

Fernbank Medical Practice

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?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to Fernbank Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Fernbank Medical Centre on 17th November 2016. Overall the practice is rated as requires improvement.

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

- Systems and processes were not robust to keep patients safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Performance levels on the Quality and Outcomes Framework (QOF) showed patient outcomes were consistently below the national average.
- Staff were clear about reporting incidents, near misses and concerns and there was evidence of sharing learning with staff to prevent incidents re-occurring.
- The practice had a leadership structure, however, there were no formal governance arrangements to monitor the quality of the service.

- The practice had a number of policies and procedures to govern activity, but some had not been reviewed to ensure they were up to date.
- Patients said they were treated with compassion, dignity and respect and felt cared for, supported and listened to but national patient survey data showed the practice was rated lower than others for several aspects of care.

The areas where the provider must make improvements are:

- Ensure that persons providing care or treatment have the qualifications, competence skills and experience to do so safely. Recruitment procedures must be effective and include all necessary pre-employment checks for staff including Disclosure and Barring Service (DBS) checks where appropriate, references and indemnity insurance.
- Review governance arrangements to ensure systems are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This must include:

Summary of findings

- Effective systems to monitor any emerging trends from complaints which require service improvement.
- Reviewing and update procedures and guidance such as the protocol for managing patients with diabetes to ensure they reflect current best practice.
- Identifying areas of lower performance and having a clear plan to improve and address this to ensure the health and wellbeing of patients
- Records relating to the care and treatment of each person using the service were fit for purpose in that care plans were integrated into patient's electronic records and updated regularly.

In addition the provider should:

- Be proactive in promoting cervical screening and raise awareness of the national breast and bowel screening program.
- Review the system to monitor the use of prescription forms and pads.

- Update the information leaflet for patients which was significantly out of date.
- Should consider ways to increase the patient voice and identify any further service improvements required.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. When things went wrong investigations were carried out. Lessons had been learned at an annual review meeting with staff to support improvement and prevent re-occurrence.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, one member of the clinical team had not received a disclosure and Barring Service check (DBS) before commencing their role.
- All the medicines we checked were in date and stored securely and there were emergency medicines available to use if an incident took place.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as inadequate for providing effective services.

Inadequate



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below the national average. For example, 36% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared with the national average of 83%. 15.5% of patients with schizophrenia, bipolar disease and other psychoses had a comprehensive agreed care plan documented in the preceding 12 months. (National average 88%)
- Staff assessed needs and delivered care in line with current evidence based guidance. However the diabetes protocol had not been reviewed regularly and did not reflect current guidance. The practice performance in respect of diabetes was below local and national averages. For example 85% of patients with diabetes had received the flu vaccination in the preceding August to March 2015. (National average 95%) and the practice had achieved 61% of available points for patients with diabetes who had a foot examination (national average 88 %.)

Summary of findings

- Clinical audits demonstrated quality improvement.
- The performance in respect of cervical screening and the national programme for bowel and breast screening were lower than the local and national averages.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Some staff had not received recent training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Since the inspection the practice have informed us that all appropriate training and updates have been completed.
- Performance reviews had not been completed for all staff. For example there was only evidence of appraisals and personal development plans for reception staff.
- Staff tried to work with other health care professionals to understand and meet the range and complexity of patients' needs but the involvement of district nursing staff was rare.
- Care plans written for vulnerable patients in 2014 had not been scanned into electronic records or updated since then.

Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care. For example, 73% of respondents stated that the last time they saw or spoke to a GP; the GP was good or very good at treating them with care and concern. This compared to a CCG average of 84% and a national average of 85%.
- The patients we spoke with said they were treated with care, compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Requires improvement



Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Requires improvement



Summary of findings

Commissioning Group (CCG) to secure improvements to services where these were identified. For example, practice staff worked with the CCG medicines management team to ensure safe prescribing practises.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however they confirmed telephone access remained an issue of concern. National patient survey data showed the practice performed below local and national averages on these indicators.
- 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 and other stakeholders. There had been no analysis of complaints to ensure emerging trends were identified.

Are services well-led?

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

- The governance framework was not effective and did not support the delivery of the strategy and good quality care. The practice had a vision and all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these needed to be reviewed and updated, for example the guidelines on management of patients with diabetes.
- All staff had received inductions but not all staff had received regular performance reviews.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. Learning had been shared with staff at an annual review however we saw no evidence that events were analysed to identify trends and take opportunities to make improvements.
- The practice proactively sought feedback from staff and patients.
- The patient participation group was active and working with staff to develop its role.

Requires improvement



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as requires improvement for the care of older people. We did however see some areas of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. However we saw that some care plans were not live documents and had not been updated where necessary.
- The practice was responsive to the needs of older people, offered home visits, coordinated patients appointments to reduce repeat visits to the surgery and urgent appointments were available for those with enhanced needs. Staff worked with the community matrons and palliative care staff to meet the needs of older patients.
- Joint safeguarding work was carried out with the Clinical Commissioning Group (CCG) and lessons learnt were shared across the team and locality group.
- The practice worked with other agencies including Age UK, the Integrated Care Team, Stroke Association and Wellbeing Service.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. We did however see some areas of good practice.

- There was a system in place to review and recall patients with long term conditions and nursing staff had lead roles in chronic disease management. Patients at risk of hospital admission were identified as a priority.
- 85% of patients with diabetes had received the flu vaccination in the preceding August to March 2015 compared to the national average 95%. The practice had achieved 61% of available points for patients with diabetes who had a foot examination (national average 88 %). Longer appointments and home visits were available when needed.
- All patients with long term conditions had a named GP. For those patients with the most complex needs, the named GP worked with relevant health care professionals to deliver a multidisciplinary package of care. However, the practice told us

Requires improvement



Summary of findings

of the difficulties they had experienced in engaging with some community health care teams. They had written to the teams involved and informed the CCG but the situation had not improved.

- Regular staff meetings and audits were used to help plan care.
- Staff supported patients to access to their test results and enable them to self-manage their conditions. For example, patients were provided with diabetes management plans, blood pressure monitoring advice sheets and “my breathing book” for COPD patients.
- Patients were offered home monitoring of their blood pressure, dietary advice, and referral to exercise and lifestyle management groups.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. We did however see some areas of good practice.

- 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 A&E attendances.
- There was a follow up system for children who did not attend appointments.
- Immunisation rates were relatively high for all standard childhood immunisations. For example the practice achieved between 94-95% uptake for two year olds in 2015/16 compared to a national target of 90%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives who held twice weekly clinics at the practice and health visitors with whom staff planned and undertook joint reviews of patients who had missed immunisation appointments.

Requires improvement



Working age people (including those recently retired and students)

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

Requires improvement



Summary of findings

- 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.
- The practice offered online services for booking appointments and requesting repeat prescriptions as well as a full range of health promotion and screening that reflects the needs of working age patients.
- 63% of women had received cervical screening. This compared to a CCG average of 79% and national average of 82%.
- The performance in respect of national screening programmes for bowel and breast cancer screening were lower than local and national averages. For example 51.5% of patients attended for breast screening which was below the CCG average of 69% and national average of 72%. 28% of patients (45 people) who were offered the opportunity attended for bowel screening. This was lower than the CCG average of 50% and national average of 58%.
- The practice offered NHS health checks for those between 40-74 years.
- Evening appointments were available until 7.15pm on three days each week.
- Patients were signposted to a local smoking cessation service or were supported by the health care assistant.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Health checks were scheduled at accommodating times and were GP led.
- The practice regularly worked with community matrons and social services teams in the case management of vulnerable patients.
- Care plans written for vulnerable patients in 2014 had not been scanned into electronic records or updated since then.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- 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.
- There was ongoing support for carers, such as health checks and flu vaccinations and signposting to local support services which were culturally appropriate, for example an Asian carers group.
- Staff accommodated those patients with alcohol and drug dependency and severe mental health conditions who may need a more flexible approach with their appointments.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

- 15.5% of patients with schizophrenia, bipolar disease and other psychoses had a comprehensive agreed care plan documented in the preceding 12 months compared to the national average 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Whilst the practice had a register of patients diagnosed with dementia we saw no evidence of care plans for these patients.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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. 404 survey forms were distributed and 57 were returned. This represented 1.2% of the practice's patient list.

- 34% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 62% and the national average of 73%.
- 46% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 68% and the national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 47% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients said they felt respected and that staff were caring and helpful. All respondents described the service as either good or satisfactory.

Patients stated that it was becoming easier to get an appointment, however contacting the practice by telephone between 8.30 to 9am remained difficult.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, helpful and caring. Patient Participation Group members felt that there was a high expectation that appointments should all be available within 24 hours.

The practice had 256 responses to the Friends and Family Test in 2015, 75% of these were either likely or very likely to recommend the practice to others.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that persons providing care or treatment have the qualifications, competence skills and experience to do so safely. Recruitment procedures must be effective and include all necessary pre-employment checks for staff including Disclosure and Barring Service (DBS) checks where appropriate, references and indemnity insurance.
- Review governance arrangements to ensure systems are in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This must include:
- Effective systems to monitor any emerging trends from complaints which require service improvement.
- Reviewing and update procedures and guidance such as the protocol for managing patients with diabetes to ensure they reflect current best practice.

- Identifying areas of lower performance and having a clear plan to improve and address this to ensure the health and wellbeing of patients
- Records relating to the care and treatment of each person using the service were fit for purpose in that care plans were integrated into patient's electronic records and updated regularly.

Action the service **SHOULD** take to improve

In addition the provider should:

- Be proactive in promoting cervical screening and raise awareness of the national breast and bowel screening program.
- Review the system to monitor the use of prescription forms and pads
- Update the information leaflet for patients which was significantly out of date.

Summary of findings

- Should consider ways to increase the patient voice and identify any further service improvements required.

Fernbank Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Fernbank Medical Practice

Fernbank Medical Practice is located on a busy main road in a residential part of Ward End, Birmingham, West Midlands within a large health centre. The practice provides a service to patients who live in Saltley, Washwood Heath and Small Heath. The premises are owned by the principal GP and has consulting rooms on two floors with access by lift. There is easy access to the building and accessible facilities are provided. There is very limited car parking on site for patients.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract.

The practice forms part of NHS Birmingham CrossCity Clinical Commissioning Group (CCG).

There are 4,593 registered patients on the practice list. The practice has a high number of patients from a minority ethnic group (82%); with 69% under the age of 18 years and 6% over 65 years. 25% of the local population is unemployed in comparison with 9% within the CCG and 5% nationally. There are a number of patients who do not speak English as a first language including patients from Afghanistan, Romania and Slovakia, with a number of

patients who are transient such as the Roma community. 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, with level one representing the highest level of deprivation.

There are four GPs working at the practice, a principal GP, one salaried and two long term locum GPs. Three of the GPs are male and one is female. There is one female nurse and one female health care assistant (HCA). The practice nurse works part time and the HCA full time. There are two practice managers who job share, a full time medical secretary and a team of administrative staff. The practice has significant problems in recruiting clinical staff and the principal GP returned to work from retirement to keep services sustainable. Several attempts have been made to recruit additional partner GPs.

The practice opening times are 8.30am until 6.30pm Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays the practice is open from 8.30am until 2pm. There are extended hours opening Mondays, Tuesdays and Fridays from 6.30pm to 7.15pm. Appointments are available 9am to 12pm, 12.45pm to 7.15pm Mondays, Tuesdays, and Fridays, until 2pm on Wednesdays and until 6.30pm on Thursdays.

Patients requiring a GP outside of normal working hours are advised to call the NHS 111 service who will advise the patient on action required for example contact with the out of hours provider BADGER.

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 November 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses, practice manager and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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 a 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, information and a written apology.
- The practice carried out a thorough report of the six individual significant events over the last 12 months. We saw evidence of learning extracted at an annual review meeting. The recorded events had not been analysed in order to identify trends and areas for improvement.

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, we saw minutes of a meeting in September 2016 which had reviewed a number of safety events including significant events, complaints and a Medicines and Healthcare products Regulatory Agency (MHRA) alert. As a result staff had received updates in infection control and disposal of needles. Following a patient safety alert regarding an insulin pen we saw that searches had been undertaken to identify whether any patients had these devices. Action was also taken to replace them where necessary.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

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 had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2.

- A notice in the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role, however one of the clinical team who acted as a chaperone had not received a Disclosure and Barring Service (DBS) check when they were recruited. (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). In the absence of a DBS check a risk assessment had not been completed. The DBS check was carried out within three days of our inspection.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken with the support of the CCG and we saw evidence that action was being taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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.

Are services safe?

- Blank prescription forms and pads were securely stored however there were no systems in place to monitor their usage.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found that appropriate recruitment checks were not always undertaken prior to employment. For example, checks through the Disclosure and Barring Service had not been undertaken for one clinical member of staff had been recruited and we saw no evidence of professional indemnity insurance for another member of the team. However, following our inspection we were provided with evidence to show that both of these issues had been rectified. Other appropriate checks for safe staff recruitment were in place. For example, checks of professional qualifications and identity checks were done but we saw no evidence of employment references for recently recruited clinical staff.

Monitoring risks to patients

- 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 carried out regular fire drills. 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 term for a particular bacterium which can contaminate water systems in buildings).

- 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. The practice had struggled to recruit GPs and the principal GP had returned from retirement to keep the service sustainable.

Arrangements to deal with emergencies and major incidents

The practice had adequate 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 all 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was some evidence that the practice 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.

However, the diabetes guidelines had not been updated following recent national guidance and the practice performance in respect of diabetes indicators was significantly lower than CCG and national averages which indicated patients were not being treated in line with best practice guidelines.

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 recent published results were 66% of the total number of points available which was much lower than both the CCG average (95%) and the national average (95%). Clinical exception reporting was 3.8% in comparison with the CCG average at 9.8% and the national average of 9.8% (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was lower than the national average. For example, 85% of patients had received the flu vaccination in the preceding August to March 2016 compared to the national average of 95%. The practice had achieved 61% of available points for patients with diabetes who had a foot examination which was lower than to the national average of 88%.
- Performance for mental health related indicators was lower than the national average. For example 36% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is significantly lower than the national average of 83%. There were 11 patients diagnosed with dementia on the practice register. 15.5% of patients with

schizophrenia, bipolar disease and other psychoses (there were 50 patients diagnosed with schizophrenia, bipolar disease and other psychoses on the practice register) had a comprehensive agreed care plan documented in the preceding 12 months compared to the national average of 89%.

- 60% of patients with asthma had an asthma review in the preceding 12 months including an assessment of asthma control. This was below the national average of 75%.

There was evidence of some quality improvement including clinical audit. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Information about patients' outcomes was used to make improvements. For example, an audit was undertaken to identify patients with a dementia diagnosis which had not been coded on the computer system. As a result of findings the practice had increased the numbers of patients identified.

- The practice participated in local audits, national benchmarking, accreditation and internal peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of the audit on the use of antibiotics had led to a significant reduction in prescribing in comparison with other local practices.

Effective staffing

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 they had attended updates on asthma, and chronic obstructive pulmonary disease (COPD). The practice nurse who undertook cervical screening had attended refresher training in cytology.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the

Are services effective?

(for example, treatment is effective)

immunisation programmes, for example by access to on line resources and discussion at practice meetings. The HCA had attended update training in shingles and smoking cessation techniques.

- The learning needs of some, but not all 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, informal one-to-one meetings, and support for revalidating GPs and nurses.
- The practice nurse and HCA had been recruited in April 2016 so were not yet due for an appraisal. The practice manager's appraisal had been delayed and was scheduled for completion.
- 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. The provider was unable to demonstrate how they ensured appropriate knowledge and understanding for GPs and nursing staff who had not attended training on the Mental Capacity Act, Deprivation of Liberty Safeguards or female genital mutilation. Some staff said they had received this training during previous employment and staff understood the processes in place.

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, medical records and investigation and test results. We saw that paper care plans had been produced for vulnerable patients during 2014 however these plans had not been scanned into the patient's notes and had not been updated to reflect changing health needs.
- 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 when possible 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.

The practice struggled to coordinate meetings with some health care professionals which meant it was difficult to review and update care records for patients with complex needs. Staff told us the practice managers had contacted the teams on a number of occasions to request their attendance at multidisciplinary meetings and the CCG were aware of the situation.

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. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance supported by the GPs.

Where a patient's mental capacity to consent to care or treatment was unclear the GP undertook an assessment and recorded the outcome.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Staff liaised with the palliative care team to support patients who were in need of end of life care.
- Those requiring advice on their diet were signposted to the relevant service such as health trainers or to the dietician.
- A smoking cessation advice service was available from a local support group and direct from the HCA.
- We observed that the television in the patient waiting room showed a range of information to promote healthy lifestyles.

The practice's uptake for the cervical screening programme was 63%, which was much lower than the CCG average of

Are services effective?

(for example, treatment is effective)

79% 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. There were failsafe 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.

The practice encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. However there was no clear plan in place to improve uptake of this screening.

The performance in respect of national screening programmes for bowel and breast cancer screening were lower than local and national averages. For example 51.5% of patients attended for breast screening which was below the CCG average of 69% and national average of 72%. 28% of patients (45 people) who were offered the opportunity attended for bowel screening. This was lower than the CCG average of 50% and national average of 58%.

Staff told us they used opportunities in other consultations to promote these screening programmes and we saw health education material on the screen in the reception area. However the practice had no clear plan in place to try and improve uptake of this screening.

Childhood immunisation rates for the vaccinations given were better than national targets. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 95%, which was higher than the national target of 90% and five year olds from 92% to 99% which was better than the national target of 90%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We 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 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good 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.

The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 66% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 77% 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%.
- 73% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 64% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Staff commented that the numbers of surveys returned tended to be low due to the numbers of patients who did not speak English as a first language. We saw an action plan which had been produced following the National GP Survey which identified concerns with the attitudes of reception staff and staff had attended customer care training. The practice team intended to carry out a further survey in December 2016 to measure the impact of these changes.

PPG members told us that the local community had high expectations of the service provided and resources could not always meet these expectations.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 saw that care plans for vulnerable patients including those at risk of hospital admission were personalised and involved patients and their families. However many care plans had been written in 2014 and not been scanned or included in the patient records. We saw that very few had been updated since which would affect the ability of staff to deliver care and treatment in line with identified preferences. Whilst the practice had a register of patients diagnosed with dementia we saw no evidence of care plans for these patients.

Results from the national GP patient survey were below local and national averages. For example:

- 69% 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%.

Are services caring?

- 71% 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%.
- 79% 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 was aware of these results and told us:

- 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. A number of the practice staff spoke Urdu, Hindi and Pushto, languages in regular use by the community. The PPG was trying to work with the practice to improve the range of consultations with patients in their preferred language.
- Information leaflets were available in easy read format and in a range of languages such as Punjabi and Urdu.

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 79 patients as carers (1.7% of the practice list). The HCA championed services for carers, ensuring that they were offered health checks, flu vaccination and that written information was available to direct them to the various avenues of support available such as Macmillan Cancer Support.

Staff told us that if families had suffered bereavement, their usual GP or the HCA 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 by giving them advice on how to find a support service.

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 an extended hours service on Monday, Tuesday and Friday until 7.15pm for working patients or school children who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients could access appointments and order repeat prescriptions online and received text alerts to remind them to attend appointments.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- The practice had a lift to enable access for patients with mobility problems to consulting rooms on the upper level.
- A phlebotomist visited the practice weekly to undertake blood tests which enabled patients to receive care closer to home.
- Staff worked in partnership with patients to enable them to self-manage their conditions. For example diabetes management plans were discussed, blood pressure monitoring advice sheets and "my breathing book" were regularly used.
- Practice staff signposted patients to culturally appropriate support services such as an Asian group who offered care for patients experiencing domestic violence or social isolation. Staff told us good relationships were developed with local mosques in order to promote health education.

- Electrocardiograms (ECGs) could be carried out at the practice and routine results were available within 24 hours. In emergency cases, the results were available within two hours and conveyed both electronically as well as by phone.

Access to the service

The practice opening times were 8.30am until 6.30pm Mondays, Tuesdays, Thursdays and Fridays. On Wednesdays the practice was opened from 8.30am until 2pm. There was extended hours opening Mondays, Tuesdays and Fridays 6.30pm to 7.15pm. Appointments were available 9am to 12pm, and 12.45pm to 7.15pm Mondays, Tuesdays, and Fridays, until 2pm Wednesdays and until 6.30pm on Thursdays.

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

Results from the national GP patient survey varied regarding patient's satisfaction with how they could access care and treatment. For example:-

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 34% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.
- 46% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 68% and the national average of 76%.

The practice had undertaken its own patient survey in 2015/16 focussing on access to appointments and the reception service. Actions taken following this were:

Are services responsive to people's needs?

(for example, to feedback?)

- Changes to the telephone system to introduce a call queuing system.
- Introducing online access to appointments.
- Activating a text messaging service to remind patients about appointments.
- Training in customer care for reception staff
- Procuring a hand sanitiser for the reception area to reduce cross infection.

People told us on the day of the inspection that it was becoming easier to get an appointment, however contacting the practice by telephone between 8.30 and 9am remained difficult indicating the steps taken had not been fully effective in addressing the areas of lower satisfaction. Practice staff told us that phone lines had been less busy since the introduction of the myGP app, which allowed patients to book appointments. The practice leaflet was significantly out of date and was in need of updating particularly as regards appointment times, the staff available and details of the Clinical Commissioning Group.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system within the practice leaflet.

We looked at five complaints received in the last 12 months and found these were generally dealt with in a timely way with openness and transparency. On one occasion a very late response from a locum doctor had delayed the practice response to the complainant and action that had been taken.

We saw evidence of action taken in response to complaints for example, a complaint had led to staff receiving updated training in confidentiality and data protection. Lessons were learnt from individual concerns and complaints which were discussed at monthly staff meetings. However we saw no analysis of trends and action taken as a result to improve the quality of care.

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 vision to deliver high quality care and promote good outcomes for patients but the lack of governance and oversight impacted on their ability to deliver care and treatment in line with their vision.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had aims and objectives for the service which included finding a more sustainable way forward, possibly by working in partnership with another organisation. The senior management team were aware of the challenges of one principal GP supported by a part time salaried GP and two locums working with a large patient list and the difficulties in recruiting clinical staff. A business plan had been developed which reflected the risks and the aim was to improve the situation by April 2017.

Governance arrangements

The practice had a governance framework to support the delivery of the service. This informal arrangement meant that systems and processes were not effective and the provider did not have sufficient oversight of the potential risks which impacted on their ability to keep patients safe. For example:

- The risk of staff undertaking chaperoning duties in the absence of a DBS check had not been assessed and mitigated
- Prescription pads were kept securely but their usage was not monitored. Following the inspection the practice told us that they put in place a log to record the use of prescriptions.
- Whilst care plans had been produced for some vulnerable patients they had not been incorporated into people's records or updated since 2014 some patients with complex needs did not have care plans in place.
- The practice had a leadership structure; however, the informal governance arrangements were not sufficiently effective to monitor the quality of the service, and the practice performance in several areas was significantly lower than others locally without clear plans in place to address and improve this.

- The practice had a number of policies and procedures to govern activity, but some had not been reviewed to ensure they were up to date, for example the protocol for the management of diabetic patients. The practice told us since the inspection they had updated the diabetic protocol to conform with NICE guidelines and had reviewed all other protocols in line with local and national guidelines.
- The CCG was working in partnership to improve organisational governance and sustainability.

Leadership and culture

On the day of inspection the principal GP told us they prioritised long term family based care. Staff told us the GPs 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 training for all staff on communicating with patients about notifiable safety incidents. The GPs encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given reasonable support, information and a verbal and written apology.

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

- Staff told us the practice held regular team meetings.
- Staff took lead roles within the practice for safeguarding patients, chronic disease management, women's health and young people, screening and health checks, older people and mental health and musculoskeletal problems.
- We were told there was an open culture within the practice and staff had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff described the support they had received to develop their skills and experience and take on more responsibility within the team.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The CCG prescribing advisor for the locality attended the practice regularly to support and advise about safe and effective prescribing. Staff reported improvements in line with the locality formulary, in particular a significant drop in antibiotic prescribing.
- The practice manager contributed to the East Birmingham Federation meetings which planned future developments in primary medical services locally.

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had recently begun to meet regularly and was recruiting additional representatives and learning about how the practice ran and how they might support improvements. For example, it had suggested that more staff were recruited who could speak the languages used in the local diverse community.
- A recent patient survey had led to changes intended to improve access to appointments. As yet the practice had

not monitored patient satisfaction through a repeated survey, however patients we spoke with indicated that access to appointments had improved though telephone access remained an area of concern.

- The practice had gathered feedback from staff through staff meetings, and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice was struggling to achieve continuous learning and improvement due to the problems in recruiting medical staff.

- The practice team attended the monthly CCG meeting to share good practice and learning.
- The CCG prescribing advisor for the locality attended the practice regularly to support and advise about safe and effective prescribing. Staff reported improvements in line with the locality formulary in particular a significant drop in antibiotic prescribing.
- The practice manager contributed to the East Birmingham Federation meetings which planned future developments in primary medical services locally.
- The CCG was working in partnership with the practice to improve governance and organisational sustainability.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures 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>Formal governance arrangements were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>Effective systems were not in place to monitor emerging trends from complaints or incidents which required service improvement.</p> <p>Not all protocols and procedures to govern activity had been reviewed to ensure they were up to date.</p> <p>Records relating to the care and treatment of each person using the service were not fit for purpose in that care plans were not integrated into patient's electronic records and updated regularly.</p> <p>The governance arrangements to monitor recruitment processes were not sufficient.</p> <p>This was in breach of regulation 17 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care plans were not regularly reviewed or updated; Outcome data was poor in comparison with local and national achievement</p>

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 12 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

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.