

Schoolacre Road Surgery

Inspection 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 location

Requires improvement 

Are services safe?	Good 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 

Overall summary

This practice is rated as Requires improvement overall. (Previous rating February 2018 – Requires Improvement)

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

We first carried out an announced comprehensive inspection at Schoolacre Road Surgery in February 2015 where the practice was rated as good overall. As part of our inspection programme the practice was then inspected in February 2018 and rated as requires improvement overall. As a result, we issued requirement notices as legal requirements were not being met and asked the provider to send us a report that says what actions they were going to take to meet legal requirements. The full comprehensive report of all previous inspections can be found by selecting the 'all reports' link for Schoolacre Road Surgery on our website at

This inspection was an announced comprehensive inspection carried out on 19 September 2018 to check whether the providers had taken action to meet the legal requirements' as set out in the requirement notices. The report covers our findings in relation to all five key questions and six population groups.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- A sample of care records showed that patients prescribed high-risk medicines as well as other medicines which required closer monitoring were being managed in line with the practice protocol, which reflected national guidance. However; during our inspection, staff we spoke with did not demonstrate the appropriate skills and knowledge to enable them to carry out searches using the clinical system to gather information. Following our inspection, the practice sent

us information which demonstrated that the CCG medicines team had gathered information from the clinical system to support the management of medicines.

- The practice carried out audits to review the effectiveness and appropriateness of the care it provided. There were plans in place to revisit clinical audits to see whether changes made had resulted in improvements to patient outcomes.
- Staff were aware of national guidelines and ensured that care and treatment was delivered according to evidence- based guidelines.
- The 2016/17 Quality Outcome Framework (QOF) performance for the practice was above local and national averages in several areas. However, exception reporting was above local and averages in some clinical areas. The practice was aware of this and taking action to improve compliance with QOF protocol.
- Staff involved and treated patients with compassion, kindness, dignity and respect. Results from the July 2017 national GP patient survey showed that the practice scored above local and national averages in a number of areas. Data from the 2018 national GP patient survey indicated that patients after action remained positive in a number of areas.
- Data from the 2018 national GP patient survey indicated that patients were less satisfied with appointment times; however, were positive about the appointment type and experience of making an appointment.
- There was a focus on continuous learning and improvement at all levels of the organisation when managing complaints and incidents.
- The practice had improved areas of their governance framework to support a systematic approach to maintaining and improving service delivery and patient care. We saw that improvements were ongoing in areas such as managing safety alerts; monitoring the effectiveness of systems to support medicines management and the monitoring of clinical audits.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Overall summary

- Continue taking action to improve the uptake of childhood immunisations and national screening programmes such as cervical screening.
- Continue reviewing and analysing patient comments and feedback.
- Continue taking action to identify carers.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Schoolacre Road Surgery

Dr. Caterina Sterlini and Dr Annia Bangash are the registered providers of Schoolacre Road Surgery also known as Schoolacre Surgery. The surgery is located in purpose built building in Shard End, Birmingham, providing NHS services to the local community. Further information about Schoolacre Surgery can be found by accessing the practice website at www.schoolacresurgery.nhs.uk

Based on 2015 data available from Public Health England, the levels of deprivation in the area served by Schoolacre Road Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between 45 to 65 and over. The number of patients aged between birth and 44 is below local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 80% White, 5% Mixed race, 9% Asian and 5% Black.

The patient list is 2,870 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with

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

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

Limited on street parking is available around the practice and designated parking for patients who display a disabled blue badge. The surgery has manual operated entrance doors which reception staff had clear view of and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of two GP partners (both female). The clinical team also includes a practice nurse and two health care assistants. The non-clinical team consists of a practice manager, an administrator and four and receptionists.

Schoolacre Surgery is a teaching practice providing five-week placements for year five medical students on a six-month rotational basis. At the time of our inspection there was one medical student on placement.

The practice is open between 8.30am and 6.30pm on Mondays, Tuesdays, Thursdays and Fridays. Wednesday's opening times are between 8.30am and 1pm.

GP consulting hours are available between 8.30am and 6.30pm Mondays, Tuesdays, Thursdays and Fridays. Wednesdays consulting hours are between 8.30am and 1pm.

The practice work jointly with other practices to improve access. This enables access to appointments from four clinical Hubs between 6.30pm and 8pm Mondays to Friday and Saturday between 9am and 1pm.

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

The practice was previously inspected in February 2015 and rated overall good. The practice was then inspected in February 2018 and rated overall requires improvement.

Are services safe?

At our previous inspection on 28 February 2018, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safety systems and processes such as ensuring Disclosure and Barring Service checks were carried out, cleanliness and infection control as well as managing environmental risks were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 19 September 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning outcomes from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Since our February 2018 inspection, the practice improved systems to manage infection prevention and control. For example, cleaning logs were being kept to support the monitoring of cleaning standards.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for all staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. Non-clinical staff were aware of sepsis early warning signs and would report concerns to a clinician.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines. However, the practice did not establish a process to monitor whether the system operated effectively to maintain patient safety.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. For example, Patient Group Directions and Patient Specific Directions were in place which authorised clinical staff to administer medicines (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

Are services safe?

- The practice had reviewed its antibiotic prescribing and actions to support good antimicrobial stewardship in line with local and national guidance were ongoing.
- A random check of clinical records carried out during our inspection, demonstrated that patients were being followed up appropriately and patients were involved in regular reviews of their medicines. However, when asked staff we spoke with were unable to carry out searches to demonstrate that patients were always being identified to ensure their health were being managed in relation to the use of medicines. Staff explained that the practice received support from the local Clinical Commissioning Group (CCG) medicines management team. Following our inspection, the practice provided evidence of a list of searches carried out by the CCG medicines management team.

Track record on safety

The practice had a good track record on environmental safety.

- There were comprehensive risk assessments in relation to safety issues.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong.
- There were no incidents recorded since our February 2018 inspection. However, there were systems in place to enable the practice to learn, share learning, identify themes and take action to improve safety in the practice.
- The practice operated an informal system to act on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

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

Effective needs assessment, care and treatment

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

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines

needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- A diabetic specialist nurse from the local hospital attended the practice monthly, and a consultant attended every two months to hold a virtual clinic with clinicians. Staff explained that the virtual clinics were used to share information within the practice regarding any guideline updates, review patients and discuss any concerns regarding diabetic control.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme.
- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice were aware of this and were involved in a pilot scheme hosted by Public Health England (PHE) to improve the quality and uptake of childhood immunisation. However, the practice were unable to provide evidence of engagement with PHE since our February 2018 inspection or an update on any progress achieved.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Health checks for babies between six and eight weeks were carried out by the clinical team; and other routine checks were carried out by the health visitors.

Are services effective?

- The practice offered contraceptive advice and services to patients aged 16 and over. Clinical staff demonstrated competencies in the principles use to judge capacity in children to consent to medical treatment and understood the importance of involving them in the decision-making process as far as possible.

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

- The practice's uptake for cervical screening was 67%, which was in line with local averages of 69%; however, below the 80% coverage target for the national screening programme. The practice was aware of this and taking action to improve screening rates.
- The practice's uptake for breast cancer screening was comparable to local and national averages; bowel cancer screening was above local and national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of vulnerable patients such as those with a learning disability; patients living in vulnerable circumstances such as homeless people and travellers were able to register at the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- Clinicians screen for drug and alcohol misuse; patients in need of support were referred appropriately. Patients had access to drug and alcohol misuse counselling held at the practice.

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

- The practice assessed and monitored the physical health of people with mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes,

heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.

- Staff we spoke with explained that if patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe such as contacting the crisis team.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Patient had access to a counsellor who visited the practice to support patients with anxiety and depression.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

The practice had a programme of quality improvement activity used to monitor the effectiveness and appropriateness of the care being provided in most areas. Some clinical audits carried out were ongoing. However; at this inspection, the practice was unable to demonstrate how they were monitoring the adoption of changes in line with an audit plan which we viewed during our February 2018 inspection.

- Data taken from the 2016/17 QOF year showed that results were significantly better than local and national averages in a number of clinical areas. For example, patients diagnosed with diabetes and respiratory diseases such as asthma.
- The overall exception rate was comparable to the local and national averages. However, exception reporting for some specific areas such as depression, atrial-fibrillation and cancer care was significantly higher than the local and national averages. During our inspection, clinical staff explained the practice process for exception reporting. This demonstrated a misunderstanding of the guidelines from the exception reporting policy in some areas and in other areas exception reporting was due to the high percentage of patients where treatment options would not be clinically appropriate.
- Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

Are services effective?

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Recruitment files we viewed showed that staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. The monitoring of training had improved since our February 2018 inspection and we saw that up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. For example, the practice worked closely with palliative care nurses and local hospices; clinical systems were integrated which improved communication and access to care records.
- Staff attended quarterly Gold Standards Framework (GSF) meetings (evidence based guidelines to deliver high quality end of life care) to discuss the care management of patients approaching end of life care. Each patient was assessed according to their needs of support and the practice.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The 2018 national GP patient survey published in August 2018 indicated that patient satisfaction regarding how they were treated remained positive.

Involvement in decisions about care and treatment

Staff we spoke with explained how they helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff explained that since the February 2018 inspection, the practice explored ways to improve carer support and raise awareness of local support services. To

achieve this the practice were making plans to hold carer forums and coffee mornings where local services had been invited to provide information around the type of support available. The first forum was scheduled for October 2018.

- Since our previous inspection, the practice had established a programme to proactively identify carers and support them. Staff explained that the identification of carers was an ongoing programme. Data provided following our inspection, showed that the practice had identified twelve carers.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment. The 2018 national GP patient survey indicated that patient satisfaction remained in line with local and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on the 28 February 2018, we rated the practice as requires improvement for providing responsive services as records did not demonstrate a detailed account of learning from complaints. The practice were aware of areas where patients satisfaction was below local and nation averages and taking action to improve satisfaction. However, the practice did not monitor actions to evidence whether changes improved patient satisfaction in areas such as timely access to treatment.

These arrangements had improved when we undertook a follow up inspection on 19 September 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- The practice allocated appointments daily for ambulance triage as part of the Aspiring Clinical Excellence (ACE) project (a CCG led project aimed at reducing the number of patients being taken to an emergency department A&E unnecessarily following a 999 call). Staff explained that GPs offered clinical advice and support to the ambulance crew in order to consider alternatives to taking patients to A&E departments.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Since our previous inspection, the practice developed an action plan to carry out internal changes to ensure the facilities and premises were appropriate for the services delivered. For example, the building had been decorated; chairs located in the patient waiting area had been replaced and deep cleaning of carpet areas carried out.
- The practice made reasonable adjustments when patients found it hard to access services. For example, since our previous inspection the practice had

purchased a hearing loop. The practice also used a text messaging service; patients were provided with written information and preferred method of contact were recorded on patient's records.

- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Staff explained that patients who required additional support were signposted to local community services such as dementia café, age concern and Alzheimer's society.

People with long-term conditions:

- The practice were unable to demonstrate how they monitored their internal system for managing patient's medicines. However, during our inspection we saw that patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

Are services responsive to people's needs?

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Patients under the age of 16 had access to same day appointments and there were flexible appointments outside of school hours.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday as well as Sunday appointments were provided by a local Hub.
- Females who were eligible were offered cervical screening. Data for 2016/17 showed that 31% of new cancer cases treated resulted from an urgent two week wait (TWW) referral, which was below the CCG average of 50% and national average of 52%. Staff we spoke with were aware of the data and explained reasons for low percentage of cases treated as a result of an urgent TWW referral.
- The practice carried out healthy lifestyle checks for patients over the age of 45 years and offered advice and support with lifestyle changes.
- Meningitis vaccines for 18-year olds and students going to university were available at the practice.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was proactive in understanding the needs of the patients, such as people who may be approaching the end of their life and people who may have complex needs, such as housebound patients. Staff had received training in Gold Standards Framework (GSF) (an evidence based guideline to deliver high quality end of life care), and were using GFS to coordinate end of life care with other health care professionals.
- The practice worked with the local addiction service to manage the general health care of patients receiving interventions for substance and alcohol dependency. An

addiction counsellor attended the practice to see patients who were managed under a shared care agreement. Unverified data provided by the practice showed that 75% of patients receiving support for drug or alcohol dependency received a medication review in the last 12 months.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice established communication pathways with community mental health nurses, who offered counselling services and staff explained patients experiencing poor mental health were signposted to local support groups and voluntary organisations.
- Clinicians carried out dementia screening including annual blood tests. There were referral processes in place where identified patients were referred to secondary care memory clinics.

Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The 2018 national GP patient survey indicated that patients were not entirely satisfied with appointment times; however, were satisfied with the type of appointment they were offered, their experience of making an appointment as well as getting through to the practice by phone. For example, phone access had increased from 45% to being in line with the CCG average.
- The practice were aware of the survey results and had taken action to improve appointment access. For example, patients had access to pre-bookable appointments provided by four local clinical Hubs. Staff were proactive in advising patients of the Hub access.

Are services responsive to people's needs?

- Staff received training in managing high volume of calls during busy periods. The practice monitored the time taken to answer phones. Unverified data provided by the practice showed that staff answered phones in a timely manner.
- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Listening and learning from concerns and complaints

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

Please refer to the evidence tables for further information.

Are services well-led?

Schoolacre Road surgery was inspected in February 2018, where we rated the practice as requires improvement overall. This was because we found that the practice did not establish a systematic approach to maintaining and improving the quality of service delivery. This impacted on the practice's ability to provide safe, responsive and well-led care. Following our February 2018 inspection, the practice provided a report which outlined action they were going to take to meet legal requirements.

At this inspection, we found that the practice had strengthened their management team and made a number of changes to the governance framework. We found that changes were ongoing; however, had not yet been fully completed in some areas. As a result, the practice continues to be rated as requires improvement for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, since our February 2018 comprehensive inspection, the practice strengthened their management team which led to some areas of improvement in the governance framework.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

- The practice monitored progress against delivery of the strategy.

Culture

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

- Staff we spoke with stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. Since our previous inspection, all staff had received an annual appraisal and there were processes in place to ensure this was carried out on a regular basis. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff we spoke with felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

Following our previous inspection, the management team reviewed the practices governance arrangements' and developed a plan to improve the management of risks. There were clear roles and responsibilities. Systems of accountability to support good governance and management had been established in most areas and plans to further improve the system were ongoing.

- Although the practice did not establish a process to routinely collect information to monitor the effectiveness of their medicine management; records we viewed during our inspection, showed that patients

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who were prescribed high-risk medicines as well as other medicines which required closer monitoring were monitored in line with the practice protocol, which reflected national guidance. Following our inspection, the practice provided evidence of a list of searches carried out by the CCG medicines management team.

- Structures, processes and systems to support good governance and management were clearly set out and understood. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care. For example, the practice proactively engaged with the CCGs federation to improve patient care and access to services.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future environmental risks. The practice made a number of improvements around the building such as replacement of chairs in patient waiting areas as well as having appropriate maintenance and cleaning programmes in place for carpets.
- There was an informal approach to managing safety alerts. For example, staff explained that safety alerts received from various sources such as MHRA were discussed informally. We saw evidence that appropriate actions had been carried out to ensure compliance with safety recommendations; however, there were no systems in place to support effective management of alerts. Staff explained that this had been included in the practice development plan and ongoing actions included strengthening the management of safety alerts.
- Practice leaders had oversight of incidents, and complaints.
- Clinical audit were carried out; however, had not been revisited at the time of our inspection; therefore, the practice were unable to demonstrate whether actions

had a positive impact on quality of care and outcomes for patients. There was evidence of actions in place to change practice to improve quality; however, the practice were unable to demonstrate how they monitored progress with these actions. Following our inspection, the practice provided evidence of a clinical audit schedule.

- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was mainly accurate. However, there were a misinterpretation of QOF exception reporting rules which resulted in high exception reporting in some clinical areas. Staff explained that the problem had been identified and there were plans to address any identified weaknesses.
- The practice received support from the local Clinical Commissioning Group when required to collect data from their clinical system to monitor the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard

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and acted on to shape services and culture. The practice were in the process of re-launching the patient participation group (PPG); the first meeting under the new format was scheduled for September 2018.

- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is 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 registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <p>The registered person did not operate a process to continually review the system and processes used for the monitoring of medicines to identify and respond appropriately without delay when safety were being compromised. The registered person were unable to access all necessary information from the clinical system to demonstrate medicines remained safe for the patients.</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <p>The registered person did not monitor progress or revisit information gathered to demonstrate that improvements had been made.</p> <p>This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>