

St Clements Surgery

Quality Report

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Date of inspection visit: 21 February 2018 and 5 March 2018
Date of publication: 15/05/2018

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Requires improvement overall. (Previous inspection October 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Requires Improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires Improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires Improvement

People with long-term conditions – Requires Improvement

Families, children and young people – Requires Improvement

Working age people (including those recently retired and students – Requires Improvement

People whose circumstances may make them vulnerable – Requires Improvement

People experiencing poor mental health (including people with dementia) – Requires Improvement

At this inspection we found:

- The practice had systems in place to manage risk so that safety incidents were less likely to happen. Records viewed during our inspection, showed that when incidents did happen, the practice learned from most of them and were able to demonstrate improvements made to reduce recurrence.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines. However, monitoring of actions aimed at improving quality and effectiveness in some areas of medicines management was not effective.
- Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Completed Care Quality Commission comment cards were mainly in line with the results.
- Patients did not always find the appointment system easy to use and found they were not always able to access care when they needed it. The practice was aware of the issues and taking action to improve access.
- The leadership, governance and culture were used to drive and improve the delivery of its service. All staff were involved in the development of the practice.

Summary of findings

However, we found some systems and processes were not embedded to ensure compliance with practice policies and procedures. For example, oversight of recruitment checks, training, significant events and complaints was not effectively managed.

The areas where the provider **must** make improvements are

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Ensure effective monitoring of training needs so that persons employed in the provision of the regulated activity receive appropriate training necessary to enable them to carry out the duties.

- Ensure incident reports and complaints clearly demonstrate details of investigations and actions taken to remedy the situation and prevent further occurrences.
- Ensure medication reviews are carried out with patients in receipt of interventions for substance and alcohol dependency and continue to improve communication with community teams to ensure safer monitoring of patients treated in the community.
- Continue exploring measures to improve the uptake of cervical, breast and bowel screening as well as childhood immunisations.
- Continue establishing methods to improve patient satisfaction in areas identified from survey results and patient feedback.

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

Summary of findings

The six population groups and what we found

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

St Clements Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser

Background to St Clements Surgery

Dr. Arul Savio Gaspar, Dr. Akila John and Dr. Adnan Masood are the registered providers of St Clements Surgery, which is located in a multipurpose building in Nechells, Birmingham, providing NHS services to the local community. Further information about St Clements Surgery can be found by accessing the practice website at www.stclementssurgery.co.uk

Based on the most recent published data available from Public Health England, the levels of deprivation in the area served by St Clements Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

The practice serves a slightly higher than average patient population aged between birth to 18. The number of patients aged 65 and over is below local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 35% White, 7% Mixed race, 35% Asian and 21% Black.

The patient list is 5,750 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with

Birmingham Cross City Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned in order to improve the range of services available to patients.

On street parking is available with some designated parking for patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of three GP partners (two male and one female). The clinical team also includes one practice nurse and a health care assistant. The non-clinical team consists of a practice manager and a team of secretaries and receptionists.

St Clements Surgery is also a teaching and training practice providing placements for GP registrars on a six month rotational basis. (GP registrars are qualified Doctor training to specialise in General Practice). At the time of our inspection there were two GP registrars on placement.

The practice is open between 8.30am and 6.30pm on Mondays to Fridays. With the exception of Thursdays where opening times are between 8.30am and 1pm.

GP consulting hours are available between 8.30am and 6.30pm Mondays to Fridays, except Thursdays where GP consulting hours are between 9am and 1pm.

The practice has opted out of providing cover to patients in their out of hours period as well as Thursday afternoons when the practice closes from 1pm. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Detailed findings

The practice was inspected in October 2015 and rated overall good.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

Safety systems and processes

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

- The practice had safety policies which were reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were reviewed and accessible to all staff. They outlined clearly who to go to in the event of a safeguarding concern for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. For example, the practice improved their communication pathways with local schools and community services by sharing their contact details and encouraging services to keep them informed of any concerns.
- The practice carried out staff checks, including checks of professional registration where relevant on an on-going basis. Disclosure and Barring Service (DBS) checks were undertaken for all clinical staff employed by the practice. (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).
- However, the practice did not gather information to confirm that the necessary DBS checks had been carried out by services providing staff such as locum GPs and cleaning staff before they started work for the practice. Following our inspection, the practice provided evidence of DBS checks carried out by cleaning contractors and a risk assessment for locum GP.

- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control. For example, the practice scored 92% in an infection control audit carried out by CCG in the last 12 months. We saw required actions identified in the minor surgery room had been completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety. However, there were some areas where risks were not managed effectively.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for staff tailored to their role. However, the practice were unable to demonstrate induction for locum GPs. Following our inspection the practice provided a copy of their locum pack.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. However, staff did not have access to pediatric pulse oximeter (a device for reading infant and children's oxygen and heart rates). Following our inspection, the practice placed an order for a pediatric pulse oximeter.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

Are services safe?

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. The practice identified the need to further improve information sharing with community services. As a result, staff contacted local addiction services to establish a more effective pathway to ensure greater sharing of medical interventions delivered to registered patients within community settings.
- Referral letters included all of the necessary information.
- Patients' health was mainly monitored to ensure medicines were being used safely and followed up appropriately. The practice involved patients in reviews of their medicines.
- We saw evidence of effective monitoring of repeat prescriptions; with the exception of patients diagnosed with asthma. For example, records showed that a number of patients diagnosed with asthma continued receiving salbutamol Inhalers after the recommended number of repeats had passed. During the inspection, the practice developed an action plan to address the identified issues which they immediately implemented. Following our inspection, the practice provided 2018 unverified and unpublished data which showed 99% of patients received a medication review.

Safe and appropriate use of medicines

Systems for appropriate and safe handling of medicines were not always reliable.

- Some systems for managing medicines did not always demonstrate effective blood monitoring. For example, the practice were unable to provide assurance that blood results were viewed for patients whose monitoring was managed in secondary care prior to the practice generating repeat prescriptions'. Staff we spoke with explained that an audit carried out in 2015 highlighted the need to improve the monitoring of high risk medicines. As a result, a new system had been implemented; however, this had not been embedded. During our inspection, the practice devised an action plan to improve monitoring and recording of results.
- Staff administered vaccines to patients and gave advice on medicines in line with legal requirements and current national guidance. The storage of vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Clinicians explained that antibiotics' were only prescribed where necessary and patients were educated regarding self-management of mild infections such as common colds and sore throats.

Track record on safety

The practice had a good safety record.

- There were risk assessments in relation to safety issues. For example, the practice carried out their own fire risk assessment using a local authority risk assessment form. The practice also carried out their own health and safety audit.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and Improvements made

Incident reporting forms we viewed during our inspection, showed some evidence of learning and improvements made when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff we spoke with explained that the practice had changed their system from paper base to an electronic system.
- There were systems for reviewing and investigating when things went wrong. The practice shared learning, identified themes and took action to improve safety in the practice. For example, electronic records we viewed showed that an incident was well managed with evidence of shared learning; however, not all incidents provided this level of detail. Following our inspection, the practice provided evidence of incident forms which included a clear description of individual incidents and learning points.

Are services safe?

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services for people with long term conditions and people experiencing poor mental health. Except for older people, families, children and young people, working age people and the recently retired as well as people whose circumstances may make them vulnerable population group(s) which we rated good.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- Staff told us they could access guidelines from The National Institute for Health and Care Excellence (NICE) electronically, and that this information was used to deliver care and treatment appropriate to patient's needs.
- The prescribing of Hypnotics and Antibacterial medicines was in line with local and national averages.
- There was effective prescribing of broad-spectrum antibiotics which can be used when other antibiotics have failed.
- Clinical staff explained that patients were provided with advice about antibiotic awareness and recommendations on how to self-treat infections such as common colds and sore throats.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medication.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period, out of 1423 identified patients, 156 (11%) were offered a health check and 97 (62%) of these checks had been carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- A random anonymised sample of records we viewed showed that patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. However, the practice had a high exception reporting rate for this population group. When we discussed this with clinical staff during our inspection, staff were able to provide reasons for the exception reporting rates.
- The practice provided evidence of multi-disciplinary meetings with other health professionals such as district nurses, palliative care team, health visitors, midwives and community matrons to review and manage specific patients.
- Data from 2016/17 Quality Outcomes Framework (QOF) showed that overall performance relating to the management of patients diagnosed with conditions such as, diabetes was above local and national averages. Performance for the management of asthma, chronic obstructive pulmonary disease (COPD), hypertension and atrial fibrillation (an irregular and sometimes fast pulse) were comparable to local and national averages.
- The practice offered in-house spirometry for respiratory patients, ambulatory blood pressure monitoring (ABP) involves a digital machine which measures blood

Are services effective?

(for example, treatment is effective)

pressure at regular intervals), dedicated diabetic clinics, insulin initiation and electrocardiogram testing (ECG is a test that can be used to check patients heart rhythm and electrical activity).

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to children aged two were in line with the target percentage of 90%. The percentage of children aged one who received the full course of recommended vaccines and children aged two who had their booster vaccine was in line with local and national target. In order to further improve, staff we spoke with was aware of this and explained action the practice had taken to improve immunisation uptake. For example, nurses worked closely with child health, there were processes in place for proactive calling of patients on the clinic list prior to their appointment. At the time of our inspection, we saw a fully booked clinic and all patients had been contacted. Missed appointments were shared with health visitors and child health. We also saw posters in reception advertising the baby clinics.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. Staff we spoke with were aware of this and discussed action taken to improve screening rates. For example, women had access to screening appointments at different times throughout the week, there was access to two female sample takers and up to three reminder letters were sent out to women who missed their appointment. Staff were aware of the cultural barriers, which affected the uptake of screening and provided women with awareness of the benefits of cervical screening. At the time of our inspection, 2018 data provided by the practice showed an uptake rate of 77%; however, this was unpublished and unverified data.
- The uptake of breast and bowel cancer screening was below local and national averages. For example,

females aged 50-70 screened for breast cancer in the last 36 months was 52%, compared to CCG average of 64% and national average of 70%. Patients aged 60-69 screened for bowel cancer in the last 30 months was 36%, compared to CCG average of 44% and national average of 55%.

- The practice were aware of the uptake rates and staff we spoke with explained that clinical staff attended a meeting with bowel screening service in the last 12 months to discuss the screening programme and ways of increasing the uptake. For example, to reduce missed appointments and patients who had not responded with sample kits the practice dedicated a member of staff to contact patients prior to their appointments. Staff encouraged patients to contact the screening service to collect their screening kits. Staff maintained and worked through a log of patients who they needed to contact.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.

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

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the local and national.

Are services effective?

(for example, treatment is effective)

- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%; compared to CCG average of 92% and national 91%. The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 99%; CCG 96%; national 95%.
- However, the practice had a high exception reporting rate for this population group.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided in most areas. The practice undertook a number of clinical audits over the last 12 months which mainly demonstrated improvements made to enhance the quality of care. We reviewed a clinical audit which had been repeated three times where actions had been implemented and improvements monitored. For example, an audit was undertaken of patients treated for mental health related problems to ensure effective monitoring. Audits identified a need to improve the uptake of health checks. Changes to systems were implemented and data showed quality improvements. An audit carried out to assess the monitoring of patients diagnosed with Rheumatoid Arthritis identified 29% had not met national monitoring guidelines. The practice implemented processes to improve monitoring and a second audit showed 83% met national monitoring standards; however, during our inspection we found that actions to support improvements had not been fully embedded.

The most recent published Quality Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 20% compared with a local and national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of

patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- Overall exception rate for a number of clinical areas was above local and national averages. For example, patients diagnosed with diabetes was 27%, compared to CCG average of 12% and national average of 11%. Exception reporting rate for patients diagnosed with depression was 56%, compared to CCG average of 21% and national average 23%, Peripheral arterial disease (a circulatory problem in which narrowed arteries reduce blood flow to your limbs) was 29%, compared to CCG and national average of 6%.
- Clinical staff we spoke with were not aware of the high exception reporting and were unable to pinpoint reasons for areas such as depression. However, when pointed out during our inspection, practice staff review the care records and were able to explain that this was down to coding inaccuracy. For example, on-going episodes of depression were being coded as new episodes, which resulted in patients being removed from the register or exception reported at the end of the 2016/17 QOF year (read codes enable practices to create disease registers and monitor service delivery against QOF targets). Following our inspection, the practice provided 2018 unverified data which showed 1% exception reporting rate.
- Clinical staff were aware of poor patient compliance regarding diabetes. Staff explained that patients often declined treatment and sought holistic therapies. An anonymised sample of records we viewed confirmed this.
- Where appropriate, the practice took part in local and national improvement initiatives. For example, from July 2017 to December 2017 the practice were involved in a local initiative which consisted of providing a 12 week programme for patients diagnosed with COPD. Staff explained that this was aimed at improving patients' lifestyle and reducing hospital admissions. Staff we spoke with stated that 20 patients were invited to the programme and 13 attended.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice provided staff with protected time to complete training; records of skills, qualifications and training were maintained for most staff. However, not all staff completed information governance or fire training. The practice was unable to provide evidence of training completed by the locum GP.
- The practice provided staff with on-going support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was an approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice participated in the local prescribing shared care scheme and saw patients who were affected by substance misuse weekly.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- 58% of new cancer cases were referred using the urgent two-week wait referral pathway, this was comparable to CCG average of 50% and national average of 52%.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity and sexual health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- From the 30 patient Care Quality Commission comment cards we received, most were positive about the service experienced. However, seven (23%) were less positive about the care received. This is mainly in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 388 surveys were sent out and 69 were returned. This represented about 7% of the practice population. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients who responded said the GP gave them enough time; CCG and national average 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 96%; national average - 95%.
- 88% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.

- 96% of patients who responded said the nurse was good at listening to them; (CCG) - 90%; national average - 91%.
- 95% of patients who responded said the nurse gave them enough time; CCG - 91%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG and national average - 97%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 88%; national average - 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

The practice carried out their own survey during October and November 2017 with the support of the practice patient participation group (PPG). Three hundred completed survey forms were received; results provided by the practice showed that patients were satisfied with the care received.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Information posters were in the reception area which directed carers on how to access community and advocacy services.

Are services caring?

The practice identified patients who were carers. For example, the new registration form included questions about carers. The practice's computer system alerted GPs if a patient was also a carer. The number of patients identified as carers was 41 (1% of the practice list).

- A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective.
- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG and national average - 82%.
- 94% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 88%; national average - 90%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 84%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The practice improved services where possible in response to unmet needs. For example, the practice was part of Aspiring to Clinical Excellence (ACE) programme to meet the needs of its population. ACE is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices to further improve care offered to patients.
- As part of the ACE programme the practice was actively involved in ambulance triage which was aimed at reducing hospital admissions. West Midlands Ambulance Service had access to a duty GP who carried out triages' in order to consider alternative options to avoid accessing secondary care.
- There were longer appointments available for patients with a learning disability or those experiencing poor mental health.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, the practice used locum GPs to increase access to appointments and staff actively promoted the use of online services. Figures provided by the practice showed that 30% of patients were registered for online services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- Patients had access to sexual health clinics provided at the practice.
- The practice offered weekly Citizens Advice clinics. Staff explained that a Citizen Advice Bureau worker attended

the practice weekly offering patients' independent, confidential and impartial advice on their rights and responsibilities. Staff explained that over the past 12 months due to increased demand the sessions had been increased to two days per week. We were told that advisers were seeing up to five patients per session.

- Smoking cessation services were provided by Nurses and a healthcare assistant (HCA) who offered counselling and advice on medication to support patients' attempts to stop smoking. 2018 unverified and unpublished data provided by the practice showed that 98% of patients received smoking cessation advice.
- The practice offered minor surgery for some skin, lumps and other problems.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Patients were also signposted to local services such as dementia cafes.
- GPs carried out weekly ward rounds at a local nursing home and advanced care plans were in place.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- As part of the ACE programme, the practice offered weekly appointments for social prescribing clinics. For example, staff explained that a link worker attended the practice weekly. Isolated patients and frequent attenders were encouraged to see the link worker who explored a range of social, economic and environmental

Are services responsive to people's needs?

(for example, to feedback?)

factors to address patients' needs in a holistic way. This included advice on healthy living and information on local get active initiatives. The programme started April 2017; staff explained that 25 patients had accessed the service and the practice were planning an evaluation once the programme ended in March 2018.

- Patients diagnosed with COPD were referred to a local exercise class. Data provided by the practice showed that out of 12 patients who were referred to the service, 33% attended. The practice provided an evaluation report which showed positive feedback from patients who accessed the programme.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- All forms of contraception were available except caps and diaphragms. There were arrangements in place for emergency contraception; during surgery closure time's patients requiring this service were signposted to BADGER clinic.

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

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- 2016/17 data showed that 58% of new cancer cases were referred using the urgent two week wait referral pathway, which was above the CCG average of 50% and national average of 52%.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. An

addiction counsellor attended the practice to see patients who were managed under a shared care agreement. Data provided by the practice showed that 49% of patients receiving support for drug or alcohol dependency received a medication review and 35% had a face to face review in the past 12 months. Staff explained that following an incident the practice was proactive in contacting the local addiction services to explore areas where the service should improve communication with the practice. The practice also placed alerts on the clinical system to improve identification of patients who were being treated by the community team.

- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs, such as housebound patients. Staff explained that the practice implemented the use of Gold Standards Framework (GSF) for end of life care in the last 12 months; an evidence based guidelines to deliver high quality end of life care. Each patient was assessed according to their needs of support and the practice extended their registers to include patients with chronic conditions who may enter end of life care.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- GP's carried out assessments of patients who experienced memory loss in order to capture early diagnosis of dementia. This enabled staff to put a care package in place that provided health and social care support systems to promote patients wellbeing.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. However, national GP survey results and completed CQC comment cards showed patients were not always satisfied with access to the service.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients had access to initial assessment, test results, diagnosis and treatment. However, national survey results, comments from completed CQC comment cards as well as patients we spoke with during our inspection, were not always positive about access.
- Waiting times, delays and cancellations were identified by the practice as an area for improvement. Staff we spoke with explained that meetings were held with members of the patient participation group (PPG) to discuss actions aimed at reducing the number of patients who failed to attend their appointment. Actions from this meeting included, displaying a monthly number of missed appointments and the impact this was having on access.
- Patients with the most urgent needs had their care and treatment prioritised.
- There were mixed views regarding how easy the appointment system was. For example, some patients felt that the appointment system was easy to use and others were less positive about their experience of accessing appointments.
- Home visits were available for older patients and those who had additional health needs resulting in difficulty attending the practice.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment showed a mixture of satisfaction rates which were either above or below local and national averages. For example:

- 89% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 65% of patients who responded said they could get through easily to the practice by phone; CCG - 59%; national average - 71%.
- 70% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 84%.
- 66% of patients who responded said their last appointment was convenient; CCG - 75%; national average - 81%.

- 74% of patients who responded described their experience of making an appointment as good; CCG - 66%; national average - 73%.
- 33% of patients who responded said they do not normally have to wait too long to be seen; CCG - 51%; national average - 58%.

Staff we spoke with explained that they were aware of the issues relating to timely access and there were plans in place to reduce the demand on the phone system in order to improve access. For example, the practice had made a decision to reinstate the patient self check-in kiosk and a new system, which would include automated arrivals, patient calling; queue management and an information screen were being introduced. The practice were also arranging for a message to be added to the phone lines to inform patients of their position when placed on hold. Staff explained that this were being introduced to improve patient experience.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. Eight complaints were received in the last year. We reviewed three and found that they were satisfactorily handled in a timely way. Staff we spoke with were able to describe actions taken to reduce the risk of receiving further complaints of a similar nature; however, from the complaints we viewed actions the practice explained that they had taken were not always clear in the document we viewed. Since our inspection, the practice reviewed the complaints register and updated information to encourage learning.
- The practice learned lessons from some individual complaints and acted as a result to improve the quality of care. However, the practice did not carry out an analysis to enable them to identify trends. Following our inspection, the practice provided a copy of a complaints summary which demonstrated trends and areas to avoid future recurrence.

Are services well-led?

Requires improvement 

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

Our findings

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

Leadership capacity and capability

Leaders had the capacity and skills to deliver patient care. However, there were areas where leaders did not demonstrate awareness of issues which impacted the practice ability to deliver quality services.

- Leaders had the experience, capacity and skills to deliver the practice strategy.
- They were knowledgeable about most issues and priorities relating to the quality and future of services. However there were areas where oversight of risks and changes within the practice were not effectively managed. For example, at the time of our inspection, the practice were in the process of uploading documents such as policies, significant events and staff files onto an electronic system. We found that some of the detail in the electronic significant event templates had not been completed in their entirety; and when asked members of the management team were unable to provide evidence of the original reporting form. Following our inspection, the practice uploaded all incidents to their electronic system as well as recruitment checks for most staff members.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

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

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients and were establishing plans to improve patient satisfaction.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, patients received a full apology and were informed that investigations would be carried out to support improvements. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. However, oversight of systems used to monitor the completion of training was not managed effectively.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the well-being of all staff.

Are services well-led?

Requires improvement 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support governance and management. However, oversight of some governance arrangements were not effective.

- Structures, processes and systems to support good governance and management were clearly set out, understood; however, some areas were not effective. For example, there were inconsistencies in the management of incident and the practice did not establish a process for gaining assurance that the appropriate recruitment checks had been carried out by agencies providing staff before they started work at the practice. Following our inspection, the practice provided evidence of a completed risk assessment for GPs and proof of DBS checks carried out for cleaning staff.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety; however, oversight to assure themselves that they were being operated as intended was not always effective.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance. However, monitoring of these processes were not always effective.

- There were processes to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their

consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts; however, a uniform approach to how incidents and complaints were documented was not embedded.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was evidence of action to change practice to improve quality. However, the practice did not operate an effective system which enabled staff to identify and respond in a timely manner when measures for quality improvements were not being sustained. For example, the practice implemented a process to improve the monitoring of high risk medicines following an audit carried out in 2015; however, we found that the process had not been embedded and records did not always include blood monitoring results.
- Management and monitoring of systems to alert the practice when the number of repeat prescriptions had gone over the agreed intervals were not operated effectively. For example, we found that the practice had not recognised where patients prescribed inhalers had exceeded the number of recommended repeats in a 12 month period.
- When initially asked clinical staff did not demonstrate awareness of the practice high exception reporting in some clinical areas. Having raised the issue, staff were able to review clinical records and identified reasons why.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

Are services well-led?

Requires improvement 

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

- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. For example, the practice were aware of the various cultural beliefs regarding having the immunisation vaccine to protect against measles, mumps, and rubella. The practice raised patients' awareness of the benefits of the vaccine by introducing a display in the reception area and community leaders who have participated in the vaccine programme were approached to share information leaflets within the community such as local Mosques.
- There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.

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>How the regulation was not being met:</p> <p>There was additional evidence that safe care and treatment was not being provided. In particular:</p> <p>The registered person did not establish effective systems and processes to ensure treatment is provided in a safe way in accordance with the fundamental standards of care. For example, management of medicines did not always provide assurance that prescribing was in line with best practice guidelines for safer prescribing.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The registered person did not operate effective systems and processes to provide assurance that the appropriate recruitment checks such as character checks and conduct in previous employment had been carried out before starting work at the practice. For example:</p>

This section is primarily information for the provider

Requirement notices

In the absence of Disclosure and Barring Service (DBS) checks, the registered person did not demonstrate they have suitable assurance that an appropriate check has been completed or carry out a risk assessment to mitigate risks.

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