

Blakenall Family Practice

Quality Report

Blakenall Village Centre

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services responsive to people's needs?

Requires improvement



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 Blakenall family Practice on 4 July 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the July 2016 inspection can be found by selecting the 'all reports' link for Blakenall Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 25 April 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 4 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good; however continues to be rated as requires improvement for providing responsive services.

Our key findings were as follows:

- At our July 2016 inspection, some medicines required to respond to medical emergencies were not stored within the practice and the provider had

not assessed the risk posed by the absence of these. During this inspection we found that the arrangements to respond to medical emergencies had been strengthened.

- Results from the national GP patient survey published in July 2016 showed that patient satisfaction had slightly improved in some areas and declined in others since the July 2016 inspection. The practice was aware of this and taking action to improve patient satisfaction.
- Previously we saw the practice complaints process was not being followed effectively. As part of this inspection, we saw that oversight of the complaints process was more effective. As a result, the practice responded to complaints in a timely manner and improvements were made to the quality of care as a result of complaints and concerns.
- Arrangements for monitoring and improving quality and managing risk had improved since our previous inspection. For example, the practice established a programme of continuous clinical audits and oversight of risk was managed effectively.
- Data from the 2015/16 quality outcomes framework showed uptake of childhood immunisations was

Summary of findings

below local and national averages for vaccinations given to under two's and five year olds. Staff we spoke with during this inspection explained that they actively contacted patients who failed to attend appointments.

- The practice no longer had set immunisation clinics and made clinic times more flexible for patients. Staff explained that the practice was also involved in a pilot with child health aimed at gathering central data of completed immunisations. As a result, 2016/17 QOF data showed immunisation uptake for under two's and five year olds was above local and national averages.
- As part of the previous inspection data from the March 2015 national cancer intelligence network showed that uptake for breast and bowel screening was below local and national averages. When we

carried out this inspection, we saw that uptake remained below local and national averages; however the practice were aware of this and continued to take actions to improve uptake. This included actively contacting patients to encourage uptake and arranging for testing kits to be sent out directly to patients.

In addition the provider should:

- Continue to review national GP patient survey results and internal patient feedback; and explore effective ways to improve patient satisfaction.
- Continue to consider effective ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.

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?

At our previous inspection, we rated the practice as requires improvement for providing safe services as arrangements to enable the practice to respond to medical emergencies had not been fully assessed. These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. For example:

- At the July 2016 inspection, some medicines required to respond to medical emergencies were not stored within the practice and the practice had not assessed risk in the absence of this. When we carried out the follow up inspection we saw that risk had been effectively managed; adequate stock of emergency medicines were available within the practice and easily accessible in a secure area.

Good



Are services responsive to people's needs?

Previously we rated the practice as requires improvement for providing responsive services as some areas of the national GP patient survey were lower than national and local averages. Investigating and learning from complaints needed improving. During the April 2017 follow up inspection, we saw some areas of improvements. For example:

- Previously we saw that practice processes for managing complaints were not being followed effectively. Complaints reviewed as part of this inspection showed that the practice responded quickly to issues raised. Learning and actions required following complaints were shared with staff and other stakeholders.
- Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment had slightly improved in some areas and declined in others since the July 2016 inspection. The practice was aware of this and actively taking actions to further improve patient satisfaction.

Requires improvement



Are services well-led?

We rated the practice as requires improvement for providing well-led services during our previous inspection as oversight of some systems and management of risks was not effective. During the April 2017 follow up inspection, we saw improvements. For example:

Good



Summary of findings

- Arrangements for monitoring and improving quality and managing risk had improved since our previous inspection. The practice established a programme of continuous clinical audits and management of risk had been improved.
- Since the previous inspection, staff explained that systems for managing complaints were further developed. The evidence provided during this inspection showed that complaints were managed in a timely manner.
- Joint working and communication with other health care providers had been strengthened since the July 2016 inspection. As a result, we saw formal multidisciplinary meetings being carried out and improved communication pathways between the practice and local nursing homes.
- Data from the July 2016 national GP patient survey showed that patient satisfaction had slightly increased in some areas and declined in others. The practice was aware of this and actively taking actions to further improve patient satisfaction.

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review national GP patient survey results and internal patient feedback; and explore effective ways to improve patient satisfaction.
- Continue to consider effective ways of encouraging the uptake of national screening programmes such as bowel and breast cancer.

Blakenall Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included two GP specialist advisers.

Background to Blakenall Family Practice

Blakenall Family Practice is located in the Walsall area of the West Midlands. The practice is situated in a multipurpose modern built NHS building, providing NHS services to the local community. Blakenall Family Practice is part of Phoenix Primary Care, which is a general medical service provider comprising of 12 GP practices operating in the Midlands, Bedfordshire and Herefordshire. Since the July 2016 inspection, Phoenix Primary Care merged with The Practice Group. The practice group works with the NHS to design and deliver innovative approaches to primary care across England.

Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Blakenall Family Practice are below the national average, ranked at one out of 10, with 10 being the least deprived. The practice serves a higher than average population of patients from birth to 34, below average for patients aged 65 plus and comparable for patients aged 85 plus.

The patient list is 5,550 patients of various ages registered and cared for at the practice. Phoenix Primary Care Limited merged two practices in 2012 to form Blakenhall Family Practice. Phoenix Primary Care Limited board of directors

runs the practice and service delivery is supported by a clinical and administration team. Services to patients are provided under an Alternative Primary Medical Services (APMS) contract with the Clinical Commissioning Group (CCG). APMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice 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 to improve the range of services available to patients. The surgery is registered to deliver diagnostic and screening procedures, maternity and midwifery services and treatment of diseases, disorders or injury.

The practice is situated on the ground floor of a multipurpose building with a wide range of health care and community services. There is car parking available along with facilities for cyclists and patients who display a disabled blue badge. The practice has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male and two female salaried GPs, two advanced nurse practitioners; one independent nurse prescriber, one practice nurse and two health care assistants. There is a practice manager, a practice administrator and seven receptionists.

The practice is open between 8am and 6.30pm Tuesday to Friday and between 8am and 8pm on Mondays. Various GP consulting hours are available from 8.30am to 6.30pm Monday to Friday, extended hours provided on Mondays from 5pm to 7.30pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, NHS 111 provides services.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of Blakenall Family Practice on 4 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. This was because the provider did not assure themselves that staff understood or were following the practice complaints process. For example, complainants, and those about whom complaints are made were not kept informed of the status of their complaint and its investigation. Furthermore, the practice was not responding to complaints or sending acknowledgment letters in a timely manner. We also found that in some areas, the practices governance arrangements did not support safe and well led systems. The practice did not carry out a risk assessment in the absence of some emergency medicines in order to mitigate risks.

The full comprehensive report following the inspection on 4 July 2016 can be found by selecting the 'all reports' link for Blakenall Family Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 4 July 2016.

How we carried out this inspection

We carried out a focused inspection of Blakenall Family Practice on 25 April 2017. During our visit we:

- Spoke with a GP, members of the nursing team, practice manager and administrators.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 4 July 2016, we rated the practice as requires improvement for providing safe services as the arrangements to deal with medical emergencies needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing safe services.

Arrangements to deal with emergencies and major incidents

During our previous inspection we saw that the practice had not carried out a risk assessment in the absence of some emergency medicines to mitigate risks. For example, the practice did not stock medicines used to respond to epileptic seizures. Following that inspection the practice provided copies of a completed risk assessment. As part of this inspection, we saw that these emergency medicines were available within the practice and easily accessible to staff in a secure area of the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection in July 2016, we rated the practice as requires improvement for providing responsive services as the January 2016 national GP survey results relating to access was below local and national averages, the arrangements in respect of recording, investigating and learning from complaints needed improving.

These arrangements had improved when we undertook a follow up inspection on 25 April 2017. However, the practice continues to be rated as requires improvement for providing responsive services.

Access to the service

The practice is open between 8am and 6.30pm Tuesday to Friday and between 8am and 8pm on Mondays. Various GP consulting hours are available from 8.30am to 6.30pm Monday to Friday, extended hours provided on Mondays from 5pm to 7.30pm.

Results from the January 2016 national GP patient survey showed that patient's satisfaction with how they could get through to the practice by phone was below local and national averages. Results from the July 2016 national GP patient survey showed that satisfaction had slightly increased; however, remained below local and national averages.

- The percentage of patients who were satisfied with the practice's opening hours had declined from 76% to 66%, compared with the clinical commissioning group (CCG) average of 77% and the national average of 76%.
- Patients who said they could get through easily to the practice by phone increased from 38% to 44%, compared to the CCG average of 76% national average of 73%.
- However, patients who said they were able to get an appointment to see or speak to someone the last time they tried increased from 60% to 63%, compared with the CCG average of 82% and the national average of 85%.
- 73% of patients described the overall experience of this GP practice as good compared with the CCG average of 86% and the national average of 85%.

- 54% of patients described their experience of making an appointment as good compared with the CCG average of 75% and the national average of 73%.
- Patients who said they would recommend this GP practice to someone who has just moved to the local area increased from 56% to 64% compared to the CCG average of 76% and national average of 78%.

Staff we spoke with explained they were aware of these results and, since the last inspection, the practice had installed a new telephone system. Although the practice had not carried out a survey to assess patient satisfaction following the introduction of the new phone system, staff were advised to obtain verbal feedback following all phone calls. We were told that, based on patient feedback, staff felt the new phone system had improved telephone access. In an attempt to improve appointment access, staff explained they were sending appointment reminders via text message and calling patients prior to their appointments. Staff were also discussing with patients the effect missed appointments were having on appointment availability and encouraging patients to contact the practice if they needed to re arrange or cancel their appointments. The practice was aware of areas where the practice was performing below local and national averages. We saw evidence of communication with staff members, the patient participation group (PPG) and a detailed action plan to support further improvements. For example, the practice increased their clinical team since the last inspection to increase appointment access.

Listening and learning from concerns and complaints

At our comprehensive inspection in July 2016, we saw the practice had a system in place for handling complaints and concerns however we identified systematic gaps in areas, resulting in an ineffective complaints system. For example, we saw that an acknowledgment of complaints was not always being sent in a timely manner.

Since the July 2016 inspection the practice received 13 complaints. We looked at three of these complaints and saw they were dealt with in a timely way, with openness and transparency. The practice carried out an analysis of complaints and produced a report which they disseminated throughout the practice. The report demonstrated an effective system for learning from individual concerns and complaints and a proactive

Are services responsive to people's needs?

(for example, to feedback?)

approach to identify trends and actions required to improve the quality of care. We saw evidence of correspondence with NHSE to support timely conclusions to complaints received.

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 July 2016 inspection, we rated the practice as requires improvement for providing well-led services as oversight of some systems and management of risks was not being carried out effectively.

These arrangements had significantly improved when we undertook a follow up inspection on 25 April 2017. The practice is now rated as good for providing well-led services.

Governance arrangements

Previously we saw the practice had an overarching governance framework, which supported the delivery of the strategy and good quality care. However, the governance systems in some place required strengthening. For example, the monitoring of practice procedures and management of risk was not being carried out effectively. As part of this inspection we saw that this had been improved. For example:

- During this inspection, we saw formal risk assessments in place and arrangements to respond to medical emergencies had been reviewed and improved.
- Although data from the national GP patient survey, published in July 2016, had increased in some areas and declined in others, satisfaction scores remained below local and national averages. Staff we spoke with as part of the follow up inspection were aware of the practice performance and taking actions to further improve patient satisfaction.
- The practice improved oversight of their system for managing complaints since our previous inspection in July 2016. During this inspection we saw an effective system being operated with timely communication between the practice and complainants. Minutes of meetings showed that learning and actions required to improve the quality of care were being shared throughout the practice.
- When we inspected the practice in July 2016 staff were carrying out informal multidisciplinary meetings for palliative care patients as they were experiencing difficulties in securing attendance to more formal meetings. During our most recent inspection staff explained that they continued with their attempts to

coordinate health care professionals' diaries.

Furthermore, the practice carried out two formal gold standards framework (GSF) meetings since the last inspection (GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life).

- During the July 2016 inspection, we found there were differences in the level of collaborative working with local care homes. For example, previously we spoke with three out of five care homes; feedback we received was positive from two; however, less favourable from one which cared for the highest number of registered patients. As part of this inspection we spoke with members of the management team at one care home. Staff we spoke with explained that the service provided by Blakenall Family Practice was very efficient and they had regular contact with clinicians. Staff told us that end of life care and management of antipsychotic medicines was effective. Care home staff we spoke with also explained there were ongoing issues regarding the process for registering new patients; however, the practice and Walsall CCG were working together to address the issues.
- Practice staff we spoke with as part of this inspection explained they held meetings with nursing homes and Walsall CCG to review joint working arrangements. As a result, staff explained that work was consolidated to weekly nursing home ward rounds which reduced the volume of additional requests. The practice had implemented a dedicated phone line used by the nursing home. Staff explained this had improved the level of communication.
- The practice further strengthened their programme of audits to monitor quality and make improvements. Since the July 2016 inspection the practice had carried out three clinical audits. For example, the practice carried out an audit to ensure patients prescribed medicines used to treat high blood pressure and heart rhythm disorders were being managed in line with evidence based guidance. We saw that as a result of the audit, actions had been taken and processes to maintain compliance with recommendations had been strengthened. Staff explained the practice planned to repeat the audits during November 2017.