where the provider should make improvements:

- Improve the system for the identification of patients who are carers and provide them with appropriate support.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Ensure the risk assessment for not having a defibrillator in place is effective in mitigating risks.
- Continuously monitor the availability of emergency medicines to ensure sufficient quantities are available when required.
- Continue to review patient satisfaction scores to ensure patients' needs are being met.

**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?

Good



- There were systems in place to monitor safety. These included systems for reporting incidents, significant events, near misses, positive events as well as comments and complaints received from patients. Since the previous inspection the practice had introduced an effective system for reviewing events and discussing lessons learnt and implementing action plans. The GP held quarterly meetings to discuss lessons learnt. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Recruitment procedures were identified at the previous inspection in June 2015 as not being effective. The practice has introduced a new system and all the required checks were now in place.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some arrangements in place to respond to emergencies and major incidents, but we found that the practice did not have all the recommended emergency medicines in place. Since the inspection we have received confirmation that this has been rectified.

### Are services effective?

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was evidence of quality improvement including clinical audit. There had been audits completed at the practice, including two cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- The practice offered a Disease-modifying anti rheumatic drugs DMARD monitoring service for their patients, this included reviews of their medicines.
- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were above average compared to the national average. The most recent published results were 100% of the total number of points available with an exception reporting rate of 19.7%. This was higher than the CCG and national average of 9%.

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was a carer and 0.5% of the practice's population had been identified as carers. There was carers' information in the waiting room with detailed information on local support available. There was a carer's identification form available, which encouraged patients to identify themselves if they were carers.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice also supported patients by referring them to a number of support groups including onsite stop smoking service and other support agencies.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients could access appointments and services in a way and at a time that suits them. Telephone consultations and extended hours were also available. Results from the GP patient survey of July 2016 showed patients found the last appointment they had was convenient with a 91% satisfaction score, this was comparable with the CCG average of 87% and the national average of 92%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a strong leadership presence with the GP and Practice Manager and staff told us they felt supported within their roles.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Staff we spoke with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were proud to be part of the practice.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice proactively sought feedback from patients, which it acted on and the patient participation group was active.

Good



# 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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests, vaccinations and a dedicated phone line for those patients who were unable to access the practice.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.

### People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every three months.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions, including a DMARD monitoring service.
- A consultant led diabetes clinic was held every three months to support patients with complex diabetes needs.
- Practice data showed that there were 38 patients on the Chronic Obstructive Pulmonary Disease COPD register and 68% had received their flu vaccination since the flu campaign had commenced in September 2016

# Summary of findings

## Families, children and young people

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children, but there were no baby changing facilities available. Staff told us that if a mother required somewhere for baby changing or breast feeding they would be offered a private room.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 88% to 100% compared to the CCG averages which ranged from 52% to 94%. Immunisation rates for five year olds ranged from 86% to 96% compared to the CCG average of 55% to 95%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 87% which was higher than the national average of 82%.

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years..
- The practice offered a choice of extended hours to suit their working age population, with later evening appointments available once a week and on a Saturday morning. Results from the national GP survey in July 2016 showed 72% of patients were satisfied with the surgery's opening hours which was similar to the CCG average of 71%, but lower than the national average of 78%.



# Summary of findings

## People whose circumstances may make them vulnerable

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that there were five patients on the learning disability register and two had received their annual health checks within the last 12 months. The practice sent regular appointments to patients and was actively trying to reduce the number of patients who did not attend their health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every three months.
- 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's computer system alerted GPs if a patient was also a carer. There were 12 patients on the practice's register for carers; this was 0.5% of the practice list. The provider had produced a carer's pack and had a carer's corner.
- The practice held an audiology clinic every week for patients who were suffering hearing difficulties.

Requires improvement



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

- Data from the Quality and Outcome Framework (QOF 2015/16) showed 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Data from QOF (2015/16) showed 100% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.

Good



## Summary of findings

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

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages for patient satisfaction. Three hundred and thirty six survey forms were distributed and 126 were returned. This represented 38% response rate.

- 61% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 66% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 85%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. Some of the comments received, told us about the excellent service that was received and how helpful the staff were.

Results from the Friends and Family Test (FFT) between March 2016 and July 2016 showed 53 forms had been completed. 79% of patients said they were likely or extremely likely to recommend the practice.

We spoke with three patients during the inspection including one member of the patient participation group. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Improve the system for the identification of patients who are carers and provide them with appropriate support.
- Maximise the functionality of the computer system in order that the practice can run clinical searches, provide assurance around patient recall systems, consistently code patient groups and produce accurate performance data.
- Ensure the risk assessment for not having a defibrillator in place is effective in mitigating risks.

# Dr Priyanand Hallan

## 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 adviser.

## Background to Dr Priyanand Hallan

Dr Priyanand Hallan's practice is located within the Park House Surgery in the Great Barr area of Birmingham. The practice has a Personal Medical Services contract (PMS) with NHS England. A PMS contract offers local flexibility by offering variation in the range of services which may be provided by the practice. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes. The practice had an approximate list size of 2300 patients

The practice is based within the Sandwell and West Birmingham CCG area. The practice is run by a lead male GP (provider). There is one practice nurse and the non-clinical team consists of administrative and reception staff and a practice manager.

The practice opening times are from 8am to 6.30pm Monday to Friday, except Wednesday when the practice closes at 1pm, during this time phone lines are diverted to another local practice. Saturday opening is also available from 9am to 12 noon. The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed an out of hours answerphone message informs patients to contact the NHS 111 service which would assess and refer patients to the out-of-hours service provider Primecare.

The practice serves a higher than average population of women aged 30-34 years. The area served has lower deprivation compared to England as a whole and ranked at six out of ten, with ten being the least deprived.

The current premises pose difficulties with no parking or disabled facilities and limited space inside the building. The practice has amalgamated with another two local practices to purchase land and is in the process of having a new health centre built to house all three practices.

## Why we carried out this inspection

On 2 June 2015 we carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The provider was not meeting regulation 12 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 which related to safe care and treatment and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. This inspection on 20 October 2016 was a second comprehensive inspection and we also checked to see whether outstanding actions had been implemented. The inspection was planned to check whether the provider was 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 October 2016. During our visit we:

- Spoke with a range of staff including GP, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'
- Reviewed documentation made available to us?

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

At the previous inspection in June 2015, we found that the practice did not have effective systems in place to monitor safety and review incidents and discuss lessons learnt. The practice has since implemented systems to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, comments and complaints received from patients and patient safety alerts were actioned appropriately and shared with staff.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice reported all incidents and significant events on the Datix system. Datix is a software incident reporting system used by the local Clinical Commissioning Group (CCG) for patient safety and risk management reporting.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held quarterly meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed 19 significant events that had occurred between April 2015 and March 2016. We saw evidence of three medication errors at a local nursing home that had occurred. These had been investigated, reviewed by the GP and lessons learnt had been discussed with all relevant parties. Significant event records were well organised, clearly documented and continually monitored.
- Patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts were appropriately managed. We saw examples of two recent alerts that had been reviewed and acted on. We saw evidence to confirm that alerts were sent to the relevant staff for actioning and were discussed at staff meetings.

We reviewed minutes of meetings where incidents and significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Cleaning schedules were in place for all areas of the practice, including clinical equipment and monthly spot checks were carried out and recorded.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff received regular training. The practice had effective systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. We saw evidence of audits and completed checks and actions taken to address areas identified.

## Are services safe?

- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- At the previous inspection in June 2015 gaps were identified in the recruitment processes. At this inspection we reviewed two personnel files at this inspection and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. The latest fire risk assessment had been completed in June 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments for legionella (Legionella is a term for a particular bacterium which can contaminate water

systems in buildings). Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and a rota system was in place for all the different staffing groups to ensure enough staff were on duty.

- The practice monitored patients who were taking DMARD medicines (Disease-modifying anti rheumatic drugs). DMARDs are a group of medications medicines commonly used in patients with rheumatoid arthritis. An audit was completed by the practice that showed all patients had had blood tests done within last 12 months and were being regularly monitored by the practice and hospital.
- Risk assessments had been completed to control substances that are hazardous to health (COSHH).

### Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- At the previous inspection in June 2015 the practice's arrangements to manage emergencies were not effective as there was no emergency oxygen or defibrillator available. At this inspection we found that emergency oxygen was now in place, but a defibrillator was not available. Following the inspection in June 2015 the practice had submitted information of the reasons they did not have a defibrillator and a review of the emergency services available to them. A risk assessment had been completed but we found this was not effective in mitigating risks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We found some of the recommended medicines for dealing with emergencies were missing. The practice acted immediately on this and a full range of emergency medicines were purchased.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 100% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 19.7% which was higher than the national average exception reporting of 9%. We did discuss this with the provider who could not offer an explanation for the high exception reporting rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators was 100% which was higher than the CCG average of 88% and the national average of 90%. Exception reporting rate was 24% which was higher than the CCG average of 10% and the national average of 11%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 92% and the national average of 93%. Exception reporting rate was 15%, which was higher than the CCG average of 11% and the national average of 11%.

There had been regular audits completed at the practice. We reviewed two audits where the improvements made had been implemented and monitored. For example, the practice had completed an audit on opioid patches for pain

relief to ensure the practice was following the pain pathway guidelines of Sandwell and West Birmingham CCG. The first audit in September 2015 identified six patients who had been prescribed the medicine and a review of the patients showed compliance with guidelines. A re-audit was carried out in March 2016, which showed that a total of eight patients were now on the medication and were also compliant with the agreed pathway. The practice continues to monitor the prescribing of this medicine in line with the CCG and NICE guidelines. The practice also participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend study days, such as updates on immunisations and cervical screening.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to revalidation. The GPs were up to date with their yearly continuing professional development requirements.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every three months to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had four patients on their palliative care register. The data provided by the practice highlighted that all of these patients had a care plan in place and all of the eligible patients received regular medication reviews. We saw that the patients on the register were frequently discussed as part of multi-disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

### Consent to care and treatment

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

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

- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to relevant services.

The practice's uptake for the cervical screening programme was 87%, which was higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were comparable to the CCG average but lower than the national average. For example,

- 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 67% and the national average of 72%.
- 43% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 46% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88% to 100% which were comparable to the CCG averages of 52% to 93%. Immunisation rates for five year olds ranged from 86% to 96% which were comparable to the CCG average of 57% to 95%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GP offered an excellent service and staff were helpful and polite and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs were comparable with the CCG and national averages. For example:

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

Results for consultations with nurses were in line with the CCG and national averages. For example:

- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.

Results for helpfulness of receptionists were in line with the CCG and national averages. For example:

- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format and in a range of languages.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 12 patients on the practice's

register for carers; this was 0.5% of the practice list. There was information in the patient waiting room and identification forms for carers to complete. Staff told us that if families had suffered bereavement, the practice sent a sympathy card and contacted the family to offer support and advice.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Monday evening from 6.30pm to 7.30pm and Saturday morning from 9am to 12 noon.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were translation services available, but the premises had no disabled facilities. The practice was waiting for the new build to be completed which would offer a range of facilities for patients with disabilities. A hearing loop was not available for patients with hearing difficulties, but staff told us that alerts were added to patients' records to inform staff if patients needed extra support.
- The practice ran a DMARD clinic for patients on disease modifying anti-rheumatic drugs.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

### Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and 8am to 1pm on Wednesday. Appointments were available Monday to Friday 9.20am to 12.20am and 4.30pm to 6pm, except on Wednesday when appointments were only available in the morning.

Extended hours appointments were offered on Monday evening from 6.30pm to 7.30pm and on Saturday morning from 9am to 12 noon. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to the CCG average, but lower than the national average. For example:

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. We looked at one

## Are services responsive to people's needs? (for example, to feedback?)

complaint received in the last 12 months and this was satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and

complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and strategy to provide primary health care to patients. We spoke with two members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

The practice had joined with two other local practices to purchase land for a new health centre to house the three practices. Plans were in place and approval had been agreed by the Clinical Commissioning Group. The practice had organised two briefing sessions at a local centre to advise patients of the plans and plans were on display in the practice to keep patients up to date with the development. The practice had clear plans in place for the new build and the services they were planning on offering to patients. Meetings with secondary care had been organised to discuss bringing services into the community.

### Governance arrangements

The governance arrangements outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- The practice manager regularly reviewed how the practice was progressing through QOF indicators and. The latest published QOF results (2015/16) showed the practice had achieved 100%. Exception reporting rates were high in comparison to local and national averages. We did discuss this with the provider who could offer no explanation for this.
- There were some arrangements for identifying, recording, issues and implementing action plans.

However we did find that the management of risk was not always acted on appropriately as the review of emergency medicines and the risk assessment for no defibrillator were not effective in mitigating risk.

- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

### Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. The practice manager and GP formed the management team at the practice but staff told us that it was a team environment. Staff told us the practice manager and GP were approachable and listened to all members of the staff.

The GP and practice manager formed the senior management team at the practice. The management team encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the practice manager and GP.

The practice held regular meetings; these included quarterly meetings of all staff to discuss significant events, complaints and multidisciplinary (MDT) meetings. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

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

- The practice gave affected people reasonable support a verbal and written apology

# Are services well-led?

Good 

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

- The practice kept written records of verbal interactions as well as written correspondence.

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

The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG consisted of 16 members. We spoke with one member of the group as part of our inspection.
- PPG meeting minutes were circulated to members who could not always attend the meetings. The practice proactively gathered feedback from staff.
- Staff meetings were held every three months to discuss complaints and significant events. Staff told us they had been kept up to date with the developments of the new health centre.

- Staff appraisals were completed regularly and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GP were very supportive.

The practice had not reviewed the results of the national GP patient survey, but had carried out an in-house survey in April 2016 and had distributed 60 surveys which had all been returned. This represented approximately 3% of the total practice list. Results from the practice survey showed 82% of patients found the GP was good at listening to them and 76% felt they were given enough time.

## **Continuous improvement**

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was actively taking part in the Primary Care Commissioning Framework (PCCF) with the clinical commissioning group and had received positive feedback on the improvements the practice had made.