

# The Acocks Green 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	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	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Acocks Green Medical Practice on 4 May 2016. Overall the practice is rated requires improvement.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was an effective system in place for reporting and recording significant events.
- Some risks to patients had been assessed and were well managed however, this did not include those relating to staffing, recruitment checks and prescription safety.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Systems to ensure staff had the skills, knowledge and experience to deliver effective care and treatment were not sufficiently robust.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they were able to make an appointment with urgent appointments available the same day. However, some patients told us they found it difficult to make appointments by telephone and there was a long wait for the next available routine appointment with a GP.
- The practice was accessible and well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from patients and had acted on this but meetings were infrequent.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure that the recruitment process includes all necessary pre-employment checks for staff.

# Summary of findings

- Establish systems to ensure staff receive appropriate support, supervision and training relevant to their roles and responsibilities.
- Ensure robust management of risks in relation to staffing, prescription handling and business continuity in the event of disruption to the service.

The areas where the provider should make improvement are:

- Review processes to try and encourage greater uptake of cervical screening for relevant patients.
- Ensure patients are aware that there is an alternative entrance for patients who use a wheelchair.
- Develop systems for recording verbal and informal complaints in order to identify themes and trends and to support learning.
- Ensure carers at the practice can be easily identified so that they can be appropriately supported and their needs accommodated and identify processes to support those who are recently bereaved.
- The practice should review access to appointments and identify how this may be improved.
- Review processes for scanning patient information so that it is available on the patient record in a timely manner.

**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 requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example, in relation to recruitment checks and prescription safety.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes in most areas were in line with the CCG and national averages, although remained an outlier in relation to cervical screening uptake and some diabetes indicators.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not always demonstrate quality improvement to the services provided to patients.
- Systems to ensure staff had the skills, knowledge and experience to deliver effective care and treatment were not robust.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice engaged with the local Clinical Commissioning Group and practices within their locality to secure improvements in services provided for their population.
- Patients said they were usually able get appointments when they wanted one with urgent appointments available the same day.
- The practice was accessible and well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff. However, there was no system in place to learn from informal verbal complaints.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and strategy for the delivery of services and were looking to expand the premises to improve the services offered.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework to support the delivery of services and good quality care. However we identified areas of risks which were not well managed.
- Nursing staff were not well supported in their roles and development and staff training was not always kept up to date.
- The practice sought feedback from patients, but meetings were infrequent.

Requires improvement



# 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 requires improvement for the care of older people.

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, it offered home visits and urgent appointments for those with enhanced needs.
- Uptake of flu vaccinations was similar to other practices within the local clinical commissioning group.
- The practice held multi-disciplinary team meeting to discuss and plan the care of those with end of life needs.

**Requires improvement**



### People with long term conditions

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

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported outcome data for patients with diabetes was below the CCG and national average overall (79% compared with the CCG and national average of 89%).
- Longer appointments and home visits were available when needed.
- Patients with long term conditions received regular reviews to check their health and medicines needs were being met. For those patients with the most complex needs, the principal GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people.

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice held regular safeguarding meetings with the health visitor to discuss any concerns.
- The practice's uptake for the cervical screening programme during 2014/15 was 55% which was below both the CCG average of 79% and national average of 82%.
- Appointments were available outside of school hours.
- The premises were accessible for those with young children and babies. Baby changing facilities were available and appointments outside school hours.
- Immunisation rates for all standard childhood immunisations were comparable to others in the CCG area.

Requires improvement



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

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

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- 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. For example, extended opening hours on a Wednesday morning between 7am and 8.10am. Text messaging had also been introduced to remind patients of their appointments.
- The practice was proactive in offering online services (appointments and repeat prescriptions) as well as a range of health promotion and screening that reflects the needs for this age group.

Requires improvement



## People whose circumstances may make them vulnerable

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

Requires improvement



# Summary of findings

The provider was rated as requires improvement for safety, effective and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- The practice held registers for some groups of patients living in vulnerable circumstances for example, those with a learning disability although were unable to demonstrate this was in place for patients with caring responsibilities.
- The practice offered longer appointments for patients with a learning disability and offered annual health checks to this group of patients, although practice data showed only 21% of patients on the register had received a health check in last 12 months.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice supported patients with a learning disability at a local care home. The manager was happy with the support the practice provided for their residents.
- The practice understood relevant legislation when making best interest decisions for patients who may lack capacity.
- 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 responsible for investigating safeguarding concerns.

## 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).

The provider was rated as requires improvement for safety, effective and for well-led and requires improvement. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, some examples of good practice.

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average 82% and national average 84%. However, there was also high levels of exception reporting 25% compared to the CCG and national average of 8%.
- Nationally reported outcome data for patients with poor mental health was comparable to the CCG and national average overall (92% compared with the CCG average of 92% and national average 93%).

**Requires improvement**





# Summary of findings

- The practice demonstrated an understanding of the Mental Capacity Act 2005 and how this applied in practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages in most areas. 409 survey forms were distributed and 98 (24%) were returned. This represented 2% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we spoke with seven patients and reviewed the twelve CQC comment cards that had been completed by patients prior to our inspection. The feedback received was mostly positive. Patients were positive about the care and treatment received. They described staff as helpful, caring and kind. The three negative comments received related to difficulties getting an appointment.

# The Acocks Green Medical Centre

## 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 advisor and a practice nurse specialist advisor.

## Background to The Acocks Green Medical Centre

The Acocks Green Medical Centre is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The Acocks Green Medical Centre is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an adapted house in an area with high levels of deprivation. The practice population is predominantly younger than the national average. The practice also has an ethnically diverse population. The registered list size is approximately 4,500 patients.

The practice is open between 9am to 1pm and between 2pm and 6pm Monday to Friday, with the exception of

Wednesday when the practice closed at 1pm for the afternoon. Appointments are available between 9am and 12.30pm and between 2pm to 5.50pm daily. Extended opening hours are available Wednesday mornings 7am to 8.10pm. When the practice is closed during the day and from 6.30pm to 8am patients receive primary medical services through an out of hours provider (BADGER).

The practice has 3 partners (all male), however two of the partners did not undertake regular sessions at the practice. Neither of the partners had undertaken a session at the practice since January 2016 due to other commitments. They employed a long term locum (male) and two practice nurses (both female). One of the nurses was an independent prescriber. Other practice staff included a practice and business manager and a team of admin and reception staff.

The practice has not previously been inspected by CQC.

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses and health care assistant, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients (including a member of the practice's Patient Participation Group).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and were aware of the recording form available for this.
- 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 carried out an analysis of the significant events to identify actions needed and any learning.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared with practice staff and more widely with other practices through the local clinical network. Staff told us of incidents that had been raised and action taken. For example, additional training given where information had been incorrectly input onto the patient record system.

Safety alerts were received by the practice manager and circulated to relevant staff. We saw evidence of searches done to identify patients following a medicines safety alert. The practice had started to maintain a log of safety alerts received but did not include any details that actions required had been completed.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical and an administrative member of staff who led on safeguarding at the practice. The GP provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and told us they had received training

on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level in child safeguarding. Safeguarding alerts on patient records ensured staff were aware of patients at risk.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones had undertaken training for the role. However, not all had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Cleaning schedules were in place. Hand washing and personal protective equipment was available to staff. Staff had received on-line infection control training. The practice manager was currently the infection control lead for the practice who had undertaken infection control training for non-clinical staff. An infection control audit was last carried out by the CCG in June 2015, the practice received an amber rating. We saw evidence of action taken in response to the audit such as the mounting of liquid soap dispensers on the wall. However, we also identified some areas for improvement which had not been considered as part of the audit.
- There were arrangements for managing medicines, including emergency medicines and vaccines in the practice to keep patients safe, however there were areas where these were not robust. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We found medicines and vaccines were stored appropriately. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, one of the nurses was qualified as an independent prescriber and could therefore prescribe medicines for specific conditions but did not receive any specific mentorship for this role. Blank prescription forms and pads were securely stored but no systems were in place for monitoring their use.
- We reviewed three personnel files (for two clinical and one non-clinical member of staff). We found that

# Are services safe?

appropriate recruitment checks were not in place for all staff. In all three files we saw evidence of proof of identification, references, qualifications, registration with the appropriate professional body. However, for one clinical member of staff there was no DBS check in place. The risk assessment carried out was not sufficient as it did not take account of the roles and responsibilities this member of staff was undertaking.

## Monitoring risks to patients

Some risks to patients had been assessed and managed but we found areas where they had not.

- Health and safety responsibilities were undertaken by the two practice managers. The premises owned by the principal partner was generally well maintained. However, we saw a leak from the outside of the premises which had not been addressed. Practice staff told us that they had applied and been accepted for primary care infrastructure funds to improve and expand the premises. However, the deadline had been missed due to the length of planning processes but had been invited to apply again now that planning was in place.
- The practice had up to date fire risk assessments and carried out regular fire drills. Fire equipment was maintained and evacuation plans in place.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice told us about other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, security and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and asbestos. We were unable to view the latter two as the practice told us they had been sent to the solicitors as part of the practice's application for the Primary Care Infrastructure Fund. However, risk assessments did not cover all identified risks.
- The staffing arrangements for the practice were not clear and no robust review of staffing needs undertaken to ensure clinical staff received adequate supervision

and to address the demands on the service. Although the practice had three partners only one worked regularly at the practice (eight clinical sessions). A long term locum GP was also employed (four sessions) and the practice had recently taken on a locum nurse prescriber who worked two clinical sessions each week. Neither of the two other partners had worked at the practice for over four months due to other commitments they had. The practice manager and business manager told us that they would cover administrative staff during leave and that the long term locum covered one of the partners absence.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers which alerted staff to any emergency.
- Staff told us that they had received annual basic life support training. Training records showed staff had undertaken online basic life support training although not all clinical staff had done this within the last 12 months.
- The practice had a defibrillator available on the premises and oxygen with checks in place to ensure they were in working order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. An emergency box was held off site should the premises become inaccessible. The plan included emergency contact numbers for staff. However, staff told us that when the IT systems had gone down patients were sent away and told they would be called when they systems were back on because they did not have any patient history.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep clinical staff up to date. Staff had access to guidelines from NICE and CCG guidance and used this information to deliver care and treatment that met patients' needs.
- Templates were used for the management of long term conditions to provide consistent care. The practice monitored that these guidelines were followed for example, through audits

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15. This showed the practice had achieved 93% of the total number of points available, which was comparable to the CCG average of 94% and national average of 95%. Exception reporting by the practice was 5% which was lower than the CCG and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for some of the diabetic indicators and for uptake of cervical screening. Data from 2014/15 showed:

- Performance for diabetes related indicators was 79% which was below the CCG and national average 89%.
- Performance for mental health related indicators was 92% which was similar to the CCG and national average of 92% and 93% respectively.

The practice had a low rate of cervical screening compared to the national average. Furthermore inadequate screening rates during 2014/15 were at 6.3% increasing to 7.5% during 2015/16. The practice would undertake cervical screening when they had the opportunity due to difficulties

in reaching some of the local population, where otherwise they may ask the patient to come back. The practice considered this to explain some of the inadequate samples. The practice had undertaken an audit and had identified additional training needs and supervision for staff. Although training was planned this was not until September 2016.

In relation to diabetes the practice had employed additional nursing staff to assist in the management of long term conditions including diabetes.

There was some evidence of quality improvement through the use audit. The practice showed us three audits undertaken which included the audit of inadequate cervical screening samples, an audit of antibiotic prescribing and in the management of patients with atrial fibrillation. All the audits had a repeat audit cycle. However, with the exception of the audit for atrial fibrillation it was not clear what improvement there had been in relation to patient outcomes.

Feedback from the CCG told us that the practice had delivered their prescribing objectives for 2014/15. Reports seen also showed that the practice was performing well within their local clinical network in terms of antibiotic prescribing.

### Effective staffing

Systems to ensure staff had the skills, knowledge and experience to deliver effective care and treatment were not robust.

- The practice had an induction programme for all newly appointed staff which was role specific. Staff had opportunities to other staff and access to training such as health and safety, manual handling, fire and confidentiality.
- Nursing staff had roles in the management of patients with long term conditions. The practice could demonstrate how they ensured role-specific training and updating for relevant staff for these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. However, there were no robust systems for ensuring staff remained up to date in these areas and staff did not consistently receive timely updates to ensure skills were maintained.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals. Staff told us the practice was supportive of learning needs and were given protected learning time. Staff provided examples of training for their personal development that had been approved which included customer service training for reception staff and the practice nurse was due to undertake cervical screening update training. However, we identified that the nursing staff did not have clinical input as part of their appraisal process.
- Staff had access to and made use of e-learning training modules and in-house training. Although records were maintained of online training received it was difficult to verify that all staff had received and were up to date with relevant training. The practice did not have robust systems in place to enable management to easily keep track of staff training, for example, when it was next due and to ensure no staff were missed.

### Coordinating patient care and information sharing

Staff told us that the information needed to plan and deliver care and treatment was available to them when needed. Patient information such as hospital letters and test results were reviewed by the GP on a daily basis and then scanned onto the patient record system. At the time of inspection there was approximately a 14 day backlog for scanning.

The Practice Managers told us how they looked at patient admissions and discharges from hospital on a daily basis and informed the principal GP of any. The GP would then contact the patient as appropriate.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals every two months to discuss and review the care of the practice's most vulnerable patients.

### 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. We

saw mental capacity act was included within the safeguarding policies that were accessible to staff and the GP showed us a copy of an assessment form they used where capacity might be an issue.

- Mental Capacity Act training was available as part of the e-learning programme and some staff including the principal GP had undertaken this training.
- We spoke with the manager of home for patients with learning disabilities. They told us they were happy that the practice took appropriate steps to ensure patients best interests were considered in providing care and treatment and were able to provide specific examples.
- When providing care and treatment for children and young people, staff also understood relevant guidance when obtaining consent.
- Practice staff told us that minor surgery or the fitting of contraceptive devices for which formal consent would be required was not currently carried out at the practice.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those with and at risk of developing a long-term condition.
- The practice provided or referred patients to services to help patients lead healthier lifestyles. For example, health trainers. Information was also displayed promoting healthier diets and smoking cessation.

The practice's uptake for the cervical screening programme was 55%, which was below the CCG average of 79% and the national average of 82%. The practice followed up by letter patients who did not attend for their cervical screening test. The practice's uptake of national screening programmes for breast and bowel cancer were lower than both CCG and national average. The practice nurse had run a session on breast awareness at a patient participation group meeting.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94% (compared to CCG average of 80% to 95%) and five year olds from 83% to 99% (compared to CCG average of 86 to 96%). A nurse employed specifically for child immunisations attended the practice



# Are services effective?

(for example, treatment is effective)

for one session each week. Display in the waiting area to promote childhood immunisations. Information promoting childhood immunisations was displayed in the waiting area.

Data provided by the CCG for the uptake of flu vaccinations between January and December 2015 showed similar rates to the local commissioning group for patients over 65 years (both 68%) and above the local clinical commissioning group for patients at risk (52% compared to 41%)

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.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noticed that the midwives room had two doors only one of which they were able to lock, although privacy curtains were used, there was a risk that patient could inadvertently enter the room during examinations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A glass partition separated reception from the waiting area which helped reduce the risk of conversations being overheard. Reception staff told us that if patients wanted to discuss anything in confidence they would use one of the spare rooms to discuss their needs.

Feedback we received from the seven patients we spoke with as part of our inspection and from the 12 completed comment cards told us that patients felt that they were treated with dignity and respect and were happy with the service they received. Patients described staff as helpful, caring and friendly.

Results from the national GP patient survey showed most patients felt they were treated with compassion, dignity and respect. Only responses relating to the helpfulness of reception staff were significantly lower than the CCG and national averages. The practice was similar to the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Reception staff we spoke with told us that they were all signed up for a customer service skills course which was due to start soon.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. Information about the service on the practice's answerphone message was available in a selection of languages. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- A manager from a local home for patients with a learning disability told us that they found the practice supportive and respectful of their residents wishes when making decisions about care and treatment.

### **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 further support. Information about support groups was also available on the practice website.

The practice told us that it recorded whether patients were a carer on their system but were unable to tell us how many patients were registered with the practice since

changing computer system last year. The practice showed us leaflets in the waiting area that were available to patients to take away which advised on avenues of support available to them locally. The GP told us they would also advise and give information as appropriate also. The practice had signed up to participate in a project with Birmingham carers hub which involves a drop-in clinic that provides assistance to carers for a variety of different needs for example, assistance with completing forms, applying for funding, signposting to local services.

Practical advice about what to do in the event of death was available on the practice website. Practice staff told us that patients who had suffered a bereavement would be offered counselling should they request it.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation and were working with other practices in the locality to achieve this.

- The practice offered extended opening hours on a Wednesday morning between 7am and 8.10am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them for example patients with a learning disability.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- There were disabled facilities including parking and low reception desk. The main entrance to the practice was difficult to negotiate for a wheelchair user due to door frame. Practice staff told us that patients who used a wheelchair could use the back entrance although there was no information displayed to inform patients of this.
- A hearing loop and translation services were also available. The practice website could be changed to display information in a variety of languages.
- Weekly phlebotomy services were available and patients could access services provided by other practices in the locality such as diabetes insulin initiation and spirometry.
- The practice hosted weekly sessions with the Citizens Advice Bureau for patients to access financial and social support.

### Access to the service

The practice was open between 9am to 1.00pm and between 2pm and 6pm Monday to Friday, with the exception of Wednesday when the practice closed at 1pm for the afternoon. Appointments were available between 9am and 12.30pm and between 2pm and 5.50pm daily. Extended opening hours were available on a Wednesday

morning between 7am and 8.10am. When the practice was closed during the day and from 6.30pm to 8am patients receive primary medical services through an out of hours provider (BADGER).

In addition to pre-bookable appointments that could be booked up to three weeks in advance, same day appointments were available including urgent appointments for people that needed them. Practice staff told us that when these were filled they would speak to the GP who may squeeze in additional patients but otherwise would signpost to local walk in centres if their needs could not wait. Reception staff told us that this usually happened on a daily basis. We asked reception staff when the next available routine appointments were available for the GP, this was over three weeks on the 26 May 2016, the next available appointment for a blood test was 24 May 2016 and the next nurse appointment with a nurse was for the 10 May 2016. On the day of our inspection we saw that there was a queue of patients waiting for the practice to open to make an appointment.

Feedback received from patients we spoke with on the day of inspection and through the completed CQC comment cards told us that patients were usually able to get appointments when they needed them. However, three patients commented that they found it difficult obtaining an appointment. The practice's own comment box also contained two comments inside which also related to patient difficulties getting an appointment and long waits.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed with access by telephone being the main concern identified.

- 78% of patients were satisfied with the practice's opening hours the same as the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

The practice told us that they were trying to promote the use of online appointments in response to survey results. They told us that they had also opened an additional telephone line.

### Listening and learning from concerns and complaints

# Are services responsive to people's needs?

(for example, to feedback?)

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 were designated leads responsible for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet available in the waiting area advising patients on making a complaint and the next steps if they were unhappy with response from the practice.

The practice told us that there had been four complaints within the last 12 months. We found that these had been satisfactorily handled in a timely way. Complaints had been investigated and explanation given to the patient along with an appropriate apology. The GP told us about learning that had taken place from complaints for example changes in approach to management of moles. The practice did not have a system for recording verbal complaints so that they could learn from them, staff told us that they were usually managed at the time.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice and business managers presented to us the vision of the practice. The practice had a documented business plan which related to the expansion of the practice that would enable them to increase the service provided for the benefit of patients.

The practice had a mission statement which they shared with us.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the service and provision of care. This included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities.
- Practice specific policies that were implemented and were available to staff through their computers.
- Various meetings were held to ensure important information was shared. These included practice meetings with all staff and clinical meetings.
- Practice staff told us that performance against QOF and the CCGs ACE programme were discussed at their clinical meetings. However they were still getting used to a new IT system and identifying how it could best support them to manage performance.
- The practice undertook clinical and internal audits but it was not always apparent what the impact was or what improvements had been made as a result.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust and we identified weaknesses relating to recruitment checks, staffing and staffing support.

### Leadership and culture

Staff told us the GPs and managers were approachable and listened to them. We found a willingness and enthusiasm among the management team to develop the service and support patients at the practice.

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). We saw evidence

of appropriate apologies given to patients following complaints. The practice had systems in place to ensure that when things went wrong with care and treatment, they were investigated and learning took place, however this did not extend to verbal complaints.

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

- Staff told us the practice held regular team meetings.
- Staff told us that they had opportunities to raise any concerns or issues at staff meetings and felt confident in doing so. There was a whistle blowing policy in place but staff told us they had not had cause to use it.
- Staff said they felt respected, valued and supported.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG). The practice had approximately eight regular members. We spoke with the chair of the group who told us that they found it difficult to get people together and the last meeting had been in September 2016 when a MacMillan coffee morning had been held and they had tried to recruit new members. The practice told us that they felt valued as a group and had been involved in discussions around appointments and that the practice staff had carried out themed talks with them.
- The practice gathered feedback from staff through appraisals and meetings. Staff told us they felt listened to and felt able to give feedback on any concerns or issues to management although did not have any specific examples.

### Continuous improvement

The practice provided protected learning time for staff and practice managers attended practice manager forums within the CCG to share knowledge and experience with others. The practice also participated in research and trials with the University Hospital Birmingham.

However, we identified issues in relation to staff keeping up to date with training. Nursing staff did not receive clinical

# Are services well-led?

Requires improvement 

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

supervision in their roles or attend networking opportunities for example, the CCG led practice nurse forums which would help them share best practice with others.

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>How the regulation was not being met:</b>  DBS checks or appropriate risk assessments were not in place for all clinical staff and non-clinical staff (such as those undertaking chaperoning duties).  Regulation 19 (2) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>How the regulation was not being met:</b>  Nursing staff did not receive appropriate support supervision or ongoing training to effectively carry out all roles and responsibilities they were employed to perform.  Regulation 18 (2) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance  <b>How the regulation was not being met:</b>



## Requirement notices

There were areas in which the practice did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The practice was unable to demonstrate robust systems for:

- Monitoring the use of prescriptions
- Ensuring staff training relevant to roles and responsibilities remained up to date.
- Effectively managing business continuity to ensure patients' needs are met in the event of disruption to the running of the service.

Regulation 17 (1) (2)(b) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014: Good Governance