

Dr Anil Indwar

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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Anil Indwar on 2 June 2016. Overall the practice is rated as requires improvement.

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 Care Quality Commission (CQC) at that time.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise safeguarding concerns and significant events. These were recorded, reviewed and acted on.
- There was no robust system to ensure medical alerts were actioned.
- The health and safety policy covered some risks to patients and staff but we saw a number of actions that would further improve the safety of the workplace.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- There was no system in place to manage shared care agreements where patients required ongoing monitoring.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. However, the information was not readily available in the waiting area and had to be requested from reception.
- Patients expressed dissatisfaction with access, specifically the availability of appointments and access to the surgery by telephone.
- The practice was well equipped to treat patients and meet their needs but disabled and baby changing/feeding facilities were limited.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and third party organisations, which it acted on.

We saw a number of areas where the practice must make improvements:

The practice must:

Summary of findings

- Review the availability of emergency medicines ensuring risks and mitigating actions are appropriately considered.
- Implement a robust system to manage shared care agreements ensuring monitoring of patients prescribed high risk medicines.
- Have systems and processes such as clinical audits to assess, monitor and improve the quality and safety of the service.
- Implement a system to ensure that alerts have been acted on.

We saw a number of areas where the practice should make improvements.

The practice should:

- Complete a risk assessment on the electrical testing on the building and equipment to minimise the risk of an electrical fire.
- Complete and assess fire evacuation drills at the practice.

- Implement a system to track blank prescriptions throughout the practice.
- Risk assess the lone working arrangements.
- Follow up on actions highlighted in the prescribing audits.
- Consider how the practice could proactively identify carers in order to provide further support and treatment.
- Consider how the practice could improve on the results in relation to reception staff from the national GP patient survey.
- Consider options to improve patient confidentiality during consultations held in the GP's room.
- Review the number of appointments available and telephone system.
- Complete an equality assessment on the premises.
- Make information on how to provide feedback including complaints more accessible to patients.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was a system in place for reporting and recording significant events.
- When there were unintended or unexpected safety incidents, the practice recorded, reviewed and held a meeting for all staff where learning could be shared.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded patients from the risk of abuse.
- The practice had mostly well maintained facilities and equipment. There was a system in place for equipment to be tested that included the frequency of checks. However this did not include a hard wire test on the building and some of the portable electrical appliances had not been tested.
- Regular infection prevention control audits were carried out.
- A review of personnel files evidenced that appropriate checks on staff were completed.
- There was a comprehensive training programme for staff. For example, safeguarding and chaperoning.
- Risks to patients and staff were assessed and regularly reviewed. However there were times when staff worked alone in the building but no lone worker's policy was in place and there was no evidence of when the last fire evacuation drills had been carried out.
- There was no system to track blank prescriptions throughout the practice.
- There was no robust system in place to ensure that clinical alerts received were acted on.
- There was no robust system in place to manage shared care agreements where patients were prescribed high risk medicines and required on-going monitoring.

Are services effective?

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

Requires improvement



- Data from the Quality Outcomes Framework (QOF) showed that the practice performed below both local and national averages.

Summary of findings

The practice achieved 88% of the total number of points available in 2014/15. The national average is 95%. Evidence sent after the inspection showed that the QOF performance had improved to 94% for 2015/16.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was no programme of regular clinical audits with the exception of those completed by the Clinical Commissioning Group (CCG) pharmacist.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of staff appraisals having been completed or planned.
- Staff had regular meetings with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

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

- Data showed that patients rated the practice below local and national averages for indicators in aspects of care. Practice staff were aware and had made recent changes that addressed some of the issues. There was no action plan seen to address the low scores.
- Patients said they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. However the feedback from the GP patient survey highlighted patient dissatisfaction with the reception staff.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect and maintained confidentiality. However we found that when the waiting room was quiet, conversations in the GP's room could be overheard in some areas of the waiting room.
- Home visits were available to patients who had difficulties or were unable to attend the practice.
- The practice held a carers' register and highlighted to staff when patients also acted as carers. However the number of patients identified as carers was low.

Requires improvement



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- Patients said they could get an urgent appointment on the same day but patient feedback on booking a routine appointment was negative.
- Patients expressed difficulties when trying to contact the surgery by telephone.
- Same day appointments were available for children and those with serious medical conditions.
- The premises had no disabled toilet and there was no baby changing facilities signposted.
- Information about how to complain was available upon request and easy to understand and evidence showed that the practice responded quickly to issues raised.
- The practice showed awareness of health problems specific to the local population.
- Patient feedback was sought and acted on.
- The practice used internal and external patient surveys to gain feedback from service users.

Are services well-led?

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

- There was a clear vision and strategy to deliver high quality care and promote good outcomes for patients and their families.
- The practice had a written business plan that detailed future strategy.
- There was a clear leadership structure and staff felt supported by the management.
- The practice had some policies and protocols to govern activity but those that covered medicines management were poor.
- There were no regular clinical audits to monitor and improve quality of care provided.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty.
- The practice had systems in place for knowing about notifiable safety incidents.
- The GP and practice manager partners were aware of the practice performance and the specific requirements of their patients.
- The practice had no active patient participation group but had plans to establish one.

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 overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this cohort of patients:

Every patient over the age of 75 had a named GP and were offered an annual health check. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services, for example, the practice referred patients to a local project where independent staff attended the practice fortnightly and helped support patients with health and social needs such as social isolation and housing. The practice had identified and supported patients who were also carers. The practice was responsive to the needs of older people and offered home visits and longer appointments as required. All patients over the age of 75 who were identified as at risk of hospital admission had a completed care plan in place and all hospital admissions were reviewed.

Requires improvement



People with long term conditions

The practice is rated overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this cohort of patients:

The practice adopted a structured evidence based approach to patients with long term conditions based on giving patients an understanding of how to manage their condition. A robust patient recall system ensured that patients were invited in for regular reviews. Patients were reviewed in GP and nurse led chronic disease management clinics. We found that the nursing staff had the knowledge, skills and competency to respond to the needs of patients with long-term conditions such as diabetes and asthma. Longer appointments and home visits were available when needed. Written management plans had been developed for patients with long-term conditions and those at risk of hospital admissions. For those people with the most complex needs, the GPs worked with relevant health and social care professionals to deliver a

Requires improvement



Summary of findings

multidisciplinary package of care. The practice held a list of palliative patients and a GP partner acted as palliative care lead. The gold standards framework was used to provide the framework for end of life care.

Families, children and young people

The practice is rated overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this cohort of patients:

There were systems in place to identify and follow up children who were at risk, for example, children and young people who had protection plans in place. Children who did not attend appointments were followed up or reported to the health visitor. Appointments were available outside of school hours. Same day emergency appointments were available for children. There were screening and vaccination programmes in place and the practice indicators were comparable with the local Clinical Commissioning Group (CCG) averages. The practice worked with the health visiting team to encourage attendance. New mothers could attend post-natal checks and development checks for their babies at midwife lead clinics held at the nearby Sure Start Centre.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this cohort of patients:

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. A range of on-line services were available, including medication requests, booking appointments and access to health medical records. The practice offered a health check with the nursing team to all patients aged between 40 and 75. The practice offered a full range of health promotion and screening that reflected the needs of this age group.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

Requires improvement



Summary of findings

However we did find some positive features for this cohort of patients:

We found that the practice enabled all patients to access their GP services and assisted those with hearing and sight difficulties. A translation service was available for non-English speaking patients. The provider had not completed an equality assessment on the building. The practice had made some adjustments, for example; a portable ramp at the rear door was used for wheelchair users to enter the building as there was a step at the front entrance. All treatment rooms were on the ground floor but the toilets were not suitable for wheelchair users.

The practice held a register of patients with a learning disability and had developed individual care plans for each patient. Out of 10 patients on the learning disabilities register, six had received annual health checks in the preceding 12 months. Longer appointments were offered for patients with a learning disability and carers were encouraged by GPs to be involved with care planning.

The practice had a register of vulnerable patients and displayed information about how to access various support groups and voluntary organisations. For example, information on a local substance misuse support service was available in the reception area. 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.

People experiencing poor mental health (including people with dementia)

The practice is rated overall as requires improvement. This concerns which led to these ratings applies to everyone using the practice, including this population group.

However we did find some positive features for this cohort of patients:

Patients who presented with an acute mental health crisis were offered same day appointments. People experiencing poor mental health were offered an annual physical health check. Dementia screening was offered to patients identified in the at risk groups and the practice carried out advance care planning for patients with dementia.

The practice had regular meetings with other health professionals in the case management of patients with mental health needs and provided an onsite counsellor for patients who experienced poor mental health.

Requires improvement



Summary of findings

The practice worked closely with the health visiting team to support mothers experiencing post-natal depression. It had told patients about how to access various support groups and voluntary organisations and signposted patients to support groups where appropriate.

Summary of findings

What people who use the service say

We collected 17 Care Quality Commission (CQC) comment cards. The comment cards included comments that complimented the practice on its personal service. However four negative comments from patients that found difficulties when making an appointment.

The national GP patient survey results published on 7 January 2016 evidenced a low level of patient satisfaction. The practice performance was lower than local and national averages for 16 of the 23 questions in the survey. For example:

- 56% of respondents described their experience of making an appointment as good compared with the CCG average of 63% and national average of 73%.
- 57% of respondents said they would recommend the practice to someone new in the area compared with the CCG average of 65% and national average of 78%.
- 53% of respondents said they found it easy to get through to the surgery by telephone compared to the CCG average of 62% and national average of 73%.

There were 396 surveys sent out and 102 sent back, a response rate of 26%.

Dr Anil Indwar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Anil Indwar

Dr Anil Indwar is located in Oldbury, Birmingham. The area has higher levels of deprivation and high rates of unemployment when compared to national averages.

The practice was established in 1980 and is situated in a building previously a residential dwelling. The building is on two storeys but treatment rooms are on the ground floor.

The practice has a list size of 2,250 patients. The population distribution broadly follows national averages with lower than average number of patients aged 65 years and over. The ethnicity data for the practice shows 25% of patients are Asian and 63% white British.

The practice is owned by a single handed male GP. He is supported by male and female locum GPs. The GPs work a combined number of sessions equal to one full time equivalent. The GP is assisted by a practice nurse. The administration team consists of a practice manager, a computer administrator, a senior receptionist, three reception/administration staff and a cleaner.

The practice opens from 8am to 6.30pm, Monday to Friday with the exception of a Wednesday when the practice closes at 1pm. The practice has an arrangement with another local practice to provide patients with emergency appointments on a Wednesday afternoon. Consulting

times in the morning are from 9am to midday and in the afternoon from 4pm to 6pm. When the practice is closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. The practice has opted out of providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospitals with an A&E unit and a walk in service are Russel's Hall Hospital, Dudley and Sandwell General Hospital. The nearest walk in centre is Parsonage Street Health Centre.

Why we carried out this inspection

We carried out a comprehensive inspection of the services under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

Detailed findings

- 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)

Before visiting the practice we reviewed information we held and asked other organisations and key stakeholders

to share what they knew about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 2 June 2016.

We spoke with a range of staff including the GP, practice nurse, practice manager and administration staff during our visit. We sought the views of patients through comment cards completed in the two weeks leading up to the inspection. Information was reviewed from the NHS England GP patient survey published on 7 January 2016.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. There had been nine events recorded in the preceding 12 months. A summary of the past 12 months and minutes of practice meetings demonstrated learning was shared and protocols changed.

- The practice manager was responsible for significant events and any incidents were recorded on a form available on the practice's computer system.
- An informal meeting was held with appropriate individuals after a significant event had been recorded.
- The practice carried out timely analysis of individual significant events at regular practice meetings and learning outcomes were shared as a group or individually when appropriate.

There was no robust system to ensure lessons were shared and action was taken to improve safety in the practice. For example, an alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) warned against a medication used to regulate the heart-beat. Three patients were identified and required a medication change; however no action had been taken. The practice nurse evidenced a robust process to deal with a medicine alert for insulin dosage sent out in March 2016. Patients on the medication were identified and appropriate changes made.

All practice staff could access information through a central store of electronic documents. A culture to encourage Duty of Candour was evident. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment. This includes informing people about the incident, providing reasonable support, providing information and an apology when things go wrong.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from the risk of abuse. Contact details for local safeguarding teams and 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. Clinical staff had received role appropriate training to nationally recognised standards. For example, GPs and the nurse had attended level three training in safeguarding. The lead GP was the appointed safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.

Administration staff had completed in house safeguarding training. The Safeguarding of vulnerable children was discussed at meetings with the health visitor and at the quarterly practice meetings.

- Notices at the reception and in the clinical rooms advised patients that staff would act as chaperones, if required. All staff who acted as chaperones had completed a Disclosure and Barring Service (DBS) check. There was a chaperone policy and chaperone training had been given to all administration staff who acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had a nominated infection control lead. There was an infection control policy in place and staff had received infection control training, for example, training in handwashing and specimen handling.
- Infection prevention control (IPC) audits were last undertaken in February 2016. An action plan produced was completed or planned. A cleaning audit was completed monthly.
- Staff had received appropriate vaccinations that protected them from exposure to health care associated infections
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, DBS checks when appropriate and written references. Completed induction programmes were seen for recently appointed staff members.
- Repeat prescribing was undertaken in line with national guidance. Uncollected scripts were monitored weekly.

Are services safe?

- Prescription forms and pads were securely stored but there was no tracking system in place. Prescription tracking systems are a sequential numerical allocation of prescriptions used to minimise the risk of fraud
- Arrangements for storing medicines, including emergency medication and vaccinations, in the practice kept patients safe. There was a procedure to instruct staff what to do should the vaccination fridges temperature fall outside of the set parameters.
- The practice did not have a robust system in place to manage shared care agreement for patients on high risk medication. No shared care agreements were seen to have been placed into the patient's records. An example was seen of one patient prescribed a high risk medication with no record of a blood result being taken.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- The practice provided health and safety training that included fire safety. Fire risk assessments had been carried out by the appointed fire officer, staff were aware of the evacuation procedure, but there was no evidence of when the last fire drill had been carried out.
- Regular electrical checks ensured most equipment was safe to use and clinical equipment was checked regularly and calibrated annually. There was a list of electrical items to be checked but the portable appliance testing (PAT) had not been completed on all portable electrical items and there had been no hard wire test carried out on the building in the last five years.
- The practice had a buddy system with a local practice to provide cover for holidays and absence.
- A formal risk assessment for minimising the risk of Legionella had been completed on the building (Legionella is a bacterium which can contaminate water systems in buildings). Regular monitoring checks identified had been carried out.
- Some risk assessments had been completed, for example; fire safety and safeguarding and there was a written risk log that identified risks. However, the risks of lone working had not been assessed and there were times when staff worked alone in the premises.

Arrangements to deal with emergencies and major incidents

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

- The practice staff had access to a panic alarm system as part of the clinical software system.
- All staff had received updated training in basic life support.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. However there was no emergency medicine stored on the premises to treat meningitis, a risk assessment to determine the need had not been considered. After the inspection, the provider stated that there was medicine to treat meningitis in the GP's bag.
- All medicines were in date, stored securely and those to treat a sudden allergic reaction were available.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- There was a first aid kit and accident book kept at the practice.
- The practice had a written business continuity plan in place for major incidents such as power failure or building damage. The copy was kept off site by the practice and a copy was available to all staff. However the plan needed updating and signing.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- There was no systematic system in place to receive and act on alerts. However, the staff we spoke with demonstrated knowledge of guidelines and care pathways relevant to the care they provided.

The practice had a register of 10 patients with learning disabilities. Annual reviews had been completed on six of the 10 patients for the year ending 31 March 2017.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed: The practice achieved 88% of the total number of points available in 2014/15. This was below both the CCG average of 93% and the national average of 95%. Evidence sent after the inspection showed that the practice had improved the QOF performance in 2015/16 to 94% of the total number of points available.

This practice was an outlier for the QOF (or other national) clinical targets relating to diabetes. Data from 2014/15 showed:

- Performance for diabetes related indicators was below the national average. For example, 69% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 77% and national average of 78%. The practice nurse explained that this had been addressed in 2015/16

specifically to improve the management of patients with diabetes. A nurse managed recall system was implemented that prioritised those patients with the highest sugar levels in their blood.

- Performance for mental health related indicators was better than local average and the same as the national average. For example, 88% of patients with severe poor mental health had a recent comprehensive care plan in place compared with the CCG average of 86% and national average of 88%. No patients had been excepted, when compared with the CCG average exception rate of 12% and national average of 13%.

We looked at the practice QOF performance for 2015/16. The data had not been validated but we saw that the practice had improved their performance to achieve 94% of the total number of points available.

- Clinical exception reporting was 9.1%. This was similar to the CCG average of 8.8% and the national average of 9.2%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine. Practice staff told us that a GP was required to authorise when a patient was exempted.

There had been two audits completed in the last year. These audits had been completed by the clinical commissioning group (CCG) pharmacist and monitored prescribing against guidelines. There had been no practice initiated audits in the past three years and the CCG pharmacist audits were not followed up with any repeat monitoring.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer.

Ante-natal care by community midwives was provided at the practice via an appointment basis.

Effective staffing

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

- The GP and nurse co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.

Are services effective?

(for example, treatment is effective)

- The practice provided training for all staff. It covered such topics as bullying and harassment, safeguarding and conflict resolution.
- Staff felt supported in their daily work. Annual appraisals had been planned or completed in the preceding 12 months.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated for information about patients' care and treatment to be reviewed:

- The GP told us that regular reviews were done for all patients who had care plans. We saw evidence that that reviews had been completed at least once every year.
- The practice team held regular meetings with other professionals, including palliative care and community nurses. Meetings were used to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice participated in a service to avoid hospital admissions. The scheme required the practice to identify patients at risk of hospital admission, complete an individual care plan for each patient on the list, and review the care plan annually.

The practice achieved rates of emergency admissions for 19 ambulatory care sensitive conditions similar to local averages. Attendance rates were 19.5 per 1000 patients compared to a local average of 18; the national average was 14 per 1000 patients.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was documented. This process was regularly audited to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided to receive or not receive treatment were discussed and recorded to nationally accepted standards.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment.
- Patients aged 40 – 74 years were invited to attend for a NHS Health Check with the practice nurse. Any concerns were followed up in a consultation with a GP.
- Travel vaccinations and foreign travel advice was offered to patients.

Data published by Public Health England in 2015 showed that the number of patients who engaged with national screening programmes was similar to local and national averages for cervical screening but lower for breast cancer and bowel cancer screening.

- The practice's uptake for the cervical screening programme within the target period was 80% which was that the same as the CCG but lower than the national average of 82%. The practice nurse had implemented a system to manage the patient recall but it was too soon to see improvement.
- 66% of eligible females aged 50-70 attended screening to detect breast cancer. This was slightly lower than both the CCG average of 69% and national average of 72%.
- 36% of eligible patients aged 60-69 attended screening to detect bowel cancer. This was lower than both the CCG average of 47% and national average of 58%.

Are services effective?

(for example, treatment is effective)

The practice provided childhood immunisations and seasonal flu vaccinations. Uptake rates were comparable with CCG and national averages. This included the

meningococcal C (Men C) vaccination for one year old babies. Evidence seen demonstrated that of the 20 babies up to 12 months old registered with the practice, 19 had received the vaccination.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and helpful to patients attending at the reception desk. The reception hatch was screened off and this provided confidentiality when phone calls were responded to.

We collected 17 Care Quality Commission (CQC) comment cards. Patients were generally positive about the service they experienced and complimented the practice on recent improvements that had been made. Four negative comment raised concerns about the lack of appointments available with the GP.

Consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in the GP's consulting room and in the nurse's treatment room. Consultation and treatment room doors were closed during consultations but conversations taking place in these rooms could be overheard in the waiting room if standing or seated close to the door. There was no sign at the reception desk advising patients that a confidential room was available if they wanted to discuss sensitive issues or appeared distressed.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in January 2016. The survey invited 396 patients to submit their views on the practice, a total of 102 forms were returned. This gave a return rate of 26%.

The results from the GP national patient survey showed below average performance when patients were asked how they were treated by staff at the practice. Satisfaction rates were mostly below both local and national averages. For example:

- 84% said the last GP they saw or spoke to was good at giving them enough time compared to the Clinical Commissioning Group (CCG) average of 81% and national average of 87%.
- 81% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 87% and national average of 91%.

- 68% said they found the receptionists at the surgery helpful compared to the CCG average of 81% and national average of 87%.

The performance was discussed with practice staff and some mitigation offered. For example, the practice nurse was new into post and feedback on the care provided by the nurse was not reflective due to when the patient survey responses were gathered. In time, the practice expected this feedback to improve, however there was no action plan seen to make improvements.

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed patient satisfaction was mainly below both CCG and national averages when asked questions about their involvement in planning and making decisions about their care and treatment. The GP patient survey published in January 2016 showed:

- 71% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 75% and national average of 82%.
- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 73% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 82% and national average of 85%.
- 80% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 90%.

Comments we received from patients on the day of inspection were positive about the service provided. There were four negative comments that highlighted difficulties with access to an appointment.

Patient/carer support to cope emotionally with care and treatment

The practice had a carers' policy that promoted the care of patients who were carers. The policy included the offer of annual flu immunisation and annual health checks to all carers. There was a carers' register that numbered seven patients (equivalent to 0.3% of the practice population).

Are services caring?

There was a notice board for carers positioned in the practice waiting room and a carer's pack provided information local support services but there was no member of staff appointed as carers' lead.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff. There was an alert on the system to identify patients who also acted as carers.

If a patient experienced bereavement, practice staff told us that the senior GP provided counselling to the immediate family and signposted them to local support services.

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 provided online services for patients to book appointments, order repeat prescriptions and access a summary of their medical records.
- There were longer appointments available for people with a learning disability.
- Home visits from a GP were available for older patients and patients who would benefit from these.
- Same day appointments were available at the discretion of the GP for children and those with serious medical conditions.
- There were steps at the main entrance and no automated doors. A portable ramp used at the rear door assisted wheelchair users into the building. The toilet was too small to be suitable for use by wheelchair users and the building was on two storeys and had no lift. However all treatment rooms were on the ground floor. The practice was aware of the problems and planned to apply to the Estates and Technology Transformation Fund for funds to make improvements to the building to meet the Equality Act (2010) requirements. The practice told us that a small number of their patients were wheelchair users and staff supported them to enter and leave the building.
- Translation services were available for patients. There was a locally commissioned service, SILCS, that provided translators.
- There was a hearing loop at the reception desk but it was not signposted.
- Staff told us that baby changing could be done in the treatment room. However this room was not readily available when clinics were held, there was no dedicated mat available and the facilities were not readily signposted.

The practice regularly communicated with multi-disciplinary teams in the case management of patients with mental health needs. This included support and services for patients with substance misuse and screening for alcohol misuse with onward referral to the

local alcohol service if required. The practice also worked closely with the health visiting team to support mothers experiencing post-natal depression. Multidisciplinary team meetings held every quarter were attended by the GP, district nurses, the community matron, social services and the healthcare visitor.

Access to the service

The practice opened from 8am to 6.30pm, Monday to Friday with the exception of Wednesday when the practice closed at 1pm. The practice had an arrangement with another local practice to provide emergency appointments on a Wednesday afternoon until 6.30pm. Consulting times in the morning were from 9am to midday and in the afternoon from 4pm and 6pm except for a Wednesday when the practice was closed. When the practice was closed patients are advised to call the NHS 111 service or 999 for life threatening emergencies. A local practice provided clinical cover on a Wednesday afternoon for urgent appointments. The practice had opted out of providing an out of hours service choosing instead to use a third party provider, Primecare. The nearest hospitals with an A&E unit and a walk in service were Russel's Hall Hospital, Dudley and Sandwell General Hospital. The nearest walk in centre was Parsonage Street Health Centre.

Pre-bookable appointments could be booked up to three weeks in advance with a GP or a nurse. Same day urgent appointments were offered each day. Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice offered telephone consultations each day with the GP and the nurse. We saw that there were bookable urgent appointments available with GPs and a nurse for the next day. We were told that urgent appointment requests would be put to the GP and accommodated following a clinical assessment. However staff stated that there are times when there are not sufficient appointments to meet demand and patients were directed to walk in centres.

Results from the national GP patient survey published in January 2016 showed lower rates of satisfaction for indicators that related to access when compared to local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.

Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients said the last appointment they made was convenient compared to the CCG average of 88% and national average 92%.
- 53% of patients said they found it easy to get through to the surgery by telephone compared to the CCG average of 62% and national average of 73%.
- 72% of patients were able to secure an appointment the last time they tried compared to the CCG average of 76% and national average of 85%.

This was supported by patients' comments. Four of the 17 patients who completed a comment card mentioned difficulty with access to appointments. The practice said that they were aware of the problems and had made changes in April 2016 to address the issues; the practice nurse had increased her number of appointments by one per day. One comment complimented the practice on recent improvement but staff we spoke with stated that availability of GP appointments remained a problem for patients.

Arrangements were in place for planning and monitoring the number of staff on reception but no analysis had been completed on the number of appointments required to meet patients' needs.

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 staff member who handled all complaints in the practice. Information was available to help patients understand the complaints system and the complaints process was detailed in a dedicated leaflet and mentioned in the general practice leaflet. However there was no suggestions box and comment/complaint leaflets were not visible and available for patients, they had to be requested. No notice was and no information regarding the Patient Advisory Liaison Service (PALS).

The practice had recorded four formal complaints in the last 12 months. The complaints were documented and written responses were seen to have been sent and verbal apologies recorded as having been made when appropriate. We reviewed all four complaints and there was no trend in the themes. One complaint was made about medication prescribed by the out of hours (OOH) service. The OOH clinical services manager was informed and the patient contacted verbally and in writing.

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 written mission statement and vision. The statements could not be recalled by all staff, however, two of the nine staff members had been recently appointed at the time of the inspection. There was a documented business plan that detailed future plans for the practice.

Governance arrangements

The practice had an overarching governance framework that outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff we spoke with were aware of their own roles and responsibilities as well as the roles and responsibilities of colleagues.
- Practice specific policies and protocols seen included an emergency call handling protocol and a recruitment policy. These were available to all staff.
- There were arrangements for identifying, recording and managing most risks and implementing mitigating action. However, there was no evidence of when the last fire evacuation drill had been performed. There was no lone worker policy and staff did work alone in the building at certain times.
- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

Leadership, openness and transparency

The practice manager and practice nurse had been in post for nine months and spoke of improvements made and planned. They prioritised safe, high quality and compassionate care. The GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. Staff spoke of a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- The practice had a regular programme of practice meetings. These included a quarterly practice meeting and a quarterly multidisciplinary team meeting. Agendas were produced in advance and minutes produced after each meeting.
- Staff told us they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported.

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

A patient questionnaire carried out in 2015/16 highlighted that patients were dissatisfied with the times that the practice was open for appointments. In response to the patient feedback the practice increased the GP clinics by 30 minutes (three appointments) each day. Collaborative work was planned with a nearby practice to provide additional emergency appointments for patients on Wednesday afternoons when the practice was closed. The questionnaire highlighted that patients were dissatisfied with the ability to speak to the doctor on the phone. In response, the practice had increased the number of telephone consultations each day.

There was no established Patient Participation Group (PPG). The practice had taken steps to establish a group and notices in reception promoted the establishment of a patient group, inviting patients to become involved. The practice had contacted the local Clinical Commissioning Group (CCG) to ask for support in the establishment of a patient group.

Continuous improvement

The practice had signed up to participate in Sandwell and West Birmingham Clinical Commissioning Group (CCG) primary care commissioning framework. This initiative intended to develop best practice through collaborative

Are services well-led?

Requires improvement



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

working between practices. The framework covered eight areas that included best care for long term conditions detection and management. Work on this initiative had not started at the time of the inspection.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Medicines must be administered to make sure that the patient is not put at risk.
Maternity and midwifery services	12 (2) (b)
Surgical procedures	The practice must ensure the premises are used in a safe way.
Treatment of disease, disorder or injury	12 (2) (d)
	Sufficient medication should be available in case of emergencies
	12 (2) (f)

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Family planning services	There must be systems and processes such as clinical audits to assess, monitor and improve the quality and safety of the service.
Maternity and midwifery services	17 (2) (a)
Surgical procedures	
Treatment of disease, disorder or injury	