

Summerfield Primary Care 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?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We had inspected the practice in March 2015 when the registered provider was Dr Salim. During the inspection we found the practice inadequate for providing a safe, effective and well-led service. It was also inadequate for providing services for the six population groups we reviewed. Improvements were also required for providing responsive and caring services. Overall the practice was rated as inadequate and placed into special measures. Following the inspection, due to the absence of the provider, a caretaking practice was put in place by the Clinical Commissioning Group (CCG). Subsequently Summerfield Primary Care Practice applied for registration in April 2016 and are now the registered provider.

We carried out an announced comprehensive inspection at Summerfield Primary Care Practice on 22 September 2016. Overall the practice is rated as requires improvement. However, the new leadership at Summerfield Care Practice had made significant changes

since July 2016 under challenging circumstance. During the inspection there was evidence of a positive impact to the quality of care for patients and the process of continuous improvement was ongoing.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Improvements identified were actioned to improve service.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were supported and trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Practice had carried out an analysis of the process and had identified areas for further improvements.

Summary of findings

- Patients had experienced some changes within the practice in the last 12-15 months. They told us that as a consequence the continuity of care had suffered. However, patients felt there was now more stability in the practice, the partners had a vision and strategy to further improve continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- It was clear that one of the GP partners was at the centre of the improvement strategy in the practice. They had contributed to the development of systems and processes to improve service and were developing staff members so that this improvement could be sustained.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

However, there were areas of practice where the provider should make improvements:

- The provider should continue with their efforts to recall patients for regular reviews and appropriate screening.
- The provider should continue with their efforts to identify and support patients who are carers.
- The provider should continue to review and act on the results of the 2016 national GP patient survey to improve patients' experience of the service. This includes access to care and treatment, patients satisfaction on consultations with GPs and nurses and their involvement in planning and making decisions about their care and treatment.

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 good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared and action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice used the Royal College of General Practitioners (RCGP) toolkit to identify gaps in child safeguarding.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- The current partners had applied for new provider status in April 2016 and data (unverified and unpublished) we looked at demonstrated that patients with long term conditions were receiving effective care. However, improvements were needed in recalling patients for regular reviews and appropriate screening.
- Staff assessed needs and delivered care in line with current evidence based guidance. Concise clinical protocols had been developed by the partners based on National Institute for Health and Care Excellence (NICE) guidelines.
- The practice had carried out audits which demonstrated quality improvement.
- Some staff members needed support to develop further in their role and we saw that this was being addressed.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' care needs.

Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

Requires improvement



Summary of findings

- Patients had experienced change in the last 12-15 months and this had impacted continuity of care. However, patients also said that the practice had become more stable since the current partners had taken responsibility to deliver the service.
- Patients said they were treated with 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.
- The 2016 national GP patient showed areas where the practice was below local and national averages such as patients satisfaction on consultations with GPs and nurses and their involvement in planning and making decisions about their care and treatment.
- The process to identify and support patients who were carers needed ongoing improvement.

Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services, as there are areas where improvements should be made.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, an onsite psychologist held clinics weekly where patients could be referred. This service was commissioned by Healthy Minds.
- Patients told us continuity of care had improved but wanted to see further improvement and the partners were able to demonstrate how they planned to make further improvements.
- 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. The practice had carried out an analysis of its complaints handling process and had identified learning which were shared and improvements were made.
- The 2016 national GP patient showed areas where the practice was below local and national averages for access to care and treatment.

Requires improvement



Are services well-led?

The practice is rated as good for providing well-led services.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. There was a business strategy incorporating action plans from the vision which took into consideration feedback from patients.
- Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. We saw that staff members were being supported to further develop into their roles.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on identifying areas for improvement and we saw action was being taken to further develop the practice. The process of continuous improvement was ongoing.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- There were longer appointments available for older patients.
- A facility for online repeat prescriptions and appointments bookings was available. We saw efforts were being made to increase uptake.
- The consultation rooms were all located on the ground floor. A hearing loop was also available at the practice.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

- The partners had taken over the practice recently and so there was limited published data relevant to the provider available. However, current data we looked at (unpublished and unverified) demonstrated that patients with long term conditions were being managed effectively.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- 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.
- The practice's uptake for the cervical screening programme was 68% (unpublished and unverified data), which was below the CCG average of 79% and the national average of 82%. The practice had devised a search for recall of patients. This was in addition to the external recall system and the practice hoped to further improve going forward.
- Appointments were available outside of school hours and the premises were suitable for children and babies and baby changing facilities were available. The practice had a nurse working on a locum basis and had ensured appointments with the nurse were available outside of school hours.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

- 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 extended appointments on Tuesdays from 6.30pm to 7.30pm to accommodate working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online and the practice was promoting this service to increase uptake.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- A patient we spoke with told us that they were a manager of a care home for patients with learning disabilities and told us of an example where the practice had responded to meet the needs of these patients.
- Translation services were available.
- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training. The practice had used the RCGP safeguarding toolkit to identify and address gaps in their safeguarding process.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for providing effective, caring and responsive services. The areas for improvement which led to these ratings apply to everyone using the practice, including this population group.

- The partners had taken over the practice recently and therefore published and verified data that reflected current arrangement was not available. However, data provided by the practice showed that all patients diagnosed with dementia had their care reviewed in a face to face meeting.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A psychologist held clinics onsite weekly and patients were referred where appropriate. This service was commissioned by Healthy Minds.

Requires improvement



Summary of findings

- The practice maintained a mental health register on the clinical system.
- 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.
- The GPs we spoke with demonstrated knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. However, the partners had registered for new provider status in April 2016 and therefore the below data may not reflect the current arrangement.

The results showed the practice were performing below the local and national averages in some areas. Of the 345 survey forms that were distributed, 74 were returned. This represented 4% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 67% 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 75% and the national average of 76%.
- 72% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and the national average of 85%.

- 63% 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 64% 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 that staff were all caring and treated them with dignity and respect.

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, committed and caring. Patients told us that they had experienced change in the surgery during the last 12-15 months and had not experienced continuity of care. However, since the new partners had taken over responsibility to deliver the service, they had seen a positive change. Patients wanted to see further improvements in regards to continuity of care and the partners were able to demonstrate how they planned to further improve in this area.

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue with their efforts to recall patients for regular reviews and appropriate screening.
- The provider should continue with their efforts to identify and support patients who are carers.
- The provider should continue to review and act on the results of the 2016 national GP patient survey to improve patients' experience of the service. This includes access to care and treatment, patients satisfaction on consultations with GPs and nurses and their involvement in planning and making decisions about their care and treatment.

Summerfield Primary Care 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 Summerfield Primary Care Practice

Summerfield Primary Care Practice is located in Winson Green, Birmingham and has approximately 1750 patients registered with the practice.

The current partners applied for new provider status in April 2016 and registered with CQC in July 2016. The previous provider was absent from the practice from June 2015 and there had been changes to the way the service was being delivered. For example, the service was delivered by another provider under a caretaker arrangement with the CCG until December 2015. There had been further changes to the way the service had been delivered until the current partners had taken over responsibility.

The practice is led by two GP partners (one male and one female). The partners also own another practice (Cavendish Medical Practice, Edgbaston, Birmingham). The clinical team also included two regular locum GPs (one male and one female) a locum female practice nurse. There is a practice manager and another experienced practice manager who is supporting the current manager as well as a small team of administration staff.

The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.

The practice is open between 9am and 6.30pm Monday to Friday except on Wednesdays when it closed at 1pm. Appointments were available during the above times. Extended hours appointments were offered on Tuesdays from 6.30pm to 7.30pm.

Pre-bookable appointments are available two and three months in advance as well as on the day booking. Urgent appointments are also available for people that need them. Children and the elderly are always seen on the day.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Primecare. Patients are directed to this service on the practice answer phone message. Primecare cover is also provided between 8am and 9am.

The practice is in an area that is within the highest levels of social and economic deprivation.

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 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.

Detailed findings

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 22 September 2016. During our visit we:

- Spoke with a range of staff including the GP partners, the practice nurse, two practice managers and a reception staff member.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Significant events were recorded and shared with the wider team. The practice used an electronic system to record incidents which were then shared with the CCG. We saw examples where learning had been identified and implemented. For example, a compromise of the cold chain led to the practice retraining the staff in medicines and vaccine management and storage. The practice had also purchased an electronic data logger to ensure appropriate monitoring of fridge temperatures. Delays in a referral to another service resulted in an updated process with administration staff ensuring referrals had been received by the intended recipient.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice had effective processes to respond to medicine safety alerts. The practice manager and the GPs received alerts. We saw relevant alerts were kept in a folder with staff signatures to confirm that they had been actioned. Minutes of meeting we looked at for August 2016 showed that alerts were discussed. We saw recent examples of searches on the practice patient system that had been carried out following receipt of patient safety alerts. The practice nurse worked as a locum and did not attend all meetings and some staff also worked part time. To aid communication such as for alerts the practice had set up a group using a smart phone application in August 2016.

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. The practice used Royal College of General Practitioners (RCGP) safeguarding toolkit to identify gaps in their process, resulting in appropriate changes to systems and processes. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection level 3. The practice could evidence risk registers for both children and adults subject to safeguarding concerns and protection.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a staff member responsible for infection control. There was an infection control protocol in place and staff had received up to date training. We saw that an infection control audit had been carried out with a score of 77% in September 2016. We saw that action plans had been developed to make improvements which had been implemented.
- 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The partners had taken over the practice recently and we saw that the repeat prescribing policy had been reviewed and an audit carried out to ensure safe practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- The practice was located in a health centre and the landlord (NHS Business Service Authority) was responsible for maintenance of the non clinical equipment and the building. Where the practice was responsible for maintenance of equipment we noted they were checked and calibrated to ensure it was in good working order. We spoke with a staff member at the health centre who provided evidence confirming checks had been carried out by the landlord. This included 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). We saw fire risk assessments and regular fire drills were carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a small team and administrative staff were able to cover each other's annual leave. The partners also own another nearby surgery and the practice manager told us that if there was a shortage due to unplanned absence, staff from the nearby practice would be available. The practice manager confirmed that they had covered for staff at the other location recently. The practice also used locum GPs.

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.
- 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. The plan incorporated a nearby practice owned by the partners and the practice manager told us that arrangements had been made so that there was no issues of staff accessing patient details from the other practice's IT system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The partners had recently taken over the responsibility to deliver the service and we saw that the lead GP had develop concise clinical protocols such as for those related to diabetes and hypertension based on NICE guidance. This was made available for locum clinical staff, to standardise care. They were also on the computer system and we saw that they contained links to appropriate NICE guidance.
- The practice monitored that these guidelines were followed through audits and we saw examples of an audit on prescribing of antibiotics.

Management, monitoring and improving outcomes for people

The practice had applied for new provider status in April 2016 and registered with the CQC in July 2016. The most recent published QOF data available was not applicable to the current provider. It showed that the practice achievement overall for the Quality and Outcomes Framework (QOF) for 2015/16 was 81 %. This was lower than the local CCG and national average of 95%. Exception reporting by the practice overall was 6%. This was lower than the local CCG exception reporting of 9.5% and the national reporting of 9.8%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

Data from 2015/16 showed:

- Performance for dementia related indicators was below the CCG and national average. The practice achievement was 88% which was below the CCG average of 97% and national average of 96.6%.

- Performance for diabetes related indicators was below the CCG and national average. The practice achievement was 63% which was below the CCG average of 88% and the national average of 89.9%.
- Performance for mental health related indicators was below the local and national averages. The practice achievement was 64% which was below the CCG average of 91.6% and the national average of 92.9%.
- Performance for Asthma related indicators was 100%. This was above the CCG average of 97.6% and the national average of 97%.
- Performance for hypertension related indicators was 91.5%. This was below the CCG average of 96% and the national average of 97%.

We also looked at the patient record system and looked at the current achievement to date for QOF. Records we looked at showed that the practice had significantly improved QOF points. On the day of the inspection we saw that the QOF points were at 416 points. However this was unpublished and unverified data.

Practice data (unpublished and unverified) for the current QOF year we looked at showed:

- For dementia it had achieved 29/29 points
- For Asthma it had achieved 45/45 points
- For dementia it had achieved 50/50 points
- For diabetes it had achieved 48/86 points
- For hypertension it had achieved 22/26 points

The exception reporting for hypertension and diabetes was currently at 0%. The partners were aware of the lower diabetes data and were prioritising and actively calling patients for reviews.

There was evidence of quality improvement including clinical audit.

- We saw evidence of four clinical audits since the partners had taken over the practice. Two of these audits were completed audits where the improvements made were implemented and monitored. One audit included a repeat prescribing audit and the other looked at closer adherence to guidelines on using the most appropriate antibiotics.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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. There were locum packs available for locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff files looked at showed that relevant staff administering vaccines and taking samples for the cervical screening programme had received specific training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, one of the GP partners had provided training to staff on the role of a chaperone and staff also had received online training. The practice manager was being supported to further develop into their role. The partners had arranged for another experienced practice manager to support and mentor the practice manager for approximately four hours a week. The partners were supporting the practice manager to attend formal practice manager training and to attend the local practice manager forum.
- Staff files looked at showed that relevant staff had received an appraisal within the last 12 months. The GPs were up to date with their yearly continuing professional development requirements and had been revalidated.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

We saw evidence that multi-disciplinary team meetings took place on a two monthly basis with regular representation from other health and social care services. Vulnerable patients and patients with complex needs were regularly discussed during the meetings. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice carried out procedures such as joint injections and we saw that signed consent forms were scanned on to patient notes.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. There was an onsite psychologist (commissioned by Healthy Minds) who held clinics on Tuesdays and relevant patients were referred.
- One of the GP partners had trained in insulin initiation and offered clinics on a Tuesday 5.30pm to 7.30/8pm. On Thursdays, clinics were available from 9.30am to 11.30am.
- The practice's uptake for the cervical screening programme was 68% (unpublished and unverified data), which was below the CCG average of 79% and the national average of 82%. The practice had devised a search for recall of patients. This was in addition to the external recall system and the practice hoped the figures would improve.
- Practice data we looked at showed that for April to June 2016 quarter baby immunisations were at 95% and boosters were at 82%.

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. Patients were also signposted to relevant services to provide additional support

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms 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 an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients including two members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the current GPs and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. However, patients also told us that there had been changes to the way the service had been delivered prior to the current partners taking over and said they found this unsettling as there were no regular GPs they could see. Patients also told us that they felt that since the current partners had taken over the responsibility the continuity of care had improved.

Results from the national GP patient survey showed patients rated the practice below the local CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% 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%.
- 69% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.

- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

The current partners applied for new provider status in April 2016 and registered with the CQC July 2016. Before the current partners had taken over the practice, there had been some changes to the way the service was delivered. For example, from June 2015 until December 2015 the service had been delivered under a caretaker arrangement with locum GPs. From December 2015 to April 2016 further changes took place in regards to providers. Therefore, the data above is not completely representative of the current partnership. However, the practice had looked into the data and we saw plans had been developed to make further improvements.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We looked at examples of care plans and saw that they were personalised.

Results from the national GP patient survey showed patients response to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Are services caring?

- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% 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 82% and the national average of 85%.

As explained above, the current partners applied for new provider status in April 2016 and the data was not representative of the service that was being provided. For example, the practice had a locum nurse who had started recently. However, the practice was able to demonstrate how they planned to make further improvement in this area.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

- The practice was located in a health centre and there were signs in Braille for patients who had difficulty with their hearing.

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. The practice website was being developed to so that patients could be further supported.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 9 patients as carers (0.5% of the practice list). Previously there were no carers registered and this was work in progress for the practice. Efforts were being made to register carers and we saw that a carers pack had been developed and was now available.

Staff told us that if families had suffered bereavement, the GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

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 was currently in the process of transferring from their current CCG (Sandwell and West Birmingham) to Birmingham South central CCG. However, the contract was still with the current CCG but the practice had been working with the new CCG who had allowed the practice to take part in various enhanced schemes to help improve outcomes for patients.

- The practice offered extended opening on Tuesdays from 6.30pm to 7.30pm for working patients 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.
- A facility for online repeat prescriptions and appointments bookings was available and the practice was trying to increase its uptake.
- Same day appointments were available for children, the elderly and those patients with medical problems that required same day consultation.
- On site phlebotomy to monitor progression of disease, improve convenience for patients
- The practice was located in a health centre and there were disabled facilities, a hearing loop and translation services available.

The partners owned another practice nearby and therefore were not always available at this location. To meet the needs of the patient's regular locum GPs were available. However, we spoke with a patient who was a care home manager for people with a learning disability. They were also a member of the patient participation group (PPG) and they had feedback that the people they looked after in the home needed continuity of care and did not find it helpful to see locum GPs. The partners responded to the needs of these patients by agreeing to see them at the other practice although they were not registered there. The patient record systems for both practices were the same which further facilitated this.

Access to the service

The practice was opened between 9am and 6.30pm Monday to Friday except on Wednesdays when it closed at 1pm. Appointments were available during the above times. Extended opening hours appointments were offered on Tuesdays from 6.30pm to 7.30pm. Pre-bookable appointments could be booked between two and three months in advance and on the day booking was also available. Urgent appointments were available for people that needed them. Children and the elderly were always seen on the day.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 67% 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 75% and the national average of 76%.

We spoke with five patients including two members of the PPG who told us that they were able to get appointments when they 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. For example, the practice had a register of patients who were unable to attend the practice and they received home visits. Other requests for home visits were considered by the GPs after speaking with the patients.

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

We looked at two complaints received by the current partners. We saw that they resolved appropriately. We also saw that the practice had reviewed its complaints response process and had identified learning.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to be a caring and responsive practice and to deliver high quality care and promote good outcomes for patients. However, it also recognised challenges posed to the delivery of that vision. The partners recognised that the patients had experienced changes to the service during the previous 12-15 months. The practice acknowledged that many patients did not feel they were getting good continuity of care and patients we spoke with also confirmed this (although they were happy with the current providers). The current GP partners owned another practice nearby and were not always available at this site. To meet these challenges, the vision for the future development of the practice was to merge the other location to this surgery. This would allow the partners to offer the continuity of care the patients wanted, with patients having the flexibility to access health care at either site. The practice had developed a business strategy for 2016-17 incorporating some of the action plans and was due to be discussed in the next practice meeting. The practice had also applied to merge the contract with NHS England and hoped this would be completed by January 2017.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were designated lead roles and deputy lead roles and these were made clear in the practice.
- The partners owned another practice and they were working towards standardised policies and procedures to so that when both practices merged there would be a smooth transition.
- Policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The partners had recently

taken over the practice and they demonstrated with evidence where appropriate that they were aware of all areas needing improvement and had implemented plans to ensure better outcomes for patients.

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

Significant changes had been made by the new leadership team since July 2016 with evidence of a positive impact to the quality of care for patients. The new leadership team at the practice demonstrated a strong focus on identifying areas for improvement. We saw action was being taken to further develop the practice and there was a commitment to the process of ongoing continuous improvement.

The lead GP partner in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They were able to demonstrate areas where improvements were required and evidence how they were making improvements. The partners had applied for new provider status in April 2016 and had registered with the CQC in July 2016. Since taking over the practice they were able to demonstrate that they had made and were continuing to make improvements in all aspects of the delivery of care. This was primarily driven by one of the GP partners who developed most of the strategies for improvement. For example, the practice manager was being supported by another experienced practice manager so that they could further support the clinicians such as carrying out searches for patients requiring a review of their care. The lead GP also carried out many of the administration duties using remote access from home. However, they also recognised that they needed to delegate some tasks to other staff members and therefore were supporting the practice manager to develop further in their role.

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

Are services well-led?

Good 

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology and we saw evidence of this following an incident.

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

- Staff told us, and minutes of meetings looked at showed the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- We partners acknowledged challenges in regards to staff members who needed further development and we saw that they were being supported to progress in their roles.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met six weekly and the practice had taken on board suggestions. For example, the PPG fed back that patients did not like the constant changes to clinical staff (locum GPs) in the practice. As a result the practice had ensured all locum GPs were working on a long term basis. The practice had a fixed rota available in reception to inform patients which doctor would be available for session so they could make appointment with the chosen doctor, with whom rapport had been developed. The long term plan was the merger of the two practices owned by the partners to offer the continuity of care and this was expected to complete by January 2017.
- The practice was taking part in the friends and family test (FFT). Results from the August 2016 results showed four patients were extremely likely to recommend the practice to friends and family with seven patients stating that they were likely. Only one patient stated that they were neither likely nor unlikely to recommend the practice to friends and family. However, the practice had also developed an action plan from some of the feedback received through the FFT. One of the concerns raised was the delay in answering the telephone calls. As a response the practice advised patients to call after 11am if they did not need to book an appointment or if they had a query that could wait until 11am.