

Cornhill Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



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 Cornhill Surgery on 28 June 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs had weekly meetings to discuss concerns and share learning. However it was not always clear who the lead was for particular roles such as safeguarding and infection control.
- There was a leadership structure and staff felt supported by the GPs and the practice manager. The practice proactively sought feedback from staff and patients which it acted on.
- Prescriptions were securely stored, however they were not signed for on receipt and they did not record serial numbers. The practice stated that an audit trail to govern prescriptions would be introduced following the inspection.
- The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were generally assessed and well managed, although at the time of the inspection the practice had not carried out a legionella risk assessment, regular infection control audits and a risk assessment in relation to equipment checks.
- The fire alarm was tested every week but we did not see evidence of staff receiving fire training or that

Summary of findings

regular fire drills were carried out. Following the inspection the practice has provided evidence to confirm that staff have had now received fire training.

- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

We saw two areas of outstanding practice:

- One of the GP partners paid for a weekly social group for older patients at a community centre. On average 30 people attended per week. Patients were able to bring friends from different practices if they wished. Two of the patients we spoke with during the inspection told us how beneficial this had been for patients who were socially isolated. This took place every Wednesday afternoon. The patients were given refreshments and played games such as bridge and chess. The GPs sometimes organised external speakers such as carer organisations and the citizens advice bureau to speak with the group. The practice used the opportunity to give advice around maintaining health.
- All of the practice team had received deaf awareness training and had ordered a hearing loop following

this training. All patients with a hearing or visual impairment were highlighted on the system and alerts were put on so that patients were collected from the waiting area.

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

The provider should:

- Implement a system to ensure the safe management of prescribing stationery across the practice.
- Ensure that systems are in place so that risk assessments and equipment checks are documented.
- Ensure that all staff at the practice are aware of which members of the team are the leads for specific areas of responsibility such as infection control and safeguarding.
- Ensure that all staff are aware of the systems and processes in place for safeguarding children and vulnerable adults.
- Review fire safety and evacuation procedures to ensure patients and staff safety in the event of a fire.
- Carry out a regular infection control audit.
- Strengthen governance systems in place at the practice to ensure all risks are acted on effectively.

The provider must:

- Carry out a legionella risk assessment

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



- Risks to patients were assessed and well managed with the exception of legionella. We noted the practice did not have a legionella risk assessment at the time of our inspection.
- The practice had not carried out an infection control audit in the last year.
- Prescriptions were securely stored, however they were not signed for on receipt and they did not record serial numbers. The practice stated that an audit trail to govern prescriptions would be introduced following the inspection.
- The expiry dates and stock levels of the medicines were being checked by the practice nurse each month but this was not always recorded.
- Staff we spoke with could not tell us who the lead for infection control or safeguarding was. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff told us that they escalated concerns to the duty doctor and were able to share examples of when they were concerned about the welfare of a child or vulnerable adult. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated to support improvement. When things went wrong patients received reasonable support, accurate information and a written apology. They were told about any actions to improve processes.
- Information about safety was recorded, monitored, appropriately reviewed and addressed.

Are services effective?

The practice is rated good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average. Current results were 97% of the total number of points available which was the same as the CCG average and above the national average of 95%. Their exception reporting was 7% which was 2% below the national average.

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- Staff had received training appropriate to their roles and the practice believed in developing and training their staff.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice also carried out NHS health checks for patients aged 40-74 years. 177 health checks were carried out in the last year.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than average for several aspects of care. For example, 89% of patients said the last GP they saw gave them enough time compared to the CCG average of 88% and the national average of 87%. 99% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and above the national average of 95%.
- Most of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. The four mixed comments we received were in relation to waiting times and appointment delays.
- Patients we spoke with during the inspection told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- For those patients who did not speak English as a first language, interpreting services were available. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- One of the GP partners sponsored a weekly social group for older patients at a community centre. On average 30 people attended per week. Patients were able to bring friends from different practices if they wished.
- We spoke with the manager of a care home that received GP services from the practice. The care home manager spoke very highly about the practice and informed us that the GP who carried out the weekly care round showed empathy and treated patients with dignity and respect.

Summary of findings

Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove Clinical Commissioning Group (CCG).
- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings.
- The practice scored above average in terms of patient access in the National GP Patient Survey published in July 2016. For example: 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national averages of 73%. 79% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

Are services well-led?

The practice is rated good for being well-led.

Good



- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. We saw that there was good morale at the practice.
- The practice did not have clear lead roles for individual members of staff.
- The practice proactively sought feedback from staff and patients, which it acted on and had a developing Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with two members of the PPG on the day of the inspection.
- The practice 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 made sure this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients.

Good



- The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services for example, unplanned admissions. The GPs met on a weekly basis and unplanned admissions were discussed.
- The practice co-ordinated care via monthly multi-disciplinary team meetings with district nurses and community matrons. The practice adopted the palliative care Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching their end of life. Advanced care plans were created to ensure that patients' wishes were taken into consideration.
- Whenever possible, the practice conducted health reviews and tests on the same day for patients with multiple conditions to save them having to attend for repeated visits. The practice offered same day telephone consultations and appointments when required.
- One of the GP partners sponsored a weekly social group for older patients at community centre. On average 30 people attended per week. Patients were able to bring friends from different practices if they wished. This took place every Wednesday afternoon. The patients were given refreshments and played games such as bridge and chess. The GPs sometimes organised for external speakers to speak with the group.

People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions were on a register and invited for annual reviews. The practice looked after patients with long-term conditions including diabetes, asthma and Chronic Obstructive Pulmonary Disease (COPD).

Summary of findings

- The practice participated in the Quality and Outcomes Framework (QOF) and consistently scored highly due to the way they managed patients with long-term conditions. The practice had recently started running extended asthma clinics for more in depth reviews.
- A daily phlebotomy (blood-taking) service was provided.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

- There were systems in place to follow up on children the practice was concerned about, for example children who did not attend for appointments. Computerised alerts had been put in the notes of those patients where there were safeguarding concerns. The child safeguarding register was reviewed with information from the health visitors regularly.
- Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were always provided for children aged five and under.
- The practice's uptake for the cervical screening in the last five years was 81% which was in line with the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives. The practice had baby changing facilities. The baby immunisations were tied in with the post-natal checks to reduce the number of visits needed.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 88% to 94% compared with the CCG average of 82% to 99% and five year olds from 88% to 94% compared with the CCG average of 94% to 97%.
- Patients were able to book appointments and order their repeat prescriptions online if they chose to.
- The practice offered an in-house provision of coils and contraceptive implant fitting which avoided the need to attend a family planning clinic.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students) and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice sent out text messages to remind patients of their appointments and also when there were any health campaigns such as flu vaccinations.
- The practice offered extended hours on a Wednesday and Thursday morning. There was also a walk-in clinic on Monday mornings to extend patients on the day opportunities to see a GP.
- Telephone advice was available each day from a GP if required.
- Minor surgery and joint injections were done in-house to prevent the need for patients to go to secondary care.
- Family planning services were offered at the practice.
- There was a daily phlebotomy (blood taking) service.

People whose circumstances may make them vulnerable

Good



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

- All patients with a learning disability were offered an annual health check and longer appointments were allocated. The practice had 12 patients on the learning disability register and 10 of these had received their annual health check in the last year.
- Home visits were provided to elderly, disabled and housebound patients.
- Patients whose first language was not English were supported by involving interpreters. Longer appointments were provided as required.
- All of the practice team had received deaf awareness training and had ordered a hearing loop following this training. All patients with a hearing or visual impairment were highlighted on the system and alerts were put on so that patients were collected from the waiting area.
- The practice had monthly multi-disciplinary team meetings in order to identify and manage the on-going care of vulnerable patients, including adopting the gold standards framework for palliative care and management of safeguarding issues. The palliative care meetings took place on a quarterly basis. GPs regularly attended Child Protection Case Conferences.

Summary of findings

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice proactively screened patients for dementia. Patients with memory problems were routinely referred to the memory clinic.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83% which was in line with the national average of 84%.
- Longer appointments were available for patients with poor mental health.
- There were alerts on patients' records where it was known extra time would be needed for consultations. All staff at the practice had completed the dementia awareness training. Patients on the mental health register and those with dementia had comprehensive care plans and received annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages. There were 117 responses and a response rate of 38%.

- 88% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) of 79% and national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 56% and national average of 59%.
- 91% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 87% and national average 85%.
- 88% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, 38 of which were very positive about the standard of care received. Patients described staff as kind, friendly and helpful. Patients stated that they were treated with dignity and respect. Four of the comment cards we received contained mixed feedback about the practice in relation to waiting times and access to obtaining an appointment.

We spoke with ten patients during the inspection (two of whom were members of the PPG). All of the patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed. Patients were aware that they could choose to see a specific GP if they required.

Areas for improvement

Action the service **MUST** take to improve

- Carry out a Legionella risk assessment

Action the service **SHOULD** take to improve

- Implement a system to ensure the safe management of prescribing stationery across the practice.
- Ensure that systems are in place so that risk assessments and equipment checks are documented.

- Ensure that all staff at the practice are aware of which members of the team are the leads for specific areas of responsibility such as infection control.
- Review fire safety and evacuation procedures to ensure patients and staff safety in the event of a fire.
- Carry out a regular infection control audit.
- Strengthen governance systems in place at the practice to ensure all risks are acted on effectively.

Outstanding practice

- One of the GP partners paid for a weekly social group for older patients at a community centre. On average 30 people attended per week. Patients were able to bring friends from different practices if they wished. Two of the patients we spoke with during the

inspection told us how beneficial this had been for patients who were socially isolated. This took place every Wednesday afternoon. The patients were given refreshments and played games such as bridge and chess. The GPs sometimes organised external

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speakers such as carer organisations and the citizens advice bureau to speak with the group. The practice used the opportunity to give advice around maintaining health.

- All of the practice team had received deaf awareness training and had ordered a hearing loop following

this training. All patients with a hearing or visual impairment were highlighted on the system and alerts were put on so that patients were collected from the waiting area.

Cornhill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cornhill Surgery

Cornhill Surgery is situated in Rubery in Birmingham. The practice has a list size of 5,329 patients.

The practice has a car park for patients and staff to use.

The practice has three GP partners and one salaried GP (two male and two female offering patients their preferred choice). The practice has two practice nurses and a healthcare assistant (HCA) who is also a phlebotomist (takes blood).

The clinical team are supported by a practice manager and a team of reception and administrative staff.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Cornhill Surgery is a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can

employ GP trainees and the practice must have at least one approved GP trainer. The practice is also a teaching practice and provides placements for medical students who have not yet qualified as GPs.

The GPs undertake minor surgery such as joint injections, incision and drainage of cysts and abscesses.

The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open at the following times:

- Monday 8am to 1pm and 1.45pm to 6pm.
- Tuesday 8am to 1pm and 1.45pm to 6pm.
- Wednesday 6.45am to 1pm and 1.45pm to 5pm.
- Thursday 6.45am to 1pm and 1.45pm to 6pm.
- Friday 8am to 1pm and 1.45pm to 6pm.

The practice does not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre is available on the practice website and on the practice leaflet. There was a locally agreed contract in place with Care UK the out of hour's provider to answer calls from patients when the practice is closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

Detailed findings

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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove Central Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch.

We carried out an announced inspection on 28 June 2016. We sent CQC comment cards to the practice before the inspection and received 42 completed cards with information about the patients' views of the practice.

During the inspection we spoke with 10 patients including two members of the Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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:

- 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)

Are services safe?

Our findings

Safe track record and learning

- The practice prioritised safety and reported and recorded significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff used incident forms on the practice's computer system and completed these for the attention of the practice manager. Incidents were discussed at practice meetings and were a rolling item on the agenda.
- Ten significant events had been reported in the previous 12 months. The practice complied with the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example the practice shared an example where one of the practice nurses had carried out a smear test and afterwards discovered that the bottle was out of date. As a result of this the practice changed their practice for the way the bottles were stored. The practice shared another example where an incorrect letter was scanned in the patient records. A reminder was sent for staff to remain vigilant when scanning documents on the system and the patient was provided with a full apology..
- Patient safety alerts and MHRA alerts were sent to the practice manager who distributed these to the other GPs, practice nurses and healthcare assistants. We saw evidence that alerts were sent to the relevant staff then printed off and discussed at the practice meetings. Each of the alerts was added to a spreadsheet and an action plan was added to each alert. Patients affected by the alerts were reviewed and their medicine was changed if necessary. We saw evidence that this was very well documented. For example there was a recent alert for medicines for patients who suffered with a particular mental illness.
- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the GPs was the safeguarding lead for the practice. However not all of the members of staff we spoke with were sure who the safeguarding lead for the practice was. We looked at training records which showed clinical staff had received relevant role specific training on safeguarding. Training was being arranged for non-clinical staff at the time of our inspection. All non-clinical staff we spoke with were fully aware how to identify safeguarding concerns. The GPs had received higher level children's safeguarding training. Safeguarding was on the agenda at each weekly clinical meeting and we saw minutes of these. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult.
- The practice had a clear chaperone policy which was displayed in the waiting area and all treatment rooms. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The practice nurses had been trained to be a chaperone. Both of the practice nurses had received Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The administration team had not had DBS checks and did not carry out chaperone duties. Consent was always obtained from the patient when a chaperone was present.
- We observed the premises to be visibly clean and tidy. One of the GPs was the infection control lead. However some staff we spoke with were unsure who the infection control lead was. There was an infection control protocol in place and staff had received up to date training. The practice had not carried out an infection control audit in the last 12 months.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

Are services safe?

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example files contained proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Staff we spoke with told us that they covered for each other when staff were absent. We reviewed staff rotas and saw that there was adequate cover in place.
- Prescriptions were securely stored, however they were not signed for on receipt and they did not record serial numbers. The practice stated that an audit trail to govern prescriptions would be introduced following the inspection. We saw that prescriptions were updated when patients' medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. The practice had a robust system to monitor patients on high risk medicines. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. One of the practice nurses we spoke with gave an example of when this had happened and that the policy had been followed. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

Monitoring risks to patients

Risks to patients were assessed and well managed on the whole.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and there was a fire evacuation procedure. The fire alarm was tested every week but we did not see evidence of staff receiving fire training or that regular fire drills were carried out.

Following the inspection the practice has provided evidence to confirm that staff had now received fire training. The practice had carried out a fire risk assessment in January 2016.

- At the time of the inspection the practice had not carried out a Legionella risk assessment. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been undertaken in June 2016). Portable electric appliances were routinely checked and tested. This was last completed in January 2014 and the practice manager had arranged for this to be repeated in the near future.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked by the practice nurse each month but this was not always recorded.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and copies were kept off site with different members of the team and with the CCG. This contained contact details of all members of staff. The business continuity plan was last updated on 6 June 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment.

- Monthly practice meetings took place for all members of staff and weekly meetings took place between the clinical staff and the practice manager. District nurses, palliative care nurses and health visitors also attended the monthly meetings. Patients who were housebound were offered annual reviews. Our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE).
- One of the practice nurses we spoke with during the inspection informed us that the practice actively took part in the meetings in Redditch and Bromsgrove to keep up to date with the latest best practice. This nurse was the lead for diabetes in the practice and gave an example where there had been a change in NICE guidelines for blood sugar levels and therefore practice changed.
- The practice also supported the nurses in providing regular nursing journals to help them to keep up to date.
- The GPs at the practice engaged with the Clinical Commissioning Group (CCG) Board. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services. There was awareness amongst the GPs and practice nurses of local issues and needs. The practice discussed prescribing, referrals and feedback at the CCG meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 97% of the total number of points available which was the same as the CCG average and above the national average of 95%. Their exception reporting was 7% which was 2% below the

national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 77% which was the same as the CCG and national average. The exception reporting was 9% which was below the national average of 11%.
- The percentage of patients with hypertension having regular blood pressure tests was 87% compared with the CCG and national average of 84%. The exception reporting was 6% which was just above the national average of 4%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 97% which was above the CCG average of 90% and national average of 88%. The exception reporting was 5% which was below the national average of 11%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 83% which was just below the CCG and national average of 84%. The exception reporting was 8% which was the same as the national average.

The practice audited depression reviews on a weekly basis to ensure patients attended reviews.

As well as using QOF to monitor performance, the practice carried out audits on conditions such as underactive thyroid and gout.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been two clinical audits carried out in the last two years following NICE guidelines.

One of the audits looked at the prescribing of a particular antibiotic to ensure that recent guidelines were being

Are services effective?

(for example, treatment is effective)

followed. The practice selected 30 patients who had been treated on this medicine. Following this audit the number of patients who were prescribed this in the future was reduced due to the side effects for patients.

Effective staffing

- We found that the GPs and practice management team valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. One of the phlebotomists (blood takers) had been developed and trained to be a healthcare assistant.
- All staff we spoke with told us that the GPs and practice manager had always been supportive of their training needs.
- The practice was a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer. The practice was also a teaching practice and provided placements for medical students who have not yet qualified as doctors. During the inspection we spoke with the salaried GP who was the previous GP trainee. They told us that they felt supported and received lots of support and mentoring. The GP told us that the practice valued the importance of education and offered protected learning time for trainee GPs.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as information governance and infection control.

Coordinating patient care and information sharing

- The practice used electronic systems to communicate with other providers and to make referrals. The practice used the 'Choose and Book system' which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care.

- Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients soon after discharge for those patients on the unplanned admissions register and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors. The practice adopted the gold standards framework (GSF) for palliative care. We saw the minutes of the GSF meetings and the relevant information was shared with practice staff.

Consent to care and treatment

- Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- We also saw examples of consent forms completed for minor surgery which were signed by the GPs and the patients.

Supporting patients to live healthier lives

- Health promotion information was available in the waiting area of the practice. Patients who may be in need of extra support were identified by the practice, such as those needing end of life care, carers and those at risk of developing a long-term condition.

Are services effective?

(for example, treatment is effective)

- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was just below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. During the inspection the practice nurse explained that for patients who were reluctant to attend the practice nurse would offer screening opportunistically when they attended the practice for other reasons.
- The practice also carried out NHS health checks for patients aged 40-74 years. 177 health checks were carried out in the last year.

The practice offered screening for breast cancer and bowel cancer. The uptake was in line with local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 72% which was below the CCG average of 76% and the same as the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 58% which was just below the CCG average of 60% and the same as the national average of 58%
- Flu clinics were advertised on the practice website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 88% to 94% compared with the CCG average of 82% to 99% and five year olds from 88% to 94% compared with the CCG average of 94% to 97%.

Nursing appointments were blocked to ensure that childhood immunisations were accommodated and the appointments were only opened up on the day if they were not used.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During the inspection we observed that members of staff were professional, attentive and very helpful to patients both attending at the reception desk and on the telephone.
- We saw that patients were treated with dignity and respect. Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that 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.

Most of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

We spoke with ten patients during the inspection (two of whom were members of the PPG). A

PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were extremely happy with the care they received.

They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed one. Patients were aware that they could choose to see a specific GP if they required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the last GP they saw gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 88% of patients said the last GP they saw was good at listening to them which was in line with the clinical commissioning group (CCG) average and above the national average of 89%.
- 99% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and above the national average of 95%.
- 93% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

We spoke with the manager of a care home that received GP services from the practice. The care home manager spoke very highly about the practice and informed us that the GP who carried out the weekly care round showed empathy and treated patients with dignity and respect. The care home manager shared an example where a GP had attended the care home after a patient had passed away and had acted in a kind and caring way, demonstrating respect and dignity at a difficult time.

One of the GP partners sponsored a weekly social group for older patients at community centre. On average 30 people attended per week. Patients were able to bring friends from different practices if they wished. Two of the patients we spoke with during the inspection told us how beneficial this had been for patients who were socially isolated. This took place every Wednesday afternoon. The patients were given refreshments and played games such as bridge and chess. The GPs sometimes organised for external speakers to speak with the group.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that their care and treatment was discussed with them and they felt involved in decision making. They also told us they felt listened to and supported by staff. They felt they had sufficient time

Are services caring?

during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 83% and national average 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and above the national average of 90%.

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 area informing patients that these services were available. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format. All staff at the practice had recently received deaf awareness training and as a result the practice had ordered a hearing loop. Staff we

spoke with told us how helpful the training had been. All patients with a hearing or visual impairment were highlighted on the system and alerts were put on so that patients were collected from the waiting area.

Patient/carer support to cope emotionally with care and treatment

- Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room signposted patients to a number of support groups and organisations including mental health, drug and substance misuse and domestic violence. There was an in house counselling service available.
- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. 1% of the practice patient list was identified as carers. All the carers were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them and self-referral where needed.
- Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy letter and accompanying bereavement information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Redditch and Bromsgrove Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- There were longer appointments available for patients with a learning disability. All patients on the learning disability register were offered an annual health check. At the time of the inspection the practice had 12 patients on the learning disability register and 10 of them had been for their annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children if a parent/carers was concerned and those patients with medical problems that required same day consultation.
- There were facilities for the disabled and translation services available. A wheelchair was available for patients to borrow to use from the car park to reception.
- The practice had a register for unplanned admissions and care plans were in place for each of these patients. The practice managers and GPs met on a weekly basis and unplanned admissions were discussed
- The practice worked closely with multidisciplinary teams to help patients with long-term conditions. The GPs at the practice met on a weekly basis to discuss such patients.
- The practice offered online repeat prescription requests which benefited patients with time restrictions.
- The practice offered a service where prescriptions could be delivered straight to the chemist so the patient could collect medicines directly from the chemist.
- The practice adopted the palliative care Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching their end of life.
- A daily phlebotomy (blood taking) service was provided with multiple collections on some days, including weekends.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives.
- The practice promoted a counselling service and referrals were made for those requiring drug and alcohol treatment.
- Minor surgery was carried out by all the GPs at the practice. This included joint injections, and drainage of cysts and abscesses.
- For patients with a poor history of compliance the practice ensured that monthly medicine trays were arranged.
- There was a walk in clinic on a Monday morning whereby patients were seen on a first come, first seen basis.
- The practice worked closely with a local school and each year students would draw pictures to demonstrate health promotion. There would be a winner and two runners up each year and their pictures were displayed in the practice waiting room. The prize winners were awarded with book tokens from the practice for their efforts.

Access to the service

The practice was open at the following times:

- Monday 8am to 1pm and 1.45pm to 6pm
- Tuesday 8am to 1pm and 1.45pm to 6pm
- Wednesday 6.45am to 1pm and 1.45pm to 5pm
- Thursday 6.45am to 1pm and 1.45pm to 6pm
- Friday 8am to 1pm and 1.45pm to 6pm

Appointments were available during these hours. Urgent appointments were available on the same day. There was a locally agreed contract in place with Care UK the out of hour's provider to answer calls from patients when the practice was closed.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they

Are services responsive to people's needs?

(for example, to feedback?)

could access care and treatment was in line with local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average of 79% and national averages of 73%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at four formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We could not see evidence that the complaints were discussed at practice meetings. However staff we spoke with told us they were discussed at the meetings. As a result of complaints about the phone system the practice had implemented a new telephone system whereby reception staff could take calls in the back office as well as the main office during busy periods.

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 values which were embedded at all levels across the practice. The aim of the practice was to provide a high standard of medical practice and care and to treat patients with dignity and respect. The core values were embedded in the team.

The practice was based in a purpose built premises with a rolling programme of decoration and improvements in place. For example at the time of our inspection the chairs in the waiting room were being re-upholstered.

Governance arrangements

We found that the practice had governance systems in place but they could benefit from being strengthened.

- The practice had a number of policies and procedures in place to govern activity. There were named GPs and nurses in most lead roles. However we did find that not everyone in the practice was aware who the infection control or safeguarding lead was. We did not feel that patients were at risk as the staff we spoke with always escalated concerns to the duty GPs.
- There were arrangements in place for identifying, recording and managing risk. However at the time of the inspection not all risks had been identified. There was no legionella risk assessment, prescription stationery was not being tracked through the practice, some staff had not received safeguarding training, fire safety and evacuation procedures needed a review and regular infection control audits were not taking place.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at practice meetings. Current results were 97% of the total number of points available which was the same as the CCG average and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.

- The practice held weekly clinical meetings and monthly practice meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

Leadership, openness and transparency

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). 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 people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, the phlebotomist was encouraged to undertake training and following this was now working as a healthcare assistant (HCA).

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was a developing Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with two members of the PPG during the inspection.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, they had made suggestions about commuter clinics. This was implemented by the

Are services well-led?

Good 

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

practice as it offered extended hours on Wednesdays and Thursdays. They also suggested the walk in clinic on a Monday morning whereby patients were seen on a first come, first seen basis.

The practice had gathered feedback from staff through practice meetings and generally through staff meetings,

appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA 2008 (Regulated Activities)
Maternity and midwifery services	Regulations 2010 Cleanliness and infection control
Surgical procedures	The practice had not carried out a Legionella Risk Assessment.
Treatment of disease, disorder or injury	Regulation 12(1)(2)(a)(b)