

Khattak Memorial Surgery

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?

Good



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 Khattak Memorial Surgery on 17 January 2017. Overall the practice is rated as requires improvement.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, the process of monitoring temperature sensitive medicines, staff awareness of emergency medicines and information governance within the practice required improvement.
- The practice had good facilities, which could be adapted to support patients with mobility needs and was well equipped to treat patients.
- There was continuity of care, with urgent and telephone appointments available the same day and walk in appointments were available for children under the age of 5, patients living with cancer or a terminal illness, and patients over the age of 75.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- The practice had effective administrative and communication systems to ensure results and correspondence from secondary care was dealt with promptly.
- There was a clear and visible leadership structure and staff felt supported by management.
- The provider had a domiciliary nurse who visited the frail and housebound offering a wide range of

Summary of findings

nursing care within the community. Care was extended to social prescribing and support for vulnerable patients, especially those experiencing mental health difficulties.

- The provider shared with the families of patients whose death was expected the personal contact details of their GP, so that support and death certification could be received day or night in accordance with cultural preferences.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from the patient participation group.
- 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 all staff are aware of the location of emergency equipment to assure themselves that all staff will know how to assist in the event of an emergency.
- Review the information governance policy to ensure that staff undertake the recording and management of all patient data in accordance with recommended guidance.

- Improve the methods of recording fridge temperatures, cleaning activity and safeguards against the risk of legionella to ensure that the practice is accountable and auditable.

In addition the provider should:

- Continue to address issues raised in the national patient survey and explore ways to gather up to date patient feedback to assure themselves that improvements are implemented, reviewed and sustained.
- Update registration details with the Care Quality Commission to include all current GP partners in the practice as soon as possible.
- Take steps to complete regular fire drills at the branch site.
- Improve the availability of copies of the business continuity plan at both sites managed by the provider to cover eventualities such as power failure or other unforeseen eventuality.

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.

Requires improvement



- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed. However, we found that not all staff we spoke with were confident in locating emergency equipment or medicines. A recent fire drill had not been undertaken at the branch surgery. The process for the monitoring of temperature sensitive medicines at the branch surgery was vulnerable to error. We saw that records of cleaning activity and checks on the water system to safeguard risks against legionella contamination were not recorded.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or slightly below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for most aspects of care.
- However; patients told us via written comment cards submitted prior to the inspection, that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The domiciliary nurse employed by the provider provided care for vulnerable patients in need.
- Information for patients about the services available was easy to understand and accessible. Information was translated into Urdu throughout the practice and most staff were able to communicate in several commonly spoken languages within the practice population. A clinician was also able to communicate in British Sign Language for patients who were hearing impaired.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the national patient survey indicated that it was not easy to make an appointment with the GP of their choice. However, comments we received and evidence seen during our inspection confirmed that there was continuity of care, with urgent appointments available the same day. The provider offered a telephone call back service after each surgery to speak to any patients unable to secure a face to face same day appointment that had requested one. A walk in service was provided for the most vulnerable patient groups.
- The practice had good facilities and was 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.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. However, we saw that some systems and processes to assess and address risks to patients were not well implemented. For example; a physical copy of the business continuity plan was not accessible at either location. One member of staff did not have a NHS Smart Card and was therefore unable to access the computer system and update clinical records in accordance with the information governance policy. Some governance systems, including those for the monitoring of fridge temperatures, checks on the water system to safeguard against the risk of legionella and the recording of cleaning activity was in need of review to provide the practice with the necessary assurance that they were operating effectively.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. However, whilst poor scores in the National Patient Survey had been acknowledged by the provider, the action plan developed as a result was limited in scope and had not been reviewed.

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 provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of older people.

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- A domiciliary care nurse employed by the practice visited elderly patients who were housebound and an annual health check and appropriate immunisations were offered.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

- The lead GP had a special interest in diabetes and was supported by a pharmacist and practice nurse in helping patients understand and manage their condition.
- Overall QOF achievement for treatment of diabetes was 8% lower than the local average and 6% lower than the national average. However, clinical prevalence of diabetes was significantly higher at 14% across the practice population compared a national prevalence of 7%.
- Nursing staff had lead roles in other chronic disease management, for example those with chronic lung disease or asthma. Patients at risk of hospital admission were identified as a priority.
- 96% of newly diagnosed diabetics were referred for a structured education programme. This was 4% higher than the national average and achieved with an exception rate of 0%.
- 72% of patients with asthma received an annual review which was 4% lower than the local average and national average.
- Longer appointments and home visits were available when needed. All these patients had a named GP and were offered a structured annual review to check their health and medicines

Requires improvement



Summary of findings

needs were being met. For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances and those identified as being at risk of female genital mutilation (FGM). Immunisation rates were in line with or higher than local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Advice on Family Planning was offered and sexual health support for young people was provided through a clinic for patients under 25 that took place one evening a week. This encouraged patients to access advice and support on lifestyle and sexual health issues in an accessible non-judgmental way.
- Uptake for the cervical screening programme was 79%, which was 1% lower than the CCG average and 3% lower than the national average. Appointments were available outside of school hours and drop in appointments were available for urgent cases.
- The premises were suitable for children and babies; however there was limited baby changing provision at the branch practice. We were told that facilities could be made available if requested. Both locations had a secluded area that allowed patients who preferred to wait in a more private area to breastfeed.
- A weekly drop-in baby clinic was offered.
- We saw positive examples of joint working with midwives and health visitors. We saw evidence that meetings were well attended and that safeguarding was a priority area for children.

Requires improvement



Summary of findings

Working age people (including those recently retired and students)

The provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Evening appointments were available on Monday to Wednesday for patients that could not attend during the usual working day.
- The practice was proactive in offering online services such as appointment booking and medication ordering, as well as a full range of health promotion and screening that reflects the needs for this age group.
- GPs offered a specialised clinic for male health (urology) and also in sports medicine.

Requires improvement



People whose circumstances may make them vulnerable

The provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or a neurological condition.
- The practice offered longer appointments for patients with a learning disability and undertook annual reviews.
- The practice regularly worked with other professionals in the case management of vulnerable patients. For example; a weekly Citizen's Advice session was hosted at the practice and referrals were made to a local community based service (Springfield Project) to signpost people in need of assistance to suitable support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for safety and well led and good for effective, caring and responsive. The concerns that led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 14% higher than the local average and 16% higher than the national average. The practice had low rates of dementia due to the low number of older people in its practice population. Six patients were coded as experiencing dementia.
- 92% of eligible patients experiencing a serious mental illness had an up to date care plan. This was the same as the local average and 3% higher than the national average.
- However, data showed that the provider had not undertaken a review of a small number of patients receiving a medicine for their mental illness, that required a regular blood test to measure levels of the medicine and its effects within the body.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. These patients were also visited regularly by the domiciliary nurse who was directly employed by the practice to identify the holistic support needs of these and other vulnerable patient groups.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations such as the local group 'Healthy minds' and a counselling service that was culturally sensitive to the needs of the patient population.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing lower than local and national averages. Survey forms were distributed to 364 patients and 59 were returned. This represented a completion rate of 16% and comprised 1% of the practice's patient list.

- 48% of patients found it easy to get through to this practice by phone compared to the local average of 70% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 81% and the national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 75% and the national average of 78%.

Data from the national patient survey had been reviewed by the practice. Some actions had been identified since the data was collected to improve the patient experience, this included improvements to the telephone system to increase access to appointments.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 responses which were all highly positive about the standard of care received. Patients described a friendly reception team and very caring clinicians. Several patients commented that the reception staff were helpful in making appointments even when very busy and that the environment was clean and welcoming.

We spoke with two patients during the inspection. Both patients said they were highly satisfied with the care they received and thought staff were approachable, committed and caring. The practice reviewed their responses to The Friends and Family Test and achieved good or high satisfaction in more than 95% of responses. (The Friends and Family test is a feedback tool which asks people if they would recommend the services they have used to their friends and family).

Khattak Memorial Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist adviser.

Background to Khattak Memorial Surgery

Khattak Memorial Surgery, 58 Benton Road, Sparkbrook, Birmingham, West Midlands, B11 1TX, provides services for 4822 patients. The provider operates from two locations, both of which were visited as part of this inspection and are situated within the Birmingham South and Central Clinical Commissioning Group. The provider delivers primary medical services under the terms of a personal medical services (PMS) contract.

Services are provided within converted buildings which have been adapted to provide access for people with limited mobility. Both the main location at Sparkbrook and the branch surgery, located at 182 Mansel Road, Small Heath, Birmingham, B10 9NL are owned by the partners. The provider is located in an inner city area to the central south east of Birmingham.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The population is mainly of South Asian ethnicity, currently 90% with the remaining population being of east European or African ethnicity. Khattak Memorial Surgery is registered as a partnership between Dr Iram Sajjad Khattak and Dr Saima Sajjad Khattak, however the practice has also added Dr Mussarat Khattak as a partner and we have advised the

practice to complete the registration process without delay. Dr Iram Khattak (female) and Dr Mussarat Khattak (male) both work full time. A recently appointed salaried GP (female) works six clinical sessions each week and Dr Saima Khattak (female) undertakes two sessions. The practice also has a part time female practice nurse who works 28 hours a week plus a female specialist domiciliary care who works 17 hours a week. A locum pharmacist attends for one afternoon a week and a female health care assistant works 30 hours a week and divides her time between phlebotomy, smoking cessation and reception duties.

The practice manager is supported by five predominantly part time reception and administrative staff.

The practice at Benton Road is open Monday and Tuesday, 8am to 7pm, Wednesday 8am to 7.30pm, Thursday and Friday from 8am to 6.30pm. Consultations are available from Monday 9am to 1pm, 2pm to 5pm, 4pm to 7pm. Tuesday 9am to 1pm, 4pm to 7pm, Wednesday 9.30am to 12.30pm, 1.30pm to 7.30pm, Thursday 9.30am to 6.30pm, Friday 9.30am to 12.30 and 3.30pm to 6.30pm. The branch at Small Heath is open from 10am to 2pm, Monday to Friday and consultations were available on Monday between 10.30am to 1pm, Tuesday 11.30am to 2pm, Wednesday 11.30am to 2pm, Thursday 10am to 1pm and Friday 10am to 1pm.

When the surgery is closed patients are advised of the NHS 111 service for non-urgent medical advice and are directed to a local out of hours provider, Primecare.

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

Detailed findings

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.

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 17 January 2017. During our visit we:

- Spoke with a range of staff including GPs, nurses, receptionists and the practice manager. We also spoke with patients who used the service.
- Observed how patients were greeted on arrival at the surgery and also when phoning for an appointment.
- 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.

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 there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving an out of date vaccine that was discovered and disposed of prior to use was reviewed by the practice and improvements made in the monitoring of stock and storage of medicines. In another incident, an urgent referral that was sent initially to the wrong department led to a review of the referral system and improved communication between clinicians and administrative staff.

Overview of safety systems and processes

The practice had systems, processes and practices in place which mostly kept 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and showed appropriate understanding of their responsibilities to safeguard adults who may be vulnerable.

- A notice in the waiting room advised patients that chaperones were available if required and this had been translated into Urdu, to reflect the needs of the patient population. All staff who acted as chaperones were trained for the role and 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 clean and tidy. However, the practice did not maintain records of cleaning checks. A practice nurse was the infection prevention and control (IPC) clinical lead. The lead liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol in place and staff had received regular updates. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) required improvement. We found that there had not been a cold chain audit at the location. The process of recording temperatures from the vaccine fridge at the branch location was vulnerable to error. This was because the temperature was taken by the duty receptionist and then sent through to the practice manager at the main site, by way of an electronic task. The record was then centrally updated. Electronic tasks were not stored within the system and could not be checked for accuracy. On the day of the inspection, the reception at the branch had not checked the fridge by late morning, despite being a

Are services safe?

task that was due to be undertaken when the branch was opened at 9am. One staff member we spoke with was unsure as to the location of emergency drugs and equipment.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and had undertaken a recent fire drill at the main location. Staff we spoke with were aware of the correct procedures to follow in the event of a fire. However, we saw that there had not been a fire drill undertaken at the branch location for at least two years. All 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 had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a particular bacterium which can contaminate water systems in buildings). However, following an assessment of risk on legionella commissioned by the provider, shown to us on the day of inspection, we were told that no written record was being maintained by the provider in respect of the advice given to them to monitor water temperatures.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and most staff knew of their location. All 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. The plan included emergency contact numbers for staff. However, this plan was saved on the computer system and on a hard drive also located off site. There was no physical copy available at either location in the event of a computer or electrical failure.

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 all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 93% of the total number of points available. This is 4% lower than the local average and 3% lower than the national average. The clinical exception rate for this provider is 9%, which is equal to the local and national average. 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 not an outlier for any QOF (or other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was in line or slightly lower overall than the local and national average. For example 65% of diabetic patients on the register had achieved a blood sugar result of 59 mmol or less in the preceding 12 months. This demonstrated that their diabetes was being well controlled. This was 5% lower than the local and national average.
- 91% of diabetic patients had received a foot examination to check for nerve or skin damage

associated with their condition. This was equal to the local average and 2% higher than national average. The provider was also able to initialise insulin for patients identified as needing this treatment.

- Performance for mental health related indicators overall was variable when compared to the local and national average. For example 92% of eligible patients experiencing a serious mental illness had an up to date care plan. This was the same as the local average and 3% higher than the national average.
- 82% of patients with a serious mental illness had a record of their blood pressure taken in the last year. This was 9% lower than the local average and 7% lower than the national average.
- However, data showed that the provider had not undertaken a review of a small number of patients receiving a medicine for their mental illness, that required a regular blood test to measure levels of the medicine and its effects within the body. We discussed this on the day of the inspection and the provider advised us they would treat the matter as a significant event and undertake a review.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits commenced in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. We saw evidence that patients who had diabetes had been reviewed to ensure that they were taking the most appropriate medication to treat their condition. We saw that this audit was repeated and the practice were able to report 100% compliance with NICE guidelines at both the first and second audit cycles. Another audit reviewed compliance with referrals to secondary care for men who showed blood results indicating disease of the prostate. This audit also confirmed 100% compliance with NICE guidelines at both stages of the audit cycle.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored and recorded in the patient's record.

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 at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was slightly below the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were effective systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates were above the 90% national expected coverage levels for vaccinations. For example, childhood immunisation rates for the vaccinations given to under two year olds were 94%. For five year olds vaccination rates ranged from 93% to 98% (national averages ranged from 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice was lower than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 93% 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%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 81% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

We saw that the provider had recruited an experienced practice nurse with a background in mental health who visited patients at home to offer a wide variety of support. We saw evidence that the nurse supported patients in their medication compliance and also referred patients to other agencies like occupational health and the Citizens Advice Bureau (CAB), in cases where the patient was struggling to cope due to their complex, often mental health related difficulties.

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. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed a majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were lower than local and national averages. For example:

- 76% 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%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Are services caring?

- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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. We saw notices in the reception areas informing patients this service was available and the majority of staff were also fluent in several commonly spoken South Asian languages used by the practice population.
- The practice website included advice about pregnancy, long term conditions and minor illnesses.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1% of the practice list).

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. We saw that when a patient was known to be close to death, the family would be offered the personal contact details of the GP, who would attend to offer support and issue a death certificate, day or night.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered pre-booked appointments until on Monday and Tuesday until 7pm and until 7.30pm on Wednesday for patients who could not attend during the usual working day.
- A clinic for patients under 25 was offered one evening a week. This encouraged patients to access advice and support on lifestyle and sexual health issues in an accessible non-judgmental way.
- A clinic for men experiencing urological problems (such as kidney, bladder and prostate) was offered weekly.
- Patient information signs, for example those offering chaperone services, were displayed in English and Urdu to assist patients who did not speak or read English.
- The practice offered consultations by telephone, for patients that were unable to attend the surgery or preferred this method of consultation. The practice also offered online services such as appointment booking and medication ordering.
- There were longer appointments available for patients with a learning disability or who would benefit from a longer consultation.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, interpretation and translation services available.

Access to the service

The practice at Benton Road was open Monday and Tuesday, 8am to 7pm, Wednesday 8am to 7.30pm, Thursday and Friday from 8am to 6.30pm. Consultations were available from Monday 9am to 1pm, 2pm to 5pm, 4pm to 7pm. Tuesday 9am to 1pm, 4pm to 7pm,

Wednesday 9.30am to 12.30pm, 1.30pm to 7.30pm, Thursday 9.30am to 6.30pm, Friday 9.30am to 12.30 and 3.30pm to 6.30pm. The branch at Small Heath was open from 10am to 2pm, Monday to Friday and consultations were available on Monday between 10.30am to 1pm, Tuesday 11.30am to 2pm, Wednesday 11.30am to 2pm, Thursday 10am to 1pm and Friday 10am to 1pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than local and national averages.

- 58% of patients were satisfied with the practice's opening hours compared to the local average of 74% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the national average of 73%.

Some actions had been identified since the data was collected to improve the patient experience, this included improvements to the telephone system to increase access to appointments.

People told us via comment cards prior to the inspection that although they found staff kind and friendly, it was sometimes difficult to get through by telephone and obtain a convenient appointment.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

Are services responsive to people's needs? (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available in reception to help patients understand the complaints system.

We saw that five complaints had been made to the provider in the last 12 months. These were all verbal complaints. The practice actively welcomed feedback from

patients and the policy was publicised within the practice and on the website. We saw that the recording of complaints were appropriately detailed. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, consistency of approach processing prescriptions and communication of policy.

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 had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a clear mission statement, underpinned by upholding values of care and compassion which was displayed in the waiting areas and on desks across the practice. This prompted staff to notice and recall these values in their interactions with patients and staff knew and understood this.
- The practice had an effective strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a clear forward plan and had secured both a viable site and recent funding with which to build a purpose built modern facility to assure the future needs of the practice.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care; however there were a number of areas where improvements were needed.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, not all staff we spoke to were confident in the location of emergency equipment.
- Practice specific policies were implemented and were available to all staff. However, the practice did not implement effective information governance processes in the completion of patients' records. We found that a clinical member of staff did not have the means to record their clinical activity using a personalised NHS computer access card. Immediately following the inspection, the provider sent us evidence to confirm that an application had been made for the appropriate access card.
- A comprehensive understanding of the performance of the practice was maintained; however, the method used by the provider to report and record refrigerator temperatures at the branch practice was vulnerable to

recorder error. Following the inspection, the provider told us they would implement a revised system that assured the provider safe monitoring systems were in place.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However we saw that a daily record of cleaning activity was not maintained across the practice. Following the inspection, the practice confirmed to us that they would implement daily records of cleaning activity across both locations.
- There were generally effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice did not hold a physical copy of the business continuity plan on site, as this was kept on the practice computer system and in a separate hard drive stored off-site. We also saw that there had not been a fire drill undertaken at the branch site within the last two years.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

Are services well-led?

Requires improvement 

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. 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 PPG had a core membership of eight patients and met regularly, and submitted proposals for improvements to the practice management team. For example, the patient group asked if radio could be played in the main

site reception to improve patient confidentiality. The provider agreed and encouraged the PPG to select an appropriate talk radio station that broadcast in a variety of commonly spoken community languages.

- The practice had gathered feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The practice had recently created a notice board in the staff room where comments could be made to identify any potential improvements or voice concerns, for example prompts were made for staff to ensure patient notes were being stored in a tidy and confidential manner.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, through their provision of sexual health clinics for young people and domiciliary care nursing for vulnerable patients. The main GP was also a founder member of a local knowledge sharing group and showed us evidence that constructive case review and learning was actively shared across the local area with other colleagues.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to operative effective governance systems.</p> <p>This was because:</p> <ul style="list-style-type: none">• Following an assessment for the risk of legionella; no written record was being maintained by the provider in respect of the advice given to them to monitor water temperatures.• A fire drill had not been undertaken at the branch surgery within the last two years• Not all staff were aware of the location of emergency equipment and medicines.• Written cleaning records were not maintained.• The process for the recording of vaccine refrigerator temperatures at the branch surgery was vulnerable to error and could not be audited.• No physical copy of the business continuity plan was available at either location in the event of a computer or electrical failure.• A member of staff did not have a NHS smart card issued in their name and was consequently updating medical records under the log in details of other members of staff. <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>