

Hill Top Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

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 an announced comprehensive inspection of Hill Top Medical Centre on 28 November 2016. Overall the practice is rated as good.

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. Learning was shared with staff and reported to external agencies when required.
- Required recruitment checks had been made before a member of staff was employed to work at the practice. However, the physical and mental health of newly appointed staff had not been considered.
- The systems in place to mitigate risks to patients who took high risk medicines were not always effective.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patients said they found urgent appointments were available the same day but the appointment system was a cause for complaint for a number of patients when trying to make a routine appointment to see a GP.
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey results; last published in July 2016.
- The practice had 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a written set of objectives and values supported by a written business plan that reflected this strategy and ensured the future direction of the practice was monitored and evaluated.

Summary of findings

- The practice had visible clinical and managerial leadership. Most governance and audit arrangements were effective.

The areas where the provider must make improvement are:

- Ensure that systems to mitigate risks to patients prescribed high risk medicines are fully effective.
- Implement effective systems to manage patients with long-term conditions, specifically asthma and diabetes.

The areas where the provider should make improvement are:

- Ensure that infection prevention control audits take into account the most recent nationally recognised guidelines.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

- Review safeguarding policies to ensure they include updated categories and definitions for types of abuse. Ensure all staff are familiar with the policies and are aware of the safeguarding leads.
- Implement an effective prescription tracking system to minimise the risk of fraud.
- Ensure all staff are aware of where emergency medicines and equipment are kept.
- Complete modifications to ensure that the premises are suitable for patients with reduced mobility and any hearing impairment.
- Explore ways to improve telephone access for patients.
- Record verbal interaction and outcomes when resolving complaints over the telephone.

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?

The practice is rated as good for providing safe services.

Good



- There was a comprehensive and effective system in place for reporting and recording significant events. The provider had recorded 66 events in the previous 12 months.
- Lessons were shared both internally and externally to make sure action was taken to improve safety in the practice.
- 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 an effective system to record, review, discuss and act on alerts received that may affect patient safety.
- Systems to mitigate risks to patients who took high risk medicines were not fully effective.
- The practice had processes and practices in place to keep patients safeguarded from the risk of abuse.
- Recruitment checks had been made before a member of staff was employed to work at the practice but these did not include an assessment of their physical or mental health.
- Prescription pads and forms were stored securely but there was no effective system to monitor their use.
- The practice had processes in place to respond to medical emergencies and major incidents.

Are services effective?

The practice is rated as requires improvement for providing effective services.

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below the national average. The most recently published results showed the practice had achieved 69% of the total number of points available.
- Childhood immunisation rates for the vaccinations given were similar to the national averages.
- The practice demonstrated a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical audits had been completed and repeated cycles demonstrated these had driven improvements to patient outcomes.

Summary of findings

- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- An overarching training matrix was in place to monitor that all staff were up to date with their training needs and received regular appraisals.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey results last published in July 2016 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 extensive, easy to understand and accessible. A member of the reception team was nominated as a carers' coordinator.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 129 patients as carers (1.2% of the practice list) and invited them for annual health checks and flu immunisations.
- The practice ran informal lunch meetings for carers and held an annual health check event each October.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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.
- There were urgent appointments available the same day and a clinician managed telephone triage system to prioritise patient requests.
- Patient feedback was generally positive but there were a number of negative comments regarding the appointment system. Data from the National Patient Survey published in July 2016 showed that 64% of respondents described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaints were dealt with in a timely manner and we saw that the practice occasionally adopted a personal approach by telephoning individuals to resolve issues. However, summaries of the outcome of these conversations were not recorded.

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a written set of values and objectives.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- The practice had embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff and appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a written five year business plan detailing the future direction and challenges to the practice.

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

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice provided care and treatment to patients living in three local care homes. These patients had received regular health and medication reviews.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over 75 years of age were invited for an over 75 health check. We saw that 147 out of 631 patients (23%) had received a health check in 2014/15. The practice planned a repeat of this screening programme in 2016/17.

People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions.

Requires improvement



- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for asthma and diabetes related indicators were below the Clinical Commissioning Group (CCG) and national averages for 2015/16.
- Although the practice had made some improvements, the year to date data suggested that the practice would fall below the targets in 2016/17 especially for asthma reviews.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of 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.

Summary of findings

- The practice's uptake for the cervical screening programme was 75%, compared to the CCG average of 79% and the national averages of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- New mothers were offered post-natal checks and development checks for their babies.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were similar to the national averages.

Working age people (including those recently retired and students)

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

- 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.
- Extended hours appointments were available on Monday evening until 9.15pm and on a Saturday between 8.30am and 2pm, targeted at but not exclusively for working aged patients. Telephone consultations were also available.
- The provider was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The provider had enrolled a relatively high percentage of patients for the online services that placed them in the top 5% for the area and had engaged with other practices to share how this was achieved.
- All patients between the age of 40 and 74 years of age were offered NHS health checks and healthy living advice.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and those of no fixed abode.
- The practice offered longer appointments for patients with a learning disability and most of the learning disability annual

Good



Summary of findings

reviews were carried out in the homes of the patients. There were 43 patients on the learning disability register, all were invited for annual reviews and 15 had been completed since April 2016.

- The practice regularly worked with external health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Patients on the vulnerable register who did not attend an appointment were followed up with a telephone call.
- 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 GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- The practice had shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- A total of 42% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was significantly below the Clinical Commissioning Group (CCG) average and national averages of 84%. The provider demonstrated that improvements had been made since the start of the new QOF year (26 out of 47 patients on the dementia register had been reviewed since April 2016).
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 8%. This was significantly below the CCG average of 91% and the national average of 89%. The exception reporting rate was 55% which was significantly higher than the CCG average of 15% and the national average of 13% meaning fewer patients had been included. This had been improved in 2016/17 with five patients having had reviews completed and a further six planned before the end of March 2017.

Good



Summary of findings

- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had a GP lead for mental health and dementia who had attended dementia training courses.
- Patients who got anxious when contacting the practice were supported by allowing them to send email requests for appointments and prescriptions.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. A total of 331 survey forms were distributed and 121 were returned. This represented a 37% return rate.

- 80% of respondents 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%.
- 86% of respondents described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.
- 78% of respondents 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%.

However, the feedback was below the local and national averages for access by telephone:

- 46% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 60% and the national average of 73%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 79 comment cards of which 61 were positive about the standard of care received. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. The negative comments were mainly about the lack of appointments and three negative comments were made about the attitude of staff.

As part of our inspection we spoke with a member of the patient participation group (PPG). They told us the practice staff were very caring, the practice management were respectful of the views of the PPG and listened and acted on their suggestions.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that systems to mitigate risks to patients prescribed high risk medicines are fully effective.
- Implement effective systems to manage patients with long-term conditions, specifically asthma and diabetes.

Action the service **SHOULD** take to improve

- Ensure that infection prevention control audits take into account the most recent nationally recognised guidelines.
- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.

- Review safeguarding policies to ensure they include updated categories and definitions for types of abuse. Ensure all staff are familiar with the policies and are aware of the safeguarding leads.
- Implement an effective prescription tracking system to minimise the risk of fraud.
- Ensure all staff are aware of where emergency medicines and equipment are kept.
- Complete modifications to ensure that the premises are suitable for patients with reduced mobility and any hearing impairment.
- Explore ways to improve telephone access for patients.
- Record verbal interaction and outcomes when resolving complaints over the telephone.

Hill Top Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist advisor and a practice manager specialist advisor.

Background to Hill Top Medical Centre

Hill Top Medical Centre is registered with the Care Quality Commission (CQC) as a partnership GP practice in Oldbury, Birmingham. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area is one of low deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 10,700 patients. The practice age distribution is similar to the CCG and national averages. There is a slightly lower percentage of younger patients (21% of the practice population is aged under 18 compared to the CCG average of 24% and the national average of 21%). The percentage of patients with a long-standing health condition is 66% which is higher than the CCG and national averages, both 54%.

The practice is open between 8.30am and 6.30pm Tuesday to Friday, and on a Monday between 8.30am and 9.15pm. They provide booked appointments between 8.30am and midday, and 2.30pm and 6.10pm Monday to Friday. There are a number of urgent appointments reserved for on the

day booking. Appointments can be booked up to three weeks in advance. Extended hours appointments are available on Monday between 6.30pm and 9pm and on a Saturday between 9.30am and 2pm. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Primecare, when the practice is closed. The nearest accident and emergency department is City Hospital and the nearest walk in centre is at Summerfield Urgent Care Centre, both in Birmingham.

The practice team consisted of:

- Three GP partners all male
- A salaried GP female
- Two advanced nurse practitioners
- A nurse practitioner
- Two practice nurses
- A health care assistant
- A practice manager
- An assistant practice manager
- Eleven reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 28 November 2016. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 Care Quality Commission at that time.

Are services safe?

Our findings

Safe track record and learning

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibilities, and the process, for reporting significant events.
- 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 had recorded and carried out an analysis of 66 significant events in the previous 12 months. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team. Significant events were discussed as a standing item within practice and clinical meetings, or sooner if required. Where appropriate, the practice had shared concerns externally through the Datix system (a national database of significant events).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice failed to spot a diagnosis for a patient made in hospital. The GPs discussed the need for extra vigilance and changed the process of reviewing documents to a system where the correspondence was viewed in smaller batches.

The practice's process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), was effective. We saw evidence that alerts had been acted upon. For example, a MHRA alert issued in February 2016 highlighted risks regarding the use of glucose test strips. A computer search had been carried out by the practice to identify any patients who may have been affected and appropriate action taken.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role

appropriate training to nationally recognised standards. For example, the GP had attended level three training in safeguarding children. There were separate safeguarding leads for adults and children but not all staff were aware of who were the safeguarding leads. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The policy for safeguarding vulnerable adults did not reflect updated categories or definitions of the types of abuse such as modern slavery. Safeguarding meetings were held every three months.

- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. 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. A notice to inform patients of the availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms.
- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken annually and an action plan put in place to mitigate any risks identified. However, there were a number of areas that did not meet nationally recognised guidelines. For example, the external bin for clinical waste was not secured and not all bins were closed, foot-operated units. Clinical staff had received immunisations to protect them from the risk of healthcare associated infections. There was an infection control protocol in place and staff had received training.
- Recruitment checks for staff and had been undertaken in line with current legislation prior to employment. There was a recruitment policy that outlined the legal requirements for the recruitment of all staff. We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. However, there were no processes in place to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role.
- The provider used locum GPs through an agency and all checks had been made. For example, proof of identity, GMC registration, performer's list and medical indemnity.

Are services safe?

- Arrangements for managing emergency medicines and vaccines were in place. Blank prescription forms and pads were securely stored but the system in place to monitor their use was not fully effective. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We found that the systems to monitor patients prescribed high risk medicines were not always effective. At this inspection we found that the practice had not implemented a clear monitoring protocol that defined how and when computer searches of patients receiving high risk medicines would be carried out. During our inspection a computer search of patients on a particular high risk medicine was performed. We found that potential risks to a small number of patients had not been mitigated. One patient on a medicine to treat bi-polar disorder was being prescribed by the GPs without monitoring the patient's blood. The hospital letter we viewed suggested an assumption that the monitoring was being done by the practice. The practice planned to follow up on those patients who had not been monitored following our inspection.
- An effective system for the management of uncollected repeat prescriptions was in place. We found a small number of uncollected prescriptions on the new electronic prescription system but these only dated back to September 2016 and the practice had transferred to the electronic prescribing system (EPS) in the last month.
- Prescription pads and forms were stored securely but the tracking system was not effective and only logged the controlled stationary upon receipt but did not monitor the usage.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs.
- The practice had a variety of other risk assessments in place to monitor safety of the premises. There was a public area health and safety risk assessment completed in November 2016. There was an appointed health and safety lead but they had not received any additional training for the role.
- A legionella risk assessment had been carried out and regular testing for the presence of legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had processes in place to respond to emergencies and major incidents:

- There was a panic button in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received regular update training in basic life support 18 months for clinicians and every three years for non-clinical staff).
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). However, not all staff were aware of the location of the AED. We saw that there were adult and children's masks to administer oxygen to patients.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.
- An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure.

Monitoring risks to patients

Environmental risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and had carried out a recent fire evacuation drills. The practice told us that the drills are carried out annually.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. There was a structured approach to how these guidelines and standards were disseminated, audited and actioned in a comprehensive manner.

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 were 69% of the total number of points available.

This practice was an outlier for a number of QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for asthma was below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months, was 17% which significantly below the CCG average of 75% and the national averages of 76%. The provider had identified that clinical coding had not been done. This resulted in patients receiving a review but this was not captured in the QOF data. We looked at the number of asthma reviews completed since April 2016 and found that 177 patients (22% of the asthma register) had been completed. Although this showed an improvement on the previous year, the figure remained low (the QOF target is to complete reviews on 70% of patients on the asthma register to achieve maximum points).
- Performance for chronic obstructive pulmonary disease (COPD) was below the CCG and national averages. For example, the percentage of patients on the COPD register who had had a review that included an assessment of breathlessness in the previous 12 months was 67% compared to the CCG average of 89% and the national average of 90%. The provider told us that the respiratory nurse had left the practice and a practice

nurse had recently completed their training to carry out reviews on patients with COPD. The provider had completed reviews on 18% of patients on the COPD register since April 2016.

- Performance for diabetes in all five related indicators was below the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 67% which was lower than the CCG average of 79% and the national averages of 80%. The year to date data for 2016/17 indicated that improvements had been made.
- Performance for mental health related indicators was significantly below the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 8%. The CCG average was 91% and the national average of 88%. The exception reporting rate was 55%. This was significantly higher than the CCG average of 15% and the national average of 13% meaning fewer patients had been included. 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. Improvements had been made since April 2016 with written care plans in place for all but six patients.
- A total of 40% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was significantly below the CCG and national averages of 84%. This had improved since April 2016, 55% of patients on the dementia register had received a review.

The attendance figures for a set of chronic conditions where hospital admission is considered as avoidable were 18.5 per 1000 compared to the CCG average of 18.3 and national average of 14.6 per 1000 patients. The healthcare assistant reviewed A&E attendances. If deemed inappropriate, the practice sent an education letter to the patient advising them on each service and when to contact them.

There was evidence of quality improvement including clinical audit.

- The practice showed us two clinical audits that had been completed in the last year; both of these had been

Are services effective?

(for example, treatment is effective)

repeated with a second cycle to demonstrate improvements. For example, the practice had audited the number of urgent (two week wait) referrals and looked at those diagnosed with skin conditions. The initial data showed that 28 referrals had been made and one was found to be cancerous. The second cycle showed a 25% reduction in referrals and increase in those found to be cancerous. This had been achieved by the purchase of a dermatoscope (an instrument used to examine skin lesions) and inward referral to a GP partner who specialised in dermatology (the area of medicine that deals with skin, hair and nails).

- Findings were used by the practice to improve services. For example, 50% of patients under the age of 16 had no record of who had accompanied them to a consultation. A second cycle showed that this figure had improved to 90%.

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 and confidentiality.
- We found a training policy and matrix was in place, and this provided the practice with an oversight of the training staff had completed and needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse was supported to undertake a degree level course in minor illness.
- Staff administering vaccines 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 formal training updates and discussion at practice meetings.
- We found that all staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and clinical reflection sessions.

- 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

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 team met quarterly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice had shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

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. The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- 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.
- There was an up to date consent policy for staff to refer to for guidance.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- Patients could be referred to a smoking cessation clinic within a local pharmacy.
- Patients over 75 years of age were invited for an over 75 health check. Half were invited in 2014/15 and the practice planned to repeat this in 2017/18.

The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80% and the national averages of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, follow up letters were sent to patients who had not attended screening appointments.

Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for

the vaccinations given were similar to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% (national rate was 73% - 95%) and from 85% to 97% for all five year old immunisation rates (national rate of 81% - 95%). There were two exceptions, the Meningitis C vaccination for children up to 12 months (0%) and for the five in one (DTaP/IPV/Hib) booster vaccination for five year olds (16%). The practice had administered the immunisations and contacted public health to question the accuracy of the data.

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. The practice had carried out 132 NHS health checks since April 2016. 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 helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 79 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. However, there were a number of negative comments about the lack of appointments and staff attitude.

We spoke with one member of the patient participation group (PPG) as part of the inspection. They also told us the practice staff were very caring, the practice management were respectful of the views of the PPG and had listened and acted on their suggestions. Comment cards 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 was generally above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national averages of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 99% 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%.
- 91% 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%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national averages of 91%.
- 83% 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

Patient feedback from the comment cards we received was positive about their involvement in decision making about the care and treatment they received. They told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 88% 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%.
- 89% 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%.
- 90% 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, for example, staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. In addition, the practice ran a carers' group and a member of staff was appointed as a carers' coordinator. Informal lunch meetings were arranged with food provided by the practice

Are services caring?

Information about support groups was also available on the practice website. One same day GP appointment was protected each day for carers or the individuals they care for.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 129 patients as carers (1.2% of the practice population) and offered them flu immunisations and annual health checks (an annual health check for carers event was held in October). Written information was available to direct carers to the various avenues of support available to them. This was clearly

displayed on a dedicated board in the patient waiting area. The information leaflet included information for young carers and for a project to support carers from a diversity of cultures.

Staff told us that if relatives had suffered bereavement, a GP normally called them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to access a local bereavement support service. One patient we spoke with, and a number of comment cards we saw, complimented the practice on the support provided when patients had suffered a family bereavement.

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.

- Extended hours appointments were available on Monday evenings and on Saturday mornings aimed at, but not exclusively for working age patients who could not attend during normal opening hours. Telephone consultations were also available.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability.
- There were longer appointments available for patients with a learning disability and dementia (30 minutes). The practice had a register of 40 patients with learning disabilities. In 2015/16, 28 had received an annual health check and 10 had been exception reported.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that require same day consultation. This was assessed through a triage system.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities but no hearing loop and the entrance doors were manual with no system for patients with reduced mobility to alert the practice if assistance was required. The practice told us that they would order both hearing loops and door bells for both buildings.
- Translation services were available for patients who did not have English as their first language. The practice website was available in a number of languages and patient information was offered in any language using a web based translation service.
- The practice provided care and treatment to patients living in nearby care homes. These patients had received regular health and medication reviews. The practice visited the home most days.

- There are two learning disability homes nearby and the advanced nurse practitioner (ANP) and healthcare assistant (HCA) visited to perform annual health checks and flu vaccinations.
- The practice regularly worked with the local health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- New mothers were offered post-natal checks and development checks for their babies.

Access to the service

The practice was open between 8.30am and 6.30pm Tuesday to Friday and between 8.30am and 9.15pm on a Monday. It provided pre-booked appointments on week days mornings between 8.30am and midday and between 2.30pm and 6.10pm on week day afternoons.

Appointments could be booked up to three weeks in advance. Extended hours appointments were available on a Monday between 6.30pm and 9pm and on a Saturday between 9.30am and 2pm. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service, Primcare when the practice was closed. The nearest accident and emergency department was at City Hospital and the nearest walk in centre was Summerfield Urgent Care Centre, both in Birmingham.

Results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages but below average when asked about access by telephone.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 76%.
- 46% 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%.
- 64% of respondents described their experience of making an appointment as good compared to the CCG average of 62% and the national average of 73%.

Comments on the patient comment cards were mixed about the appointment system. We received 79 completed comment cards which included 12 patient comments that were critical of the appointment system. The provider

Are services responsive to people's needs?

(for example, to feedback?)

showed us that they had conducted a review on capacity and were in the process of recruiting additional clinical staff and increasing the hours of existing clinical staff to improve the availability of appointments.

Patients were encouraged to register for the online services provided. The services were actively promoted by the reception staff and a patient worked with the practice to raise awareness and increase uptake of online services. The number of patients signed up placed the practice in the top 5% of GP practices within the clinical commissioning group (CCG) and support had been requested from neighbouring CCGs who asked to share best practice for improving the uptake of online services.

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.
- There was a designated responsible person who handled all complaints in the practice. However the

policy was not always followed. We saw a number of complaints that had been resolved over the telephone but no summary of the conversation had been recorded.

- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice complaints leaflet. This leaflet was sent to each complainant.
- The practice merged complaints into significant events so that each was reviewed using the same methodology.

We looked at three complaints received in the last 12 months. One complaint for a delayed referral that resulted in diagnosis of breast cancer was still ongoing as it was in relation to a locum who no longer worked at the practice. A second complaint was a written complaint that a GP partner had resolved by telephone. There was no written correspondence to summarise the outcome. A third complaint was handled by the assistant practice manager. There was no written notes of the follow up or of conversations held with the complainant.

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 written set of objectives that included being a patient centred organisation providing holistic care to the practice population through partnership with the health professionals. These were documented in the provider's statement of purpose (a statutory document completed when registering as a provider of services). The provider encouraged a set of values using the acronym 'HHH' that stood for 'honesty, hardworking and helpfulness.' Staff we spoke with were aware of the set of values that we were told was a recent initiative.

The practice had a supporting five year business plan that reflected this vision to ensure the future direction of the practice was monitored and evaluated. The management told us of some of the future challenges to the practice, such as recruitment and succession planning. These were documented within the plan as actions to be taken.

Governance arrangements

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.

The practice did have embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service. For example:

- There was a strong culture of sharing and learning demonstrated through the extensive recording and reviewing of significant events.
- There was a structured approach to how these guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical audits were used to assess and monitor quality and to make improvements.
- Patient care was coordinated and appropriate information was shared with external healthcare professionals.
- There was a set of policies and protocols that were informative and instructive to staff.

We found there were a number of areas that required ongoing review :

- The implementation of processes to assess, monitor and mitigate risks to patients on high risk medicines.
- The development of a system of review to ensure patients with long-term conditions were regularly assessed and monitored.
- There has been a lack of management oversight on their clinical coding.

Leadership and culture

The GP in the practice had the capability to run the practice but was not always able to demonstrate how they ensured high quality care was being provided by all staff. They aspired to provide safe, high quality care and were aware of the challenges both internally and externally. Staff told us the management were approachable and always took the time to listen to all members of staff.

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).The management encouraged a culture of openness and honesty and there were systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had a virtual patient group that communicated via email. This group was used to gain feedback on new ideas and initiatives. For example:

Are services well-led?

Good 

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

- Patient feedback on opening hours had been sought prior to the introduction of Monday evening and Saturday morning clinics.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice was planning to become a training practice. It was exploring how they could use other health professionals to reduce the workload and reliance on GPs without any compromise to the services provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Systems to mitigate risks to patients prescribed high risk medicines were not fully effective.• The provider was unable to demonstrate effective monitoring and management of patients with long-term conditions, specifically asthma and diabetes. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>