Jubilee Health Centre

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Jubilee Health Centre on 9 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. We also carried out enforcement actions which required the practice to provide a report outlining what actions they were going to take to meet legal requirements'.

On the 22 May 2017 we carried out a focused follow up inspection to check whether the practice had carried out their plans' to meet the legal requirements' as set out in the enforcement actions which detailed breaches in regulations identified in our January 2017 inspection.

The full comprehensive report on the January 2017 inspection and focused follow up report on the 22 May 2017 inspection can be found by selecting the 'all reports' link for Jubilee Health Centre on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 26 September 2017. Overall the practice continues to be rated as inadequate.

Our key findings were as follows:

- The practice did not operate an effective recall or checking process for patient's prescribed high-risk medicines to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Consultation notes were not comprehensive, there were missed opportunities to assess patients who were over using their medicines and care plans lacked detail.
- Systems were in place for reporting and recording significant events. Individual staff were able to explain learning from incidents; however, documents we viewed did not show evidence of shared learning or actions taken in response to safety incidents.

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- The practice operated a system to ensure vaccinations in clinical rooms were within their expiry dates. However, a system for monitoring the content of the GP's bag was not established and we found an out of date medicine.
- The practice demonstrated compliance with relevant patient safety alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). However, were unable to demonstrate systems to ensure compliance with local alerts.
- Data from the latest published Quality and Outcomes Framework showed variations in patient outcomes compared to the national average. Unverified data provided by the practice showed progression in achieving 2016/17 QOF targets.
- The practice was able to demonstrate how they had used clinical audits in some areas to improve outcomes for patients and the quality of the service provided. However, systems for monitoring whether actions aimed at achieving quality improvement had been carried out were not established.

- Data from the July 2017 national GP patient survey showed patients satisfaction in some areas had declined since our previous inspection. Staff was aware of survey results and made changes in some areas to improve patient satisfaction.
- Care Quality Commission comment cards we received as part of our inspection showed patients felt they were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. However, some comments highlighted difficulties in making appointments.
- 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.
- The practice had a leadership structure and staff felt supported by management. However, we found the leadership structure lacked ownership or joint approach to address gaps where improvements where needed. There were areas where governance arrangements were not established, effectively operated or implemented. For example, the practice did not operate effective systems to monitor whether relevant nationally recognised guidance were being followed.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, management of medicines, ensuring relevant nationally recognised guidance are implemented and followed to reflect best practice to improve patients care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Continue to encourage patients to attend national screening programmes such as breast cancer screening.
- Continue to monitor and ensure ongoing improvement to patient satisfaction in line with local and national averages.
- Ensure effective methods are established for sharing learning from incidents.
- Establish a system for distributing local safety communication with relevant staff within the practice.
- Establish a system for monitoring the content of GPs bag and ensure medicines are within manufacturers' expiry date.

This service was placed in special measures in January 2017 Insufficient improvements have been made such that there remains a rating of inadequate for providing safe and well-led services. Therefore, we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not

Summary of findings

enough improvement, we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of managing risks, infection control, ensuring compliance with safety alerts as well as nationally recognised guidelines were not adequate. The arrangements for medicines including, emergency medicines and vaccines in the practice was not effective enough to ensure that patients were kept safe.

Some arrangements had improved when we undertook a follow up inspection on 26 September 2017. However, ongoing actions to address and improve patient outcomes had not been fully embedded. Therefore the practice remains to be rated as inadequate for providing safe services.

- There were areas of medicine management which the practice were unable to demonstrate they had followed nationally recognised guidance or carried out reviews in line with patients care and treatment assessments.
- Audits to ensure prescribing was in line with best practice guidelines for safer prescribing and consultation notes were not being conducted at a sufficiently short interval.
- The practice operated an effective system to ensure vaccinations in clinical rooms were within their expiry dates. However, a system for monitoring the content of GPs bag was not established and we found an out of date medicine.
- There was a system in place for reporting and recording significant events. For example, the practice used patient safety and risk management software to record safety incidents. Individual staff we spoke with was able to explain learning from incidents.
- The practice were able to demonstrate compliance with relevant patient safety alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). However, the practice did not operate a system for ensuring compliance with local alerts and staff were unable to confirm receipt of local safety communications which required a review of the call and recall system.
- An effective system for ensuring a list of patients with safeguarding concerns remained up to date had not been established and alerts were not always being placed on patient's records.

Summary of findings

Are services effective?

Inadequate

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of ensuring compliance with national guidelines needed improving. The practice was not effectively using the information collated from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.

These arrangements had improved in some areas when we undertook a follow up inspection on 26 September 2017. However, the improvements had not gone far enough to ensure delivery of effective services. Therefore, the provider is now rated as inadequate for providing effective services.

- Staff had the skills, knowledge and experience to deliver care and treatment. However, some staff were unable to demonstrate how they applied their, skills, knowledge and experience to their daily clinical practice. Clinicians were not always able to demonstrate that they had assessed needs and delivered care in line with national guidelines. For example, care plans and consultation notes for some medical conditions lacked detail.
- Although the practice engaged in some quality improvement activities, there was limited evidence that audits were driving improvement in patient outcomes. For example, systems to monitor the completion of actions aimed at achieving quality improvement had not been established.
- Data from the latest Quality and Outcomes Framework 2015/16 showed variations in patient outcomes compared to the national average. Unverified data provided by the practice showed improvement in achieving 2016/17 QOF targets.
- There was evidence of appraisals and personal development plans for all staff.
- Multidisciplinary working with other health care professionals was taking place to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

At our previous inspection on 9 January 2017, we rated the practice as good for providing caring services. When we carried out our inspection on 26 September 2017, we found the delivery of caring services had declined in some areas. As a result, the practice requires improvement for providing caring services.

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- Data from the July 2017 national GP patient survey showed patients satisfaction in some areas such as consultations with clinical staff had declined since our previous inspection. Staff were aware of survey results and made changes in some areas to improve patient satisfaction.
- Completed Care Quality Commission comment cards we received showed that patient felt 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 within the practice and through, the practice web site.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 2% of patients on the practice list as carers. There was a carers' corner within the reception area, which provided carers with a wide range of comprehensive information about support services.

Are services responsive to people's needs?

Good

At our previous inspection on 9 January 2017, we rated the practice as good for providing responsive services. We found that the practice is still rated as good for providing responsive services when we carried out our inspection on 26 September 2017.

- Staff worked with neighbouring practices to respond to the needs of their local population. For example, the practice continued improving accessibility by allowing patients to access appointments at two neighbouring practices.
- Patients comments from the completed Care Quality Commission comment cards we received during the inspection showed that some patients found it hard make an appointment. Staff explained reception rotas had been reviewed to enable increased staffing levels during busy periods.
- Data from the July 2017 national GP patient survey showed areas where patient satisfaction had declined since our previous inspection such as opening hours. The practice was aware and addressing areas where patient satisfaction was below local and national averages.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

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Are services well-led?

Inadequate

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing well-led services as the lack of clinical leadership impacted on the GP partners' ability to work effectively together to achieve high quality care. These arrangements had improved in some areas when we undertook a comprehensive follow up inspection on 26 September 2017. However, we found that patients remained exposed to risks due to the lack of effective clinical leadership; therefore, the provider continues to be rated as inadequate for providing well-led services.

- Although the practice had an overarching governance framework, we saw areas where systems and processes were not effectively operated. The practice did not establish effective arrangements to monitor and improve the quality of the service. In particular, monitor whether relevant nationally recognised guidance were being followed.
- The practice operated a system for managing patient safety alerts such as alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, a system for sharing local communication had not been established and we saw evidence where local recommendations had not been actioned.
- Regular practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. However, effective systems for sharing learning from incidents had not been established.
- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff we spoke with as part of the inspection was clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activities. However, systems and actions to improve clinical performance were not governed effectively.
- The practice sought feedback from staff. Although the practice did not have an active patient participation group (PPG) we saw alternative measures in place in order to seek feedback from patients.

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

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population. All patients had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Members of the clinical team visited local nursing and care homes to provide patient care, older patients were offered carers support if needed.
- The practice provided health promotion advice and literature which sign-posted patients to local community groups and charities such as Age UK.
- The practice was accessible to those with mobility difficulties.

People with long term conditions

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was comparable to the local and national average.
- All these patients had a named GP and 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.
- Staff we spoke with explained that the practice offered a range of services in-house to support the diagnosis and monitoring of patients with long term conditions. These included spirometry, phlebotomy (taking blood for testing).
- The practice were unable to demonstrate how they followed recognised asthma pathways.
- Unverified data from the 2016/17 QOF year provided by the practice showed the percentage of patients with atrial

Summary of findings

fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy has improved from 68% to 96%, compared to CCG average of 86% and national average of 87%; with a zero percent exception reporting rate.

Families, children and young people

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- 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. However, systems for ensuring the practice safeguarding list remained up to date and to ensure alerts were being placed on patients records were not effective.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations. Eight week baby checks were undertaken and patients who missed appointments were recalled and referred to the Health Visiting Team following three missed appointments.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 81%. Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as inadequate overall affected all patients 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

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- The practice offered travel vaccinations available on the NHS and staff sign posted patients to other services for travel vaccinations only available privately such as yellow fever centres.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.
- Data from the July 2017 national GP patient survey indicated that the practice was below local average regarding opening times; experience and convenience of making appointments.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as requiring inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients; staff explained that vulnerable patients who lived alone were signposted to carers support services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we spoke with 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. However, staff was not always applying alerts to patient records which notified staff of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services. The issues identified as inadequate overall affected all patients including this population group.

- 95% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG and national average of 84%. Unverified data from 2016/17 QOF year showed

exception reporting rate had reduced from 17% to 3% compared to CCG and national average of 7%. However, an anonymised sample of care plans we viewed were not comprehensive and lacked detail.

- QOF data showed performance for mental health related indicators was comparable to the national average. For example, 90% had a care plan documented in their record in the preceding 12 months, compared to the CCG average of 91% and national average of 89%.2016/17 unverified data provided by the practice showed performance was 81%,exception reporting rate improved from 55% to 0%, compared to CCG average of 15% and national average of 13%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. For example, the practice offered a counselling service for anxiety and depression, where a counsellor visited the surgery.
- Staff we spoke with explained that patients experiencing poor mental health were told about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

When we carried out our inspections in January 2017 we looked at the results from the July 2016 national GP survey which at the time of the inspection was the most resent published data. These results showed patient satisfaction was above or at local and national averages in most areas.

The most recent national GP patient survey results were published on 6 July 2017. The results showed improvements in some areas as well as areas where patient satisfaction had declined compared with local and national averages. A total of 306 survey forms were distributed and 107 were returned. This represented a 35% response rate, compared to the national average of 38% and approximately 2% of the total practice population.

- 74% of patients described the overall experience of this GP practice as good compared with the CCG average of 77% and the national average of 85%. This showed an increase of 13% since the previous inspection.
- 54% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 57% 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 65% and national average of 77%. This showed a 22% decline in patient satisfaction.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, which were mainly positive about the standard of care received. Staff was described as caring, helpful, friendly and supportive. However, we received six less positive comments which relates to difficulties accessing appointments.

Data provided by the practice from the August 2017 friends and family test showed that 51 patients completed the survey, 78% of patients who completed the survey would recommend the practice to a friend or family.

Areas for improvement

Action the service MUST take to improve

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular, management of medicines, ensuring relevant nationally recognised guidance are implemented and followed to reflect best practice to improve patients care and treatment.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Continue to encourage patients to attend national screening programmes such as breast cancer screening.
- Continue to monitor and ensure on going improvement to patient satisfaction in line with local and national averages.
- Ensure effective methods are established for sharing learning from incidents.
- Establish a system for distributing local safety communication with relevant staff within the practice.
- Establish a system for monitoring the content of GPs bag and ensure medicines are within manufacturers' expiry date.

Jubilee Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Led by a CQC Lead Inspector**.** The team included a second CQC Inspector, a GP specialist adviser and a practice nurse specialist adviser.

Background to Jubilee Health Centre

Jubilee Health Centre is located in the heart of Wednesbury Town, West Midlands within easy reach of the bus station, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Jubilee Health Centre is above the national average, ranked at two out of 10, with 10 being the least deprived (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between 45 to 59 and 70 to 85 and over, and has a below average practice population aged between 20 to 24 and 30 to 44. Based on data available from Public Health England, the Ethnicity estimate is 2% Mixed, 13% Asian and 3% Black.

The patient list is approximately 4,320 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG to deliver primary care services to the local community.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, childhood immunisations.

The surgery is situated on the ground floor of a multipurpose building shared with other health care providers. On-site parking is available for patients who display a disabled blue badge and for cyclists. Patients without a disabled blue badge are able to access local pay and display parking facilities. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice staffing comprises of two male GP partners, one male locum GP, a part time practice nurse, one health care assistant, a practice manager, an administrator, five receptionists and one senior receptionist.

The practice is open between 8am and 7.15pm on Mondays, 8am to 6.30pm on Tuesdays, and Fridays, 8am to 8pm Wednesdays and 8am to 3pm on Thursdays.

GP consulting hours are from 8am to 7.15pm on Mondays, 8am to 6.30pm on Tuesdays, and Fridays, 8am to 8pm Wednesdays; 8am to 2pm on Thursdays. There are arrangements in place with a neighbouring practice where patients are able to access appointments on Thursdays from 3pm to 4pm and Saturdays from 3pm to 4pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time, NHS 111 provides services.

Why we carried out this inspection

We undertook a comprehensive inspection of Jubilee Health Centre on 9 January 2017 under Section 60 of the

Detailed findings

Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 19 May 2017. We undertook a follow up inspection on 22 May 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the May 2017 inspection can be found by selecting the 'all reports' link for Jubilee Health Centre on our website at www.cqc.org.uk.

This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

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 26 September 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, a health care assistant, receptionists and a practice manager.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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.

Inadequate

Are services safe?

Our findings

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of managing risks, infection control, ensuring compliance with safety alerts as well as nationally recognised guidelines were not adequate. The arrangements for medicines including, emergency medicines and vaccines in the practice was not effective enough to ensure that patients were kept safe

These arrangements had improved in some areas when we undertook a follow up inspection on 26 September 2017. However, ongoing actions to address and improve patient outcomes had not been fully embedded. Therefore the practice remains rated as inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed.
- The practice recorded fiveincidents in the past 12 months. From the sample of four incidents we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, and were told about any actions to improve processes to prevent the same thing happening again.
- A description of each recorded incident was discussed during internal meetings. Individual staff members we spoke with were able to explain actions taken and learning from incidents.
- Staff explained that a yearly analysis to monitor trends in significant events and evaluate any action taken to reduce the risks to patients was scheduled for November 2017.

We reviewed the management of safety alerts, such as local alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated national safety alerts throughout the practice. The practice worked with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, we looked at a random sample of alerts received during June 2017 and saw that the practice responded appropriately to ensure compliance with guideline recommendations. However, staff we spoke with were unable to demonstrate receipt of a local communication from NHS England responsible officer which required practices to review their call and recall system to ensure processes remained effective in order to maximise uptake of required vaccinations.

Overview of safety systems and process

The practice had systems, processes and practices in place to minimise risks to patient safety. However, some systems were not operated effectively.

- There was a lead member of staff for safeguarding. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies. However, the practice did not operate an effective system for identifying patients at risk. For example, staff showed us an anonymised list which was created in 2015 of patients with safeguarding concerns. We saw that not all patients on the list had safeguarding alerts on the practice system. We also found that patients who recently had alerts placed on their records were not included on the practice safeguarding list. Following the inspection, the practice provided evidence of an updated safeguarding list and confirmed that alerts were placed on clinical records of all at risk patients.
- Arrangements such as policies for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.

Inadequate

Are services safe?

- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses had received child safeguarding level three and safeguarding adults level two training. Non-clinical staff were trained in child safeguarding to an appropriate level.
- 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 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 practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. An external infection control specialist undertook annual IPC audits. The practice scored 100% compliance in their July 2017 IPC audit and we saw evidence that action was taken to address any improvements identified as a result.
- We checked vaccination fridges and saw that they were adequately stocked, there was good stock rotation; plugs were not accessible and the fridges were clean and tidy. Vaccination fridge temperatures were effectively monitored and documentation we viewed showed that temperatures were being recorded correctly.Since our previous inspection, the practice obtained a data logger as a backup system to ensure more effective monitoring of temperatures.
- Records demonstrated that appropriate staff were up to date with immunisations recommended for staff who were working in general practice. The practice received signed declarations and carried out risk assessments for non-clinical staff that declined the uptake of recommended immunisations.

The arrangements for managing medicines did not provide assurance that patients were always being kept safe. For example:

- During our previous inspection, we found that the practice did not establish or operate an effective system to ensure the review of high risk medicines were completed before issuing a repeat prescription. Following our previous inspection, the practice received support from Sandwell Clinical Commissioning Group (CCG) and when we visited the practice in May 2017, we found that they were making progress towards achieving effective management of high-risk medicines. However, during our September 2017 inspection, we found that systems were not fully embedded and there were a number of missed opportunities to carry out medicine reviews. For example, from an anonymised sample of clinical records viewed, we saw over-prescribing of some medicines and in other cases clinicians were unable to provide assurance that they knew the required blood monitoring results were acceptable before generating repeat prescriptions. Audits we viewed had not identified the patients who were over prescribed some medicines.
- Staff explained that the practice received support from the local CCG medicines management team. However, processes to audit patients prescribed high-risk medicines to ensure they were being monitored appropriately were not being conducted at a sufficiently short interval to provide assurance that prescribing was in line with best practice guidelines for safer prescribing. For example, documents we viewed showed that the practice carried out a search of a specific medicine in January 2017 and then nine months later in September 2017.
- We spoke with the nursing team who demonstrated a call and recall system and actionstaken to identify patient groups at risk of developing life-threatening infections.
- The practice used the electronic prescription service for patients who signed up to the service. Prescription stationery within the practice such as blank prescription forms and pads were securely stored. However, systems to monitor their use were not effective. For example, we saw a large amount of prescription pads securely stored, but a log of serial numbers was not maintained. Staff we spoke with explained that stock levels had

accumulated over the years. During the inspection, staff contacted the CCG to arrange collection of surplus prescriptions and created a form to track stock levels and use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan, which identified how staff could support patients with mobility problems to vacate the premises.
- We saw that all electrical and clinical equipment was checked and calibrated by a professional contractor to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. However, there was no system in place to monitor the content of GPs bag and we found an out of date medicine.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff explained that the plan was accessible on the practice computers; hard copies were located in the reception office as well as accessible on a mobile phone application.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of ensuring compliance with national guidelines needed improving. The practice was not effectively using the information collated from the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.

These arrangements had improved in some areas when we undertook a follow up inspection on 26 September 2017. However, the improvements had not gone far enough to ensure delivery of effective services. Therefore, the provider is now rated as inadequate for providing effective services.

Effective needs assessment

Clinicians were mainly aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Since our previous inspection, the practice received support from a professional membership body that assisted the development of systems to keep all clinical staff up to date with national guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, members of the clinical team we spoke with were unable to explain what asthma management plans were being used and were unaware of how to access support services or resources.
- Although clinician's monitored guidelines were followed through audits, they did not carry out random sample checks of patient records and did not establish a system of regular searches to ensure prescribing remained within suggested guideline recommendations.
- Consultation notes we viewed did not show a comprehensive account to demonstrate whether appropriate assessments had been carried out. As a result, from the notes we viewed, clinicians' we spoke with were unable to provide assurance that another member of the clinical team would be in a position to safely and effectively carry on the management of patients seen.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published QOF results (2015/16) showed the practice achieved 93% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

Overall exception rates were comparable to CCG and national averages. For example, 9%, compared to CCG and national average of 6%. However, exception reporting rates for some individual clinical indicators were significantly higher than the CCG or national averages. We looked at the practice exception reporting and saw that staff were following established protocols, which showed appropriate decision making to remove patients from QOF calculations (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice overall QOF (or other national) clinical targets was comparable to local and national averages. Data from 2015/16 showed areas where the practice performance was either above, comparable or below local and national averages**.** The practice provided unverified data from the 2016/17 QOF year which demonstrated areas where exception reporting rates had improved. For example:

- 76% of patients had a HBA1C (measure of how well diabetes is being controlled) reading within a specific range in the preceding 12 months compared to CCG average of 77% and national average of 78%. The practice provided 2016/17 unverified data which showed performance was 71%.
- 73% of patients diagnosed with diabetes had a blood pressure reading within a specific range compared to CCG and national average of 78%. Unverified data from the 2016/17 QOF year showed performance improved to 74%.
- Performance for mental health related indicators was comparable to the national average. For example, 90% had an agreed care plan documented in their record in the preceding 12 months, compared to the CCG average

of 91% and national average of 89%.With an exception reporting rate of 55%, compared to CCG average of 15% and national average of 13%. Unverified data from the 2016/17 QOF provided by the practice showed that performance was 81% with a 0% exception reporting rate.

- Unverified data from the 2016/17 QOF year provided by the practice showed the percentage of patients with atrial fibrillation (an irregular and sometimes fast pulse) treated using recommended therapy improved from 68% to 96% compared to CCG average of 86% and national average of 87%; with a zero per cent exception reporting rate.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using recognised methods was 92%, compared to CCG average of 89% and national average of 90%. With an exception reporting rate of 31%, compared to CCG average of 13% and national average of 12%. 2016/17 unverified data showed at the time of the inspection performance was 59%, with an exception reporting rate of 9%.
- 95% of patients diagnosed with dementia had their care plan reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016), compared to CCG and national average of 84%. With an exception reporting rate of 17% compared to CCG and national average of 7%. Unverified data from 2016/17 QOF year showed exception reporting rate had reduced to 3%.

Some staff we spoke with were aware of the practice performance and were able to demonstrate actions taken to improve areas of poor performance. For example, a member of clinical staff was booked onto a course which would allow them to carry out spirometry diagnosis. We were told that this would enable the practice to improve treatment provided for this population group.

Members of the management team explained that staff received guidance on exception reporting. As a result, clinicians explained that they would review multiple missed appointments before making the decision to exclude patients. The practice was part of the Primary Care Commissioning Framework (PCCF is a framework used to commission services from GP practices to improve health and well-being). As part of the PCCF the practice received additional support from a neighbouring GP which allowed the practice to target specific clinical areas.

Previously the practice was unable to provide evidence of how they monitored and drove quality improvement. During this inspection, we saw involvement in quality improvement activities such as clinical audit:

- The practice provided evidence of three clinical audits commenced in the last 12 months. All of these were single audits which had not yet been repeated. Staff told us that the practice planned to carry out repeat audits to assess whether identified actions resulted in quality improvements.
- All relevant staff including the CCG pharmacy team were involved in clinical audits and findings were used by the practice to improve services. For example, the practice explained that they worked with the local CCG pharmacy team to carry out an audit of patients diagnosed with asthma to assess whether treatment was within recommended guidelines. The practice commenced working through a list of identified patients to arrange treatment reviews. However, we saw that actions had not been completed and the practice did not establish a system to monitor progress.
- The practice carried out an audit in August 2017 to assess whether patients treated for an irregular and sometimes fast pulse were being treated within recommended guidelines. The audit identified that patients were not always being treated in line with recommended guidelines. As a result, clinicians explained that all identified patients would be invited in for a review. A call and recall system would be established and all patients would be placed on a 12 month review cycle. Documents we viewed showed that a repeat audit to assess whether improvements have been achieved would be carried out in two months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Inadequate

Are services effective?

(for example, treatment is effective)

- 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. Furthermore, the nurses explained that they attended regular training and updating sessions, which were specifically related to reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training, which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. Members of the nursing team explained that they received updates via local nursing forums.
- 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. This included on going support, one-to-one meetings, mentoring, clinical supervision, facilitation, and support for revalidating GPs and nurses. Staff had received an appraisal within the last 12 months and we saw that staff employed for less than 12 months had a yearly appraisal scheduled.
- 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

Some information needed to plan and deliver care and treatment was available to relevant staff in an accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, medical records and investigation and test results. However, some consultation notes we viewed lacked a comprehensive record of health care assessments and an anonymised sample of dementia care plans we viewed lacked detail.
- The practice operated a system for managing correspondence received from secondary care. However, staff explained that clinicians followed different processes for managing correspondence. For example, not all clinicians were using clinical systems to its full potential.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. Meetings took place with other health care professionals on a monthly basis such as health visitors, community matrons and district nurses when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. We saw minutes of Gold Standards Framework multi-disciplinary team meetings for patients with end of life care needs.(GSF is a framework used by frontline staff to improve the quality, coordination and organisation of care for people nearing the end of their life).

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.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Inadequate

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient records audits. The practice used nationally approved consent forms such as those approved by the Royal College of General Practice (RCGP).
- Training records showed that relevant staff had completed mental Capacity Act training.

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 with long-term conditions and those at risk of developing a long-term condition such as diabetes.

- The practice provided patients access to services such as family planning, healthy lifestyle and coronary heart disease clinics. They made use of health trainers, smoking cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), bowel cancer and patients with learning disability. Staff explained that longer appointments were offered to patients on the learning disability register.
- There was a range of health promotion information displayed in the practice to support patients. Information and links to local services was also available on the practice website.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders and follow up invitation letters for patients who did not attend for their cervical screening test. Staff we spoke with explained the failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice referred patients to secondary care services or accessed a neighbouring practice to ensure patients had access to a female sample taker.

The practice demonstrated how they encouraged patients to attend national screening programmes for bowel and breast cancer screening by using information in different languages and for those with a learning disability.

Data showed that the practice was performing comparable to local and national average for the uptake of national screening. For example, 2015/16 data showed:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) was 71% compared to CCG average of 66% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 0% compared to CCG average of 65% and national average of 73%. We discussed this with the practice and were provided with 2017 unverified data which showed 598 were invited for screening and 60% attended.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) was 48%, compared to CCG average of 45% and national average of 57%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %) was 48%, compared to CCG average of 42% and national average of 56%.

Staff explained that they received notifications regarding patients who had not returned their testing kit. Staff provided evidence of letters, which had been sent to identify patients. The letter included information leaflets and the offer to meet with a clinician for further discussion if appropriate. We were also told that when patients attended the surgery for general health related reasons the practice opportunistically discussed the benefits of screening programmes.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% which was comparable to the local and national expected coverage of 90%. Immunisation rates for Measles Mumps and Rubella (MMR) vaccinations given to five year olds was 94% for first dose and 93% for the second dose, compared to CCG averages of 94% for first dose and 86% for second dose; and national averages of 94% for first dose and 88% for second dose.

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.

Requires improvement

Are services caring?

Our findings

At our previous inspection on 9 January 2017, we rated the practice as good for providing caring services. When we carried out our inspection on 26 September 2017, we found the delivery of caring services had declined in some areas. As a result, the practice requires improvement for providing caring services.

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 we spoke with knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff explained that patients had access to clinicians at a neighbouring practice where they could be treated by a clinician of the same sex.

Most of the 27 completed Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a professional service and staff were helpful, caring, understanding and treated them with dignity and respect.

Results from the 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. There was a variation of above and below average performance for its satisfaction scores on consultations with GPs, nurses and patients interactions with receptions staff. There were also areas where patient satisfaction had declined since our January 2017 inspection. For example:

- 76% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%. This shows a decline of 10% since our previous inspection.
- 76% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 86%. This shows a decline of 16% since our previous inspection.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 68% 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 national average of 86%. This demonstrates a decline of 24% since our previous inspection.
- 88% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 95% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 95% and national average of 97%.
- 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 85% and national average of 91%. This demonstrates a decline of 9% since our previous inspection.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%. This demonstrates a decline of 13% since our previous inspection.

The practice was aware of the national GP survey data and staff explained improvements made to improve some areas which were below local and national averages. However, when asked, staff were unable to provide evidence of actions taken to improve patient satisfaction with consultations and interaction with GPs.

Staff we spoke with explained that in order to obtain a more up-to-date view of patient satisfaction they had developed a patient questionnaire which staff had commenced handing out over a one-week period during June 2017. 18 patients completed survey forms, which showed that 87% of patients were satisfied with the service provided by nurses and 93% were satisfied with GPs.

Requires improvement

Are services caring?

Care planning and involvement in decisions about care and treatment

Staff we spoke with were able to demonstrate how they ensured children and young people were treated in an age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

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

- 63% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%. This shows a decline of 18% since our previous inspection.
- 65% 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 national average of 82%. This shows a decline of 18% since our previous inspection.
- 85% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 80% 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 national average of 85%. This shows a decline of 13% since our previous inspection.

Staff were aware of this data and explained that they found since the employment of new clinical and non-clinical staff over the last 12 months verbal feedback from patients was more positive. However, a targeted plan to address patient satisfaction with GP consultations had not been established.

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. A translate page and fact sheets for Non-English speaking patients were accessible through the practice web site.
- Information leaflets were available in easy read format, and we saw notices in reception advising patients that leaflets were available in different languages.
- The E-Referral service was used with patients as appropriate. (E-Referral service is a national electronic referral service, which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- Various leaflets were located in the reception area as well as the practice website, which provided patients with a variety of information, such as self-help services.
- Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (2% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Written information was available to direct carers to the various avenues of support available to them. Staff we spoke with told us that carers had access to annual health checks, flu vaccinations and a stress levels review. Unverified data provided by the practice showed that 54% had received a flu vaccination in the past two years.

Staff told us that if families had suffered bereavement, their usual 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 to provide advice on how to access support services. Posters and information leaflets regarding various support services were located in the practice reception area as well as the practice web site.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 9 January 2017, we rated the practice as good for providing responsive services. We found that the practice is still rated as good for providing responsive services when we carried out our inspection on 26 September 2017.

Responding to and meeting people's needs

The practice were aware of the population profile, which enabled understanding of the impact of being located in a neighbourhood of high levels of deprivation and the ethnicity build-up of registered patients. The practice had used this understanding and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services to meet the needs of its population. For example:

- The practice were part of Sandwell and West Birmingham CCG Federation (a group of practices and primary care teams working together, sharing responsibility for developing and delivering high quality, patient focussed services for their local community). Staff we spoke with explained that the practice also worked in partnership with Primary Care Commissioning Framework (PCCF) where they worked jointly to improve access. For example, patients were able to access appointments at a neighbouring practice as part of PCCF on Thursdays from 3pm to 4pm and Saturdays from 3pm to 4pm; access to a female GP were available during these times.
- The practice offered extended opening for appointments on Mondays from 8am to 7.15pm and Wednesdays from 8am to 8pm for patients who could not attend during normal weekday opening hours. In addition, as part of the PCCF the practice were able to offer eight additional appointments per week from 6.30pm to 8pm Mondays to Fridays at two neighbouring practices'.
- The practice made use of information technology to improve patient access. For example, there was online access to clinical records and prescription requests for patients who signed up to the service as well as online appointment bookings.
- Staff explained that the practice encouraged patients to use electronic prescription services (EPS is a service which enables prescribers to send prescriptions electronically to a pharmacy of the patient's choice).
- The practice also offered patients the option of opting into summary care records (a system which provides healthcare professionals treating patients in different care settings with faster access to key clinical information). Patients were able to book telephone consultations throughout the day.
- 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. Clinicians visited patients in local nursing homes.
- Same day appointments were available for children and those patients with medical needs that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines, which were only available privately.
- The practice had a hearing loop and made use of translation services when needed. Staff told us that if patients had any special needs this would be highlighted on the patient system.
- There were disabled facilities and the premises were accessible for pushchairs and wheelchairs. Baby changing facilities were available and a notice displayed offered patient privacy for breast feeding
- Patients with no fixed abode were able to register at the practice and there were policies and procedures in place to support this.
- A range of diagnostic and monitoring services including spirometry, phlebotomy, ambulatory and home blood pressure monitoring were available at the practice for the convenience of patients.
- The practice participated in national screening program for Chlamydia testing. Clinics were offered one evening per week aimed at young people aged between 17 to 24.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice is opened between 8am to 7.15pm on Mondays, 8am to 6.30pm on Tuesdays, Thursdays and Fridays, 8am to 8pm Wednesdays. The practice has opted

Good

Are services responsive to people's needs?

(for example, to feedback?)

out of providing cover to patients during the out of hour's period. During this time, services are provided by NHS 111 and Primecare. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was either above or below local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 76%. This shows a decline of 12% since our previous inspection.
- 64% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 71%.
- 76% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 67% of patients said their last appointment was convenient compared with the CCG average of 72% and the national average of 81%.
- 54% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 55% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Staff we spoke with discussed that they were aware of low patient satisfaction relating to opening hours, appointment access and waiting times. Staff considered the impact current surgery opening times were having on patient satisfaction and explained raising patients awareness regarding the availability of double appointments when presenting with more than one symptom. Staff also explained that as part of the PCCF the practice was able to offer eight extra appointments, which were accessible at two neighbouring practices. We were told the practice were no longer reliant on bank staff as they recruited a full time practice nurse as well as more reception staff to support existing receptionists.

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.

Staff we spoke with advised us that patients who requested a home visit would be triaged by a GP. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits.

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 that information was available to help patients understand the complaints system For example, posters were displayed, leaflet were available for patients to take away and the practice had a suggestion box which staff checked on a regular basis. Patients were also able to provide feedback via the practice web site.

The practice had received 16 complaints in the last 12 months. Complaints records showed a common theme of issues relating to appointment availability and phone access. We looked at three of these complaints in detail and found they were dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, to improve phone access the practice increased staffing levels during busy periods to reduce delays in answering the phone.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 9 January 2017, we rated the practice as inadequate for providing well-led services as the lack of clinical leadership impacted on the GP partners' ability to work effectively together to achieve high quality care. The lack of overarching governance structure led to ineffective systems and processes to assess; manage risks as well as support the delivery of good quality care.

We issued a warning notice in respect of these issues and found the practice were making some progress to improve when we undertook a focused follow up inspection of the service on 22 May 2017.

These arrangements had improved in some areas when we undertook a comprehensive follow up inspection on 26 September 2017. However, we found that patients remained exposed to risks; therefore, the provider continues to be rated as inadequate for providing well-led services.

Vision and strategy

Although the practice had a vision to deliver high quality care and promote good outcomes for patients; the lack of effective leadership affected the GP partners' ability to reduce patients' exposure to risk. As a result, the practice was unable to demonstrate the delivery of high quality care for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff we spoke with on the day knew and understood the values.
- Although the practice had a strategy and supporting business plans, which reflected the practice vision and values, the GP partners did not establish an effective governance framework or action plan to address systems which were not being operated effectively. For example, concerns within the practice regarding clinicians' ability to operate clinical systems effectively had not been addressed. Therefore, this affected the practice ability to demonstrate how they worked in line with their mission statement; visions and values to deliver safe and effective care.

Governance arrangements

Since our previous inspection, we found the practice's governance arrangements had improved in some areas. However, there were areas where the practice was unable to demonstrate effective systems address performance related issues and associated risks. This meant systems and processes to assess; manage risks and enable the delivery of good quality care were not effectively established or embedded. For example:

- Since our January 2017 inspection, the practice received support to improve systems and processes. However, during our September 2017 inspection, we saw that systems were not fully embedded. For example processes to audit patients prescribed high risk medicines to ensure they were being monitored appropriately were not being conducted at a sufficiently short interval to ensure relevant nationally recognised guidance were being followed.
- The local CCG carried out a search which identified patients who were being over prescribed medicines. The practice did not establish an effective system to monitor whether actions to recall patients had been completed. As a result, we saw incomplete actions.
- Following our previous inspection, the practice establish a process for managing safety alerts such as medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). However, processes to ensure clinicians shared and actioned local alerts had not been established.
- Practice specific policies were available to all staff. However, governance arrangements such as assurance measures to ensure national guidelines were being followed and systems to improve some areas where patient satisfaction was below local and national averages had not been established.
- Staff explained that regular practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. However, an effective system for sharing learning from incidents with the entire team had not been established.
- There were some appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, health and safety risk assessments were in place, arrangements to deal with emergencies and major incidents had been established. However, systems for monitoring expiry dates of medicines kept in GPs bags

Are services well-led?

Inadequate

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

had not been established. The practice did not operate an effective system for maintaining an accurate list of vulnerable patients ensuring alerts to identity these patients were in place.

Leadership and culture

Staff we spoke with during our inspection was committed and working towards achieving required actions to improve delivery of high quality service. However, we found that the leadership structure lacked ownership or a coherent and proactive approach to address gaps and achieve service improvements where needs were identified. Therefore, this outweighed examples of good practice. This resulted in poor systems and processes to reduce patients' exposure to risks and monitor the quality of the service, which affected the ability to effectively manage the service safely.

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

- We were told that the practice would gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings and we saw documentations to support this.
- 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.
- Staff said they felt respected, valued and supported by the management team. All staff was involved in discussions about how to run and develop the practice, and the managers 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. We were told that the sine our January 2017 inspection, the practice counted encouraging patients to join the patient participation group (PPG). For example, we saw posters in the reception area and information regarding the group was available on the practice website. However, the practice did not have an active group and although we were told during our previous inspection that members of the management team would be looking into the possibilities of starting a virtual PPG this had not been established. Staff we spoke with explained that letters would be sent out to patients who showed an interest in joining the PPG inviting them to attend a meeting.

The practice sought patients' feedback and engaged patients in the delivery of the service through internal surveys and operated a suggestion box. For example, since our previous inspection the practice carried out an internal survey; however this only focused on services provided by the clinical team.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with 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.