Dr Hedathale Anantharaman

Quality Report

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Date of inspection visit: 3 February 2015
Date of publication: 26/03/2015

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?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hedathale Anantharaman's practice on 3 February 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe and effective services, being responsive and well led. It was also inadequate for providing services for the six population groups we reviewed. Improvements were also required for providing caring services.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example there was insufficient staffing for the smooth running of the service and to fully meet the needs of patients. The risks of unforeseen circumstances which might impact on the running of the service had not been identified or appropriately managed.
- Staff were not clear about reporting incidents, near misses and concerns and there was little evidence of learning from these.
- There was insufficient assurance to demonstrate people received effective care and treatment. Multidisciplinary working took place but care and treatment for those with long term conditions was largely opportunistic. Audits were not used effectively to drive service improvement.
- Patient feedback indicated that patients were satisfied with the service received and that staff treated them with respect and dignity. However arrangements seen did not fully support this.
- Patients were satisfied that they could get appointments on the same day. However they were not able to book in advance or on line if they wanted to which made it difficult for those with working or other commitments.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

Summary of findings

The areas where the provider must make improvements are:

- Implement effective systems for the management of risks to patients and others against inappropriate or unsafe care. This should include arrangements for managing safety alerts, unforeseen events, equipment, premises, fire safety, staffing and recruitment.
- Implement robust governance arrangements to ensure appropriate systems are in place for assessing and monitoring the quality of services provided.
- Regard should be made to information available and patient views in delivering services and driving improvements.
- Review staffing levels to ensure there are sufficient staff for the smooth running of the practice and the provision of safe services.
- Ensure that staff have appropriate support and the necessary training to enable them to deliver the care and work they perform.
- Ensure services are planned and delivered to meet the needs of and support the welfare and safety of service users.

The areas where the provider should make improvement are:

- Ensure audits complete their full audit cycle in order to demonstrate improvements made to practice.
- Review systems and arrangements for ensuring patients' privacy and dignity and implement changes needed to ensure it is not compromised.
- Review systems for identifying and supporting patients who need emotional and other support in relation to their health and wellbeing and caring responsibilities.
- Implement systems to ensure patients who may have difficulty accessing the service (such as language and other barriers) are able to do so.
- Review and implement systems to ensure the patient voice is heard when developing and delivering services.
- Ensure consistency in the information relating to the complaints processes to ensure they are managed in line with patient expectations.
- Review how the practice nurse provision is deployed to ensure there is choice to patients requiring access to immunisation and cytology screening services.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were not clear about the processes for reporting incidents, near misses and concerns. Few incidents were recorded that staff could learn from and make changes to improve safety. Patients were at risk of harm because systems and processes were not consistently in place or implemented well enough to ensure patients were kept safe. For example, staffing and the management of unforeseen circumstances which might impact on the running of the service. There was insufficient information to enable us to understand and be assured about safety because records were not always available to show how risks were being managed or addressed.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, and improvements must be made. Data showed patient outcomes were at or below average for the locality. National guidelines were understood and referred to but had not been discussed or disseminated among staff. There were no completed audits of patient outcomes. We saw little evidence that audits were driving improvement in performance to improve patient outcomes. Staff were not appropriately supported to ensure they had the necessary training to deliver the care and work they perform. There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required. Multidisciplinary working was taking place in the delivery of patient care.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, arrangements in place did not fully conducive with patient privacy and dignity. There was insufficient information available to help support patients and carers understand the services available to them.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services. Although the practice was aware of the needs of its local population, it did not have the capacity or plans to secure

Summary of findings

improvements for all of the areas identified. Feedback from patients indicated that they were able to obtain appointments easily and that they would be seen the same day, although it was difficult for patients to make advance appointments. The premises needed some upgrading to ensure it was equipped to treat patients and meet their needs. Patients could get information about how to complain and there was evidence that these had been appropriately investigated and responded to. However, information available to patients on expected timescales was not consistent with the practice policy.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not aware of any practice vision or strategy. The leadership structure and arrangements were insufficient to ensure the smooth running of the service and appropriately support staff. The practice had some policies and procedures to govern activity, but these were not available for all areas and they did not consistently reflect current guidance. The practice held regular practice meetings at which issues affecting the practice were discussed with staff. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had received performance reviews although these did not demonstrate that clear objectives for staff had been identified.

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 practice is rated as inadequate for the care of older people. The practice worked as part of a multi-disciplinary team to meet the needs of older patients with complex care needs including patients with end of life care needs. Information where appropriate was also shared with the out of hours service to support continuity of care. Patients identified as requiring additional support were managed through the community matron. Home visits were available to older patients who were unable to attend the practice. Data available showed the uptake of flu vaccinations for older patients was similar to other practices nationally. There was little evidence of any engagement with this patient group to identify options for improving services available for them.

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. Reviews of patients with long term conditions were usually opportunistic. Patients had continuity of care through the same GP and where needed home visits were available. Patients with the most complex needs were identified and managed under the community matron and the GP participated in multi-disciplinary team meetings to discuss the needs of these patients. However, the practice did not have any personalised care plans in place or systems for the active management of all patients with long term conditions.

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. There were some systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. However, immunisation rates were low for a number of the standard childhood immunisations. We saw evidence that children and young people were treated in an age-appropriate when assessing ability to make decisions. The premises were accessible to patients with small children but baby changing facilities were not available.

Summary of findings

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). There was a range of health promotion information displayed and some screening services such as NHS health checks and cervical cytology were available for patients in this age group but uptake was low. Although the practice offered extended opening hours for appointments on a Tuesday evening, patients could not book appointments in advance or online. There were no arrangements for people to register as temporary patients which meant students registered at another practice would not be able to get an appointment.

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice held a register for some patients living vulnerable circumstances such as those with a learning disability and had undertaken health checks for this group of patients. However there was no carers register in place to identify and signpost those with caring responsibilities to additional support available to them.

The practice worked with multi-disciplinary teams in the case management of vulnerable people with complex needs or who were at risk of harm. 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.

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice had a register to identify patients experiencing poor mental health and undertook health checks for this group of

patients. We saw that there were care plans in place from the community mental health team but no specific multi-disciplinary team working in the case management of people experiencing poor mental health. The practice did not carry out advance care planning for patients with dementia.

There was no evidence of sign posting patients experiencing poor mental health to support groups or voluntary organisations or follow up when they had attended accident and emergency (A&E).

The provider was rated as inadequate for safety, responsive and well-led. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

As part of the inspection we spoke with six patients who used the practice. We also sent the practice comment cards prior to the inspection inviting patients to tell us about the care they received. We received 13 completed comment cards. Our discussions with patients and feedback from the comment cards told us that patients were satisfied with the service. Patients described staff as friendly and helpful and that they were able to get an appointment when they wanted one. They told us that they were treated with dignity and respect.

We also looked at data available from the national patient survey 2014 and the GPs own patient survey. Results from the national patient survey showed that patient satisfaction with the service was in line with other practices in the CCG area. There were two areas where patient responses were worse than the CCG average, they were the proportion of patients who said the doctor listened to them and the proportion of patients who said they had confidence and trust in the doctor.

The practice did not have an active patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. They GP told us that this had been disbanded when they had decided to retire.

Areas for improvement

Action the service MUST take to improve

- Implement robust governance arrangements to ensure appropriate systems are in place to manage risks to patients and others. This should include staffing, management of unforeseen events, equipment, premises, legionella, fire safety and recruitment.
- Regard should be made to information available and patient views in delivering services and driving improvements.
- Review staffing levels to ensure there are sufficient staff for the smooth running of the practice and the provision of safe services.
- Ensure that staff have appropriate support and the necessary training to enable them to deliver the care and work they perform.

Action the service SHOULD take to improve

- Ensure audits complete their full audit cycle in order to demonstrate improvements made to practice.
- Review systems and arrangements for ensuring patients' privacy and dignity and implement changes needed to ensure it is not compromised.
- Review systems for identifying and supporting patients who need emotional and other support in relation to their health and wellbeing and caring responsibilities.
- Review and implement systems to ensure the patient voice is heard when developing and delivering services.
- Ensure consistency in the information relating to the complaints processes to ensure they are managed in line with patient expectations.

Dr Hedathale Anantharaman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP and an infection control nurse.

Background to Dr Hedathale Anantharaman

Dr Hedathale Anantharaman's practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). The CCG covers a population of approximately 738,378 people registered with 117 practices. A CCG is an NHS organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

Dr Hedathale Anantharaman's practice is registered with the Care Quality Commission to provide primary medical services. The practice has a personal medical service contract with NHS England but is currently in the process of changing to a general medical service contract as from March 2015. Under both contracts the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in is a converted shop within a small shopping area in the Tile Cross Area of Birmingham. Based on data available from Public Health England the area served is one of the most deprived areas in the country.

The practice is open 8.30am to1.00pm and 4.00pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday it is open 8.30am until 2.00pm or until 4pm when the baby clinic is running (one Wednesday each month). On Thursdays the practice is open 8.30am until 1.00pm.

Extended opening hours are available on Tuesday evenings between 6.30pm and 7.30pm. When the practice is closed during the day there are arrangements with another provider to provide cover. During the out of hours period (6.30pm and 8.00am) patients receive primary medical services through an out of hours provider (BADGER).

The practice is run by a single handed GP (male) who in the week prior to our inspection had taken on another GP (female) with an interest in taking over the practice. Other practice staff consisted of a long term locum practice nurse (female), and two administrative staff. There was no practice manager.

The practice has a registered list size of approximately 1200 patients.

The practice had previously been inspected by CQC in March 2014 and was found compliant. However we have recently received information of concern relating to infection control at the practice. The CQC intelligent monitoring placed the practice in band one The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands, with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

Detailed findings

part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. Although the practice had been inspected before we had received information of concern about the practice. CQC Intelligence monitoring had also banded the practice in band one, the highest priority banding for inspection.

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.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew about the service. We carried out an announced inspection on 3 February 2015. During our visit we spoke with all the staff on duty (including a GP and two reception staff) and looked at a range of documents that were made available to us relating to the practice, and patient care and treatment. We sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 13 completed cards where patients shared their views and experiences of the service. We also spoke with six patients in person who used the service.

Inadequate

Are services safe?

Our findings

Safe track record

Systems and processes to identify risks and improve patient safety were not robust. Practice staff were not aware of any processes in place for recording safety incidents and near misses that occurred. They told us that they would report concerns directly to the GP and that these would be discussed in practice meetings but that they had not come across any.

There were no records available to show how safety incidents had been managed at the practice over the long term.

Learning and improvement from safety incidents

Systems for reporting, recording and monitoring significant events, incidents and accidents were not sufficiently robust to ensure learning and improvement took place. We were shown one significant event that had been recorded relating to a delayed diagnosis. The GP told us they had discussed the learning from this through an informal GP peer group arrangement although there were no records available from these meetings. The GP also told us of a medication error that had occurred approximately five years previously and how it had been dealt with but there was no documentation available relating to this. Information that was made available to us did not demonstrate that systems were in place for staff to formally raise issues for consideration and learning.

We saw evidence that the GP responded to patient safety alerts although the system for disseminating safety information among staff and ensuring any action required was undertaken was not robust. Patient safety alerts are issued when potentially harmful situations are identified and need to be acted on. For example we saw that the GP, in response to information received, had recorded against one patient's record that a specific medicine should not be administered to them. The GP told us that they did share relevant safety alerts with staff but as a single handed GP they would also discuss the implications of them with their informal peer support group. There were no records available of these discussions and how safety information was being disseminated to practice staff.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children and adults. Training records made available to us showed that all staff with the exception of the locum practice nurse had received training on safeguarding. The GP at the practice took the lead for safeguarding and was trained to a level three (the required level for a GP). We asked both clinical and non clinical members of staff on duty about their understanding of safeguarding. Staff knew how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, document safeguarding concerns and how to contact the relevant agencies. We saw that contact details for reporting safeguarding concerns were easily accessible to staff.

The GP was able to tell us about a situation in which they had raised a safeguarding concern with the appropriate authority responsible for investigating and acting on concerns. They showed us a recent report they had sent to a child protection case conference. We saw examples of letters that had been sent to the parents of children that had not attended the practice for their immunisations. The GP told us that they would discuss any concerns they had about a child with the health visitor either by telephone or when they visited the practice. This provided assurance that staff new what to do and acted appropriately in response to safeguarding information.

We found that the practice did not have suitable systems to highlight vulnerable patients on the practice's electronic records. The way in which information was recorded did not make it easy for staff to easily identify patients who may be at risk. While information relating to relevant issues for example children subject to child protection plans was recorded in the patient records there were no alerts in place to ensure important information was not missed.

There was a chaperone policy in place. Notices were visible in the waiting room to ensure patients were aware that they could request a chaperone to be present during their consultation. 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 reception staff undertook chaperoning duties at the practice and we saw that they had received training to do so. Staff spoken with understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.

Medicines management

Inadequate

Are services safe?

We checked medicines and vaccinations stored in the treatment rooms and medicine refrigerators and found they were stored appropriately and were within their expiry date. Some medicines and vaccines are required to be stored at specific temperatures in refrigerators to ensure their effectiveness. Staff were aware of the need to maintain these temperatures and records were kept of regular checks of the fridge temperature. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use.

There were appropriate arrangements in place for repeat prescribing so that patients were reviewed appropriately to ensure medications remained relevant to their health needs. Patients were notified when their medication reviews were due. We saw evidence that patients on high risk medicines were appropriately monitored in line with national guidance and appropriate action taken based on the results.

We saw that prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were held securely but the GP told us that they did not maintain any logs to demonstrate that all prescription pads could be accounted for.

A pharmacist from the local CCG was attached to the practice, this enabled medicine management systems to be monitored and reviewed. We looked at the most recent prescribing data available to us. This showed that the prescribing of antibiotics and hypnotics was similar to other practices in the CCG area and better than other practices for non-steroidal anti-inflammatory medicines.

Cleanliness and infection control

Prior to our inspection the practice had undergone an external audit which raised concerns about infection control. This had resulted in the commissioners temporarily suspending the practice from undertaking minor surgery and immunisations. An action plan had been identified which we were told that the practice was responding to and services had restarted. We therefore undertook this inspection with the support of an infection control nurse.

We observed the premises to be visibly clean and tidy. However, there were areas of the practice in need of redecoration and refurbishment to enable thorough cleaning and some actions identified in the infection control audit still needed to be addressed. We saw there were cleaning schedules in place and cleaning records were kept. Patients we spoke with told us they found the practice clean and had no concerns about cleanliness or infection control.

The practice did not have a lead for infection control to support and advise staff on infection control policy and this was in part related to the staffing levels at the practice. We found the infection control policy was in need of review to ensure staff had up to date information to refer to.

To help minimise the risks of cross infection we saw that both reception staff had received recent training in infection control although there was no evidence that the locum practice nurse had. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. We saw information displayed informing staff what to do in the event of a needle stick injury and notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms. However we noticed that there was no soap available in the patient toilet.

The practice did not have a policy in place for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). Staff confirmed no risk assessment or checks had taken place to reduce the risks of infection from legionella to patients and staff.

Equipment

The practice did not have robust systems for checking equipment was fit for use. We found some single use items of equipment that had passed their expiry date. Some of these items had been identified and removed from use by the practice but others seen including blood specimen bottles, sutures and lancets had not. The practice was alerted to these so that they could arrange disposal.

The practice did not maintain any records of equipment held that required regular electrical safety testing, servicing and calibration checks to ensure no items were missed. The practice was unable to locate records for portable electrical equipment testing. However, we saw evidence from stickers that portable electrical equipment testing had been carried out within the last year on some but not

all electrical equipment. The GP told us that the computers and medicines refrigerator were new and would be included when equipment was next tested; however we saw two lamps which had not been tested.

We saw maintenance records which showed equipment at the practice was being serviced. Calibration stickers were seen on relevant equipment including weighing scales and blood pressure machines. This helped ensure they were fit for use.

Staffing and recruitment

We looked at the recruitment records for the only two permanent members of staff. The records contained some evidence of appropriate recruitment checks but this was limited to photographic identity and a basic criminal records check through the Disclosure and Barring Service (DBS). Schedule 3 of the Health and Social Care Act 2008 details information required to be available in respect of people employed. This includes satisfactory evidence of conduct in previous employment, qualifications, full employment history and satisfactory information about any physical or mental health conditions which are relevant to the person's ability to carry out their role. The practice had not undertaken any risk assessment in relation to the level of DBS checks required of the administrative staff who undertook chaperoning duties. The level of DBS checks undertaken is dependent on the type of work and an enhanced DBS provides additional checks to help identify whether people are unsuitable to work with children and vulnerable adults.

We found that the systems for checking the recruitment of locum staff were not robust. We looked at the staff records for the locum practice nurse. We saw that there was evidence of current professional registration. However the DBS certificate provided related to previous employment and was not current. There was also a lack of evidence of any checks relating to employment history and skills relating to the roles in which they were performing. We asked to see the recruitment policy for the practice but there was none in place.

Staff told us there were not enough staff to maintain the smooth running of the practice and keep patients safe. There were currently only two reception staff employed which made it difficult to provide cover during planned or unplanned absences. The practice nurse was a locum employed for one session per week. As a result of the current staffing levels, the GP told us that they were not carrying out some of the enhanced services and no longer directly managed patients on anticoagulation therapy. Patients on anticoagulation therapy require close monitoring and regular blood tests. Patients used to be able to receive this at the practice but now were required to attend the hospital for monitoring.

The practice was advertising for a receptionist and health care assistant to provide additional capacity. The GP told us that a new GP had been employed with an interest in taking over the practice. We saw that the practice used a locum agency for GP cover when the GP was on annual leave. There were no specific arrangements for cover if the GP took unplanned leave through ill health, although staff told us they could not recall the GP ever being off sick.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Risks to patients and staff had not been identified so that they could be assessed with mitigating actions recorded to manage them. The practice did not undertake routine checks of the building and environment to identify any issues that needed to be addressed. We found concerns in relation to out of date equipment, storage of substances hazardous to health, and staff recruitment records where risks had not been identified or addressed.

The GP was able to describe how they would respond to changing clinical risks to patients including deteriorating health and well-being or medical emergencies. We were given an example of how the GP had responded to a patient with a deteriorating chronic condition which included accessing additional community support available.

Arrangements to deal with emergencies and major incidents

The arrangements in place to manage emergencies were not sufficiently robust. Not all staff had received training in basic life support. Emergency equipment available included an automated external defibrillator (used to attempt to restart a person's heart in an emergency) but no oxygen. There was no risk assessment in place to determine whether oxygen was required and what the alternative arrangements were in the absence of oxygen.

Inadequate

Are services safe?

The pads for the defibrillator had expired in 2011 and needed replacing. There were no records of checks to show that the defibrillator was in good working order and ready to use when needed.

Emergency medicines were available in a secure area of the practice and staff knew of their location. These included medicines for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice did not routinely hold stocks of medicines for the treatment of suspected meningitis. The GP told us that this was because the practice was close to an A&E department. The emergency medicines were all in date and fit for use. The GP told us they undertook routine checks of the emergency medicines but did not maintain any records of these checks.

The practice did not have a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the service. For example power failure, adverse weather, unplanned sickness and access to the building. Contact details for staff to refer to in an emergency were not readily accessible if needed. For example, contact details of a heating company to contact if the heating system failed.

We saw that fire equipment was maintained regularly. However, the practice had not carried out a fire risk assessment to identify actions required to maintain fire safety at the practice. Reception staff told us that they did not routinely test the alarms or practice fire drills.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP we spoke with told us how they regularly received and took into account best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners. As a single handed GP they told us that they would discuss guidance through their informal GP peer group arrangement although no records of these meetings and what was discussed was kept. There was also no evidence that best practice guidance was being discussed with other practice staff including long term locum staff.

The practice did not have robust systems for identifying patients requiring additional support or those with complex needs. The GP told us that they worked with the community matron to manage patients with complex needs. These patients were identified through knowledge of patients and an assessment of their needs when they attended the practice. There was therefore the potential that some patients who did not attend the practice may be missed. The GP told us that they were not participating in the unplanned admission enhanced service. The focus of this is to coordinate care for the most vulnerable patients in their home and reduce the need for admission. An enhanced service is a service that is provided above the standard general medical service contract (GMS). We looked at the latest data available to us on emergency admissions for 19 ambulatory care sensitive conditions and found these were similar to other practices in the CCG area. Ambulatory sensitive conditions are chronic conditions which can be effectively managed in the primary care setting, for example high blood pressure and some respiratory conditions.

The practice had been temporarily suspended from undertaking immunisations by commissioners following an infection control audit. This has had an impact on the uptake of childhood immunisations and cervical smear screening which were significantly lower than the CCG average. A locum practice nurse had been employed to undertake these duties but was only available one session each week. Care

Sensitive

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients. However, staff told us that this was not easy to manage with the current staffing levels. Administrative staff told us that they were involved in data inputting to ensure information was available for clinical staff. There were no systematic processes in place for scheduling clinical reviews. Routine reviews were usually undertaken opportunistically and any urgent action required was followed up by the GP.

The GP showed us three clinical audits they had recently undertaken during the last 12 months. None of the audits seen were completed audits where the practice was able to demonstrate any improvements in patient outcomes resulting from the initial audit.

The practice used information collected for the quality and outcomes framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. The GP told us they were aware of the areas in which the practice fell short of QOF targets which included immunisations, cervical smears, diabetes reviews and dementia diagnosis. They explained that this was due to a lack of time and staff which the GP was trying to address. The GP told us that letters had been sent to patients to attend but that most did not turn up. We saw a sample of letters that had recently been sent for patients requesting them to attend. Total QOF points achieved by the practice was 567.1 which was significantly below the CCG average of 844.5 points.

The practice had implemented the gold standards framework for end of life care. The gold standard framework is about improving the care for patients through co-ordinated and multidisciplinary working. The practice had a palliative care register and regular multidisciplinary meetings were held to discuss the care and support needs of patients and their families

Inadequate

Are services effective?

(for example, treatment is effective)

Effective staffing

Practice staffing included medical, nursing, and administrative staff. The GP had undergone revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

We reviewed staff training records and saw that not all staff were up to date with attending courses such as annual basic life support. The permanent staff had received annual appraisals but records seen did not demonstrate that this was an effective process. Forms had not been fully completed and no action plans were in place to demonstrate learning needs and outcomes of the discussion. One of the appraisal forms had not been signed by the appraiser. Staff did not feel the practice was unsupportive of training but felt current staffing levels made it difficult to attend training. There was no evidence that the locum practice nurse had received any form of supervision or appraisal.

A locum practice nurse covered one session each week. Their duties included the administration of vaccines and cervical cytology. However the practice was unable to demonstrate the practice nurse was trained to fulfil these roles. There was no evidence in their staff records that they had received training in these areas. We asked the senior receptionist about this and they told us that these had been requested but the nurse had not brought them in. No action had been taken in response this.

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had systems in place for relevant staff to pass on, read and act on any issues arising from communications with other care providers. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well. There were no instances identified within the last year of any results or discharge summaries that were not followed up appropriately.

The practice held multidisciplinary team meetings every three months to discuss the needs of complex patients, including those with end of life care needs. These meetings were attended by district nurses, palliative care nurses and the community matron. The GP told us that they also had meetings with other health professionals such as the health visitor to discuss children at risk and we saw minutes of these meetings. Additional discussions were held as and when required.

Information sharing

The practice used electronic systems to communicate with other providers. For example, electronic systems were also in place for making referrals. The practice told us that most referrals were made using the Choose and Book system. Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

The practice shared information about patients who may need use the out of hours service. The GP showed us a recent example of information that had been sent to the out of hours provider. This helped ensure patients with complex health needs received continuity of care when the practice was closed.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record (Vision) to coordinate, document and manage patients' care. Staff spoken with found it easy to use. This software enabled scanned paper communications, such as those from a hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that the GP was aware of the Mental Capacity Act 2005 and their duties in fulfilling it. They were able to describe how they implemented it in practice and undertook capacity assessments where capacity may be an issue. All permanent staff had also received training in the Mental Capacity Act 2005 and had an awareness of it.

The GP also demonstrated a clear understanding of Gillick competencies. These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. They were able to describe an example where they had applied the Gillick competencies in practice.

Inadequate

Are services effective?

(for example, treatment is effective)

There was a practice policy for documenting consent for specific interventions such as minor surgical procedures. We saw evidence that the consent process was being followed.

Health promotion and prevention

The practice displayed a wide range of health promotion and prevention information. The information displayed was not well organised but did contain a lot of useful contacts and information to signpost patients to other services. For example contact details for HIV testing and other health screening services, support for patients with an alcohol dependency and counselling services for younger patients.

It was practice policy to offer a health check with the GP or practice nurse to all new patients registering with the practice and NHS Health Checks to patients aged 40 to 75 years. These helped identify any new or existing conditions that needed to be addressed. The practice had registers of patients with a learning disability and poor mental health who needed additional support. We saw evidence of annual health checks that had been undertaken for patients in these groups.

The practice offered a range of health prevention and screening services. This included child immunisations, flu vaccinations, cervical and chlamydia screening. The practice's performance for flu vaccinations was in line with other practices in the CCG area. However, performance was considerably below the CCG average for many of the childhood immunisations and cervical screening. There were no systematic processes for identifying patients who had not attended. The GP told us that they had difficulties trying to get patients to attend even when they had sent letters out.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey (June to September 2014) and a patient satisfaction questionnaires sent out to patients by the GP. The evidence from all these sources showed patients were satisfied overall with how they were treated and that this was with compassion, dignity and respect. For example, data from the national patient survey showed the practice was in line with other practices nationally for patients who rated the practice as good or very good. Data from the national patient survey showed the practice was rated similarly to other practices in the CCG area for overall satisfaction and the proportion of patients who would recommend the practice to others. However, some of the satisfaction scores with the doctor were below the CCG average. These included 71 % of practice respondents saying the GP was good at listening to them and 82% of practice respondents saying they had confidence and trust in the GP.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 13 completed cards and all were positive about the service experienced. Patients said they were happy with the service provided and that staff were helpful and caring. We also spoke with six patients on the day of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Arrangements to ensure patient's privacy and dignity could be improved. We saw that consultations and treatments were carried out in the privacy of a consulting room and doors were closed during consultations. Privacy curtains were available in some rooms but not in the treatment room where surgical procedures took place. The privacy curtain in the GP's room was also not large enough to fully cover the patient examination area.

We saw that staff were careful to maintain patient confidentiality but the current configuration of the practice made this difficult. Reception staff told us that if a patient wished to speak with them in private they would use a spare consulting room. However, we noticed that the practice switchboard was located behind the reception desk and so telephone conversations could be overheard by patients in the waiting area. We could also overhear some conversations between the walls of the GP's and nurse's room.

Reception staff told us that they were aware of patients that found visiting the practice stressful. They showed us a flag on the system used to ensure staff were aware of these patients. This enabled them to take care to diffuse potentially difficult situations and treat the patients with the sensitivity needed.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment were in line with other practices in the CCG area. For example, data from the national patient survey showed 72% of practice respondents said the GP involved them in care decisions and 73% felt the GP was good at explaining treatment and results to them. Both these results were similar to the national average. The results from the GP's own satisfaction survey showed that all patients asked said they were sufficiently involved in making decisions about their care.

Feedback received from patients as part of our inspection indicated that they were satisfied with their involvement in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff.

Staff told us that they were not aware of any translation services for patients who did not have English as a first language. They told us that were also not aware of any patients at the practice that had needed a translator as patients who did not speak much English generally came with a family member.

We saw evidence that children and young people were treated in an age-appropriate way, they were recognised as individuals and that their preferences were considered when providing care and treatment.

Patient/carer support to cope emotionally with care and treatment

Notices and leaflets were displayed in the waiting room which signposted patients to various support groups and organisations. For example, counselling services for

Requires improvement

Are services caring?

younger people, support for patients with alcohol dependency, and dementia. We saw that the practice had held a meeting with a small group of patients with diabetes in the last year. This had given the patients an opportunity to find out more about their condition with the GP and to support each other.

We spoke with the GP about how they supported patients and carers to cope emotionally with care and treatment. The GP told us that the discussed patients and carers emotional needs as part of a consultation and would signpost them to services available but was unable to provide any documented evidence of this. The practice did not maintain a carers register and any communication was usually opportunistic when the carer attended the practice with the patient.

The GP told us that they would visit families that had suffered a bereavement and if required would refer them to a counselling service for support.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice's approach to meeting patients' needs was generally opportunistic. The GP told us that the lack capacity made it difficult for the practice to be proactive and participate in any enhanced services.

The practice told us that they engaged with NHS England Area Team and Clinical Commissioning Group (CCG) although there were no minutes available from these meetings as to what was discussed. We saw that the practice had been co-operating with NHS England Area Team to address infection control concerns raised in a recent audit which had led to the temporary suspension of minor surgery and administration of immunisations taking place. Action taken enabled the practice to recommence these services. The practice had also engaged in prescribing reviews with the CCG pharmacist.

The GP told us that the patient participation group (PPG) had been disbanded when they had decided they wanted to retire two years ago but had not sought to reinstate the group since. PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. In the absence of a PPG the practice did not have any other forums in which the patient voice could be regularly heard.

Tackling inequity and promoting equality

We spoke with staff about how they supported different groups in the community to access care and treatment and reduce potential barriers. The practice held a register for patients with learning disabilities and poor mental health and we saw evidence that annual health reviews had been undertaken. Patients with complex health needs and those with end of life care needs were discussed and reviewed through multi-disciplinary team meetings. Home visits were also undertaken for patients who were unable to attend the practice in person due to their health needs. The practice told us that they had not had anyone try to register with no fixed abode or asylum seekers or had any specific arrangements in place to manage this if it occurred. The practice did not undertake temporary registration but signposted patients who were not registered to the nearest walk in centre.

We saw that both receptionists had received equality and diversity training. This helped provide staff with knowledge and understanding of the needs and difficulties faced by some people in accessing services.

The practice was located in a converted shop that had been adapted to support the needs of patients with disabilities. This included a ramp access to the entrance and disabled toilet facilities. Consulting rooms were situated on the ground floor. A disabled parking space was available near the practice although this could be used by anyone using the shops. The main doors into the practice were not automatic and there was no doorbell to alert staff if someone needed assistance. We noticed that the reception desk and lock in the disabled toilet was too high for patients who used a wheelchair to reach.

We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams, although no baby changing facilities were available.

The practice did not have any specific arrangements for accessing translation services but told us that they had not needed to. We were told most patients who attended the practice spoke English and that the GP spoke a second language.

Access to the service

The practice was open 8.30am to 1.00pm and 4.00pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday it was open 8.30am until 2.00pm or until 4pm when the baby clinic was running (one Wednesday each month). On Thursdays the practice was open 8.30am until 1.00pm. When the practice was closed during the day there were arrangements for another provider to cover, details of these arrangements were available on the practice's answerphone message. During the out of hours period (6.30pm to 8.30am) patients received primary medical services through an out of hours provider (BADGER).

The practice provided extended opening hours on Thursday evenings between 6.30pm and 7.00pm. This helped to accommodate the needs of patients who worked or had other commitments during the day.

Information about appointments was available in the practice leaflet. This included how to arrange appointments and home visits and how to get urgent medical assistance when the practice was closed. All appointments for the GP were booked on the day.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Appointments were made in person or by telephone. The practice did not have a website or offer on line booking or text messaging to patients. Once all appointments were filled, patients were able to leave their contact number and receive a call back from the GP. This enabled the GP to identify and see anyone who needed to be seen urgently.

Staff told us that they did not offer longer appointments but that the GP would not rush patients who needed additional time. The receptionist was aware that some sensitivity was required when booking more challenging patients and told us how they had in the past made appointments at the end of surgery where there would be more time available.

Patients were generally satisfied with the appointments system. Feedback received from patients confirmed that they could see a doctor on the same day and were confident they would be seen if their needs were urgent. Data from the national patients' survey (2014) showed that patient satisfaction with access to the GP services and making an appointment was similar to other practices nationally.

Listening and learning from concerns and complaints

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

Details about the complaints process were included in the practice leaflet to help patients understand the system. This included where to go if the patient was not satisfied with the response received from the practice. However we noticed that the timescales for responding to a complaint set out in the practice leaflet was inconsistent from that set out in the policy and procedure document. None of the patients we spoke with told us that they had ever needed to make a complaint about the practice.

We looked at two complaints received in the last 12 months and found that these had been appropriately handled in a timely way. Staff told us that any lessons learnt from complaints would be discussed at the practice meetings.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision for the future of the practice and there were no formally documented plans in place. The GP told us that they were planning to retire in the near future but were unable to provide adequate assurance of succession planning. We discussed the sustainability of current arrangements and the GP was aware that they needed to come to a decision about any future investment in the practice if they were to stay on.

Staff were hopeful that taking on a new GP into the practice would help provide additional capacity to deliver an improved service. Our conversations with staff demonstrated that they were knowledgeable but lacked the capacity to deliver the service to the level they wanted. Feedback from patients indicated that staff displayed values that were caring and helpful.

Governance arrangements

Governance arrangements for the practice were not robust. There was a lack of clear leadership within the practice. As a single handed GP they were responsible for the running of the practice and all lead roles but lacked the capacity to do this in a comprehensive and systematic way. The senior receptionist undertook many of the responsibilities usually undertaken by a practice manager as well as reception and administrative duties but the lack of staffing made it difficult for them to fulfil all these roles to an appropriate standard. Support needed was not consistently available.

The practice had some policies and procedures in place to govern activity and these were available to staff as hard copies. We found that not all policies requested were in place. For example, there was no human resource policies in place for recruitment and to manage and support staff. We found that the infection control policy did not reflect current information or include sufficient detail for staff to follow.

The practice is part of the Birmingham Cross City Clinical Commissioning Group (CCG) who are offering all practices within their CCG the Aspiring to Clinical Excellence (ACE) programme. The ACE programme is based on the strategic objectives of the CCG and the NHS Outcomes Framework indicators. ACE is a programme of improvement aimed at reducing the level of variation in general practice by bringing all CCG member practices up to the same standards and delivering improved health outcomes for patients. There are two levels, ACE Foundation and ACE Excellence. The practice has yet to achieve the ACE foundation level whose priorities for 2014 to 2015 are on engagement and involvement, medicines management, quality and safety, carers, safeguarding and prevention. We spoke with the GP about their involvement with ACE, they told us that they had not participated to date but the new GP would pick this up.

The practice was aware of its performance against Quality and Outcomes Framework (QOF). The QOF data for 2013/14 showed the practice was well below the CCG and national average. Total QOF points achieved by the practice was 567.1 compared to 844.5 for the CCG average. There was no proactive approach for patients to attend. The GP explained this was mainly to do with the capacity of the practice and other priorities that had arisen. They also told us that there was reluctance from patients to attend when requested.

The practice did not have a robust programme of audits for monitoring quality and systems to identify where action should be taken. There were no systematic processes in place for identifying, recording and managing risks so that they could be appropriately mitigated against.

Leadership, openness and transparency

Staff told us that they had regular practice meetings and we saw minutes available from these meetings. The meetings were used to discuss issues affecting the practice. Staff were able to raise any issues at these meeting that they wished to discuss. However we did not see these meetings were used to support the discussion and dissemination of safety alerts and incidents to ensure learning took place.

Seeking and acting on feedback from patients, public and staff

The practice confirmed that they did not routinely gather feedback from patients and did not currently have an active patient participation group. We looked at the results of the annual patient survey 2014 and found overall patient satisfaction with the practice was in line with the CCG average.

Are services well-led?

Inadequate

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

The practice obtained feedback from staff through practice meetings, appraisals and general discussions. Staff felt able to raise concerns or issues but felt the current staffing situation at the practice made it difficult for any action to be taken.

Staff told us that there was a whistleblowing policy in place but were not clear who they should go to outside the practice if they felt they could not raise concerns internally. Whistleblowing is the process by which staff can raise concerns they may have about the practice and the conduct of other members of staff. This enables concerns raised to be investigated and acted on to help safeguard patients from potentially unsafe or inappropriate care.

Management lead through learning and improvement

The GP told us that they were able to maintain their clinical professional development and were able to show us evidence of this. However, we were not able to verify that this was also the case for the locum practice nurse. We saw that staff had received appraisals in the last year but these had not clearly identified the training needs of staff or had action plans in place to address any learning needs. Staff told us that they felt the practice would support their training needs but it would find it difficult to attend any training given the current staffing levels.

There was little evidence to show that the practice routinely identified and reviewed significant events and other incidents that occurred. The practice was not proactive in the use of information available to drive improved outcomes for patients.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe by the planning and delivery of care and, where appropriate, treatment in such a way as to meet the service user's individual needs and ensure the welfare of the service user.** Regulation 9 (1)(b)(i)(ii)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **The registered person must protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and** **treatment, by means of the effective operation of systems designed to enable the registered person to –** **Regularly assess and monitor the quality of services provided in the carrying on of the regulated activity.** **Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from them carrying on of the regulated activity.** Regulation 10 (1)(a)(b) (2)(a)(b)(c)(e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

This section is primarily information for the provider

Compliance actions

Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying on the regulated activity. Regulation 22

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activities are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard. Ensure that staff have appropriate support and the necessary training to enable them to deliver the care and work they perform. Regulation 23 (1)(a)(b)