

Dr AP Blight & Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr AP Blight & Partners (also known as Ashfield Surgery) on 25 August 2016. The overall rating for the practice was good; however, the practice was rated as requires improvement for providing well-led services. The full comprehensive report on the August 2016 inspection can be found by selecting the 'all reports' link for Dr AP Blight & Partners on our website at www.cqc.org.uk.

This inspection was a desk-based review carried out on 20 November 2017 to confirm that the practice had carried out their plan to make improvements in relation to prevention and control of infections, encouraging the uptake of health checks and improving support available for non-clinical staff that we identified in our previous inspection on 25 August 2016.

This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice continues to be rated as good.

Our key findings were as follows:

- Infection Prevention and Control (IPC) procedures had improved since our previous inspection. Documentations provided by the practice showed

that cleaning schedules were being completed which provided clear evidence that specific cleaning tasks relating to the clinical rooms had been carried out.

- Data from the 2016/17 Quality Outcomes Framework (QOF) showed improvement in the completion of various health checks. For example, since our previous inspection the number of patients diagnosed with dementia who had their care reviewed in a face-to-face consultation had increased from 63% to 85%, and was comparable to the Clinical Commissioning Group (CCG) average of 85% and national average of 84%. Members of the management team explained that since our previous inspection the practice had improved the clinical system template to ensure more accurate recording for dementia reviews.
- The practice continued working with other health care professionals in the case management of vulnerable patients. Since our previous inspection, the practice improved the accuracy of their clinical records. Data provided by the practice showed that the number of patients on the practice learning disability register had reduced from 55 to 50 patients as of the 31/03/2017. Unverified data provided by the practice showed an increase in the number of annual learning disability health checks from 22 to 38 patients, (demonstrating an increase from 40% to

Summary of findings

76%). Staff explained that they targeted patients during their annual Flu campaign to increase uptake. The practice also commenced dedicated GP time for more structured clinics which focused on this population group. Staff continued writing and calling patients inviting them in for their annual health check.

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 well-led?

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing responsive services. During the November 2017 desk-based, follow up review documentation provided by the practice along with discussions with the management team demonstrated improvement since our previous inspection. For example:

- Since our previous inspection, the practice implemented a regular schedule of departmental meetings to ensure all staff had opportunities to formally contribute to the running and development of the practice.
- Non-clinical leadership had been strengthened with the recruitment of additional staff. This increased access to managerial support for all staff members. For example, a regular program of performance reviews were re-instated and staff had either had a review or had one scheduled.
- There was an overarching governance framework, this supported the delivery of the strategy and good quality care. Documentation provided by the management team demonstrated that arrangements for monitoring that the standards of cleanliness and hygiene were being maintained to prevent the spread of infections had improved.

Good



Dr AP Blight & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Dr AP Blight & Partners

Dr AP Blight & Partner (also known as Ashfield Surgery) is located in Sutton Coldfield, Birmingham. The practice is situated in a multipurpose modern built building, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr AP Blight & Partner showed the practice is located in a less deprived area than national averages, ranked at eight 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 higher than average patient population aged between 45 to 89. The number of patients aged zero to 39 is below local and national averages. Based on data available from Public Health England, the Ethnicity estimate is 2% Mixed, 6% Asian and 2% Black.

The patient list is 16,028 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the 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 local incentive schemes to patients. Local incentive schemes are above the contractual requirement of the practice and are commissioned in order to improve the range of services available to patients. The practice supports a local nursing home and carries out a daily visit to review patients; full reviews of records were carried out monthly.

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

The practice is a training practice for doctors and fifth year medical students. The practice also supports the Ministry of Defence in the training of doctors. They facilitate GP registrars (doctors in training) on a six month rotation. The practice runs the vasectomy service for patients registered with practices in Birmingham Cross City Clinical Commissioning Group and Solihull Clinical Commissioning Group.

Practice staffing comprises of six GP partners (3 male and 3 female), three salaried GPs (two male and one female), five practice nurses' one nurse practitioner, one advanced wound care specialist nurse, a health care assistant and a phlebotomist. The non-clinical team consists of one practice manager, a deputy practice manager and a team of administrators, secretaries and receptionists.

The practice is open between 8.15am and 8pm Mondays and Wednesdays, 8.15am to 6.30pm Tuesdays, Thursdays and Fridays. Extended hours are from 6.30pm to 8pm Mondays and Wednesdays. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The practice had a messaging service for patients to remind them of their appointment times.

Detailed findings

GP consulting hours are from 8.15am to 6.30pm Mondays to Fridays. Extended consulting hours are available on Mondays and Wednesdays from 6.30pm to 8pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr AP Blight & Partner (also known as Ashfield Surgery) on 25 August 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall; however requires improvement for providing well-led services. The full comprehensive report following the inspection in August 2016 can be found by selecting the 'all reports' link for Dr AP Blight & Partner on our website at www.cqc.org.uk.

We undertook a follow up desk-based review of Dr AP Blight & Partner on 20 November 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the leadership arrangements within the practice and to confirm that the quality of care had improved.

How we carried out this inspection

We carried out a desk-based focused inspection of Dr AP Blight & Partner on 20 November 2017. This involved reviewing evidence that:

- Actions for improving support for non-clinical staff.
- Steps taken to improve the management of infection prevention and control processes.
- The practice continued efforts to increase the uptake rates of health screening and reviews.

During our desk-based review we:

- Spoke with members of the management team.
- Looked at information the practice used to deliver care and monitor performance.

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 well-led?

Good 

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

Our findings

At our previous inspection on 25 August 2016, we rated the practice as requires improvement for providing well-led services as there were areas where leadership was not carried out effectively.

We found that these issues had significantly improved when we undertook a follow up review of the service on 20 November 2017. The practice is now rated as good for being well-led.

Governance arrangements

Governance arrangements to support effective management of risk such as Infection Prevention and Control had been strengthened. Processes to increase the number of annual health checks carried out as well as improving the accuracy of clinical records had been improved since our previous inspection.

Leadership and culture

There was a clear leadership structure and staff felt supported by clinicians. Access to the management team had improved since our previous inspection. Members of the management team we spoke with explained that following our previous inspection, meetings were held with non-clinical management and senior GP partners to explore ways of improving the level of support for non-clinical staff. For example, the practice recruited additional staff to support the management team; this enabled the practice to ensure management support was available at all times.

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

Members of the management team we spoke with explained that since our previous inspection, communication pathways to enable staff to provide feedback and engagement in the delivery of services had improved. For example:

- The practice had proactively gathered feedback from staff through non-clinical practice meetings, a structured programme of appraisals and one-to-one meetings. Staff explained that this provided non-clinical staff with opportunities to discuss any ideas or concerns they may have. For example, during team meetings the practice discussed developing a staff support group with the aim of providing staff a collective voice regarding decisions. The practice identified a lead worker who would co-ordinate the support group and the practice were provided with ideas regarding future team building events which, staff were considering.
- The management team explained since our previous inspection, clinicians' reflected on their engagement with non-clinical staff and recognised that an increase in the use of electronic communication methods had made them a little isolated and impacted on non-clinical staffs' perception of them being unapproachable. Documentation provided by the practice showed that they had re-instated multi team meetings and commenced whole practice team meetings on a quarterly basis. There were also plans in place to protect two of the whole practice meetings to facilitate team-building events with the support of the staff support group.