

Grafton Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Grafton road surgery on 20 September 2016. Overall the practice is rated as Requires Improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. However, we did find an historic medicine alert that had not been actioned for a combination of medicines used to treat cardiac disease and 21 patients taking the medicines had not been reviewed. Since the inspection we have received evidence to confirm that this alert has now been actioned.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There was limited evidence of quality improvement including clinical audit.
- Emergency medicines were available and all staff were aware of their location. We found that the GPs used the medicines for home visits which reduced the stock available in practice.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example the practice had joined Contact the Elderly national charity to support older people and all staff had become dementia friends.
- The practice had good facilities and was well equipped to treat patients and meet their needs and we observed the premises to be visibly clean and tidy.

Summary of findings

- Patients could access appointments and services in a way and at a time that suited them and patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations and the practice had worked closely with Solihull Carers group.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result. The provider was aware of and complied with the requirements of the duty of candour.
- There was a clear leadership structure and generally staff felt they were supported by the practice manager, however staff told us that the support from the GPs was not as effective, which could impact on their work schedule. The practice proactively sought feedback from staff and patients, which it acted on.

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

- Ensure an effective system is in place to ensure emergency medicines are available at all times.

There were also areas of practice where the provider should make improvements:

- Monitor staffing levels to ensure appropriate cover is in place to reduce impact on the day to day management of the practice.
- Continue to proactively identify registered carers
- Review infection control actions and action appropriately.
- Review quality improvement activity to ensure performance is proactive.

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?

- There were systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events as well as comments and complaints received from patients. The practice manager had introduced a system to ensure alerts were actioned appropriately.
- Medicine alerts were not always actioned appropriately. We found an historic medicine alert for a combination of medicines used to treat cardiac disease that had not been dealt with and 21 patients taking the medicines had not been reviewed. Since the inspection we have received evidence to confirm that this alert has now been actioned.
- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The GP partners held monthly meetings to discuss lessons learnt. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some arrangements in place to respond to emergencies and major incidents, but we found that emergency medicines were taken out of the practice by the GPs for home visits and no risk assessment had been completed to offer assurance of what procedures would be implemented if emergency medicines were unavailable. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Requires improvement



Are services effective?

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Good



Summary of findings

- There was limited evidence of quality improvement including clinical audit. There had been some audits completed at the practice, but these did not demonstrate a link to overall performance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice offered an anticoagulation service for their patients, this included blood tests and reviews of their medication
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recent published results were 99% of the total number of points available with an exception reporting rate of 8.1%.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was a carer and 0.6% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available. There was a detailed carers pack in place which the practice had produced in collaboration with Solihull Carers. The practice had seen an increase in the past four months of three carers registered to 22 currently. One of the reception staff was the main point of contact for carers.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw that staff were helpful and maintained patient and information and confidentiality. The practice also supported patients by referring them to a number of support groups including onsite stop smoking service and other support agencies.

Good



Summary of findings

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice ran an anticoagulant clinic for patients on warfarin.
- Patients could access appointments and services in a way and at a time that suits them and telephone consultations and extended hours were also available. Results from the GP patient survey of July 2016 showed patients found the last appointment they had was convenient with a 100% satisfaction score, which was higher than the CCG average of 92% and the national average of 92%.
- The practice had worked with various voluntary organisations to offer support to the elderly through Contact the Elderly charity and all staff had become dementia friends.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a strong leadership presence with the Practice Manager, but the GPs were not proactive in supporting the manager with the day to day running of the practice. For example; staff shortages had not been addressed by the provider, the practice manager had to cover reception to ensure sufficient staff were available to support patients.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- Staff we spoke with demonstrated a commitment to providing a high quality service to patients. They spoke highly of the practice team and were proud to be part of the practice.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice proactively sought feedback from patients, which it acted on and the patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were unable to access the practice.
- The practice had joined Contact the Elderly charity and with their support had organised a tea party to support patients who suffered with loneliness and social isolation. Twenty patients were invited and 12 attended.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community.
- Data provided by the practice showed that 100% of patients on the practice palliative care register had a face to face review in the past 12 months.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held every two months.

Requires improvement



Summary of findings

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

Families, children and young people

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice. The practice held meetings with the health visitors every three months.
- Childhood immunisation rates for under two year olds ranged from 97% to 100% compared to the CCG averages which ranged from 88% to 97%. Immunisation rates for five year olds ranged from 93% to 100% compared to the CCG average of 90% to 96%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 86% which was higher than the national average of 82%.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- 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.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. Data provided by the practice showed 58 patients had received a health check in the past 12 months.

Requires improvement



Summary of findings

- The practice offered a choice of extended hours to suit their working age population, with later evening appointments available twice a week. Results from the national GP survey in July 2016 showed 89% of patients were satisfied with the surgery's opening hours which was higher than the local average of 75% and the national average of 76%.

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- The practice held a register of patients living with a learning disability, frail patients and those with caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that 54% of patients on the learning disability register had received their annual health checks. The practice sent regular appointments to patients and was actively trying to reduce the number of patients who did not attend their health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every two months.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. There were 22 patients on the practice's register for carers; this was 0.6% of the practice list. The provider had produced a carers pack with the support of Solihull Carers. The practice had seen an increase in the past four months of three carers registered to 22 currently.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for providing safe and well led services; this affects all six population groups.

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.

Requires improvement



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- A counselling service was offered by Improving Access to Psychological Therapies (IAPT) twice a week to support patients with mental health needs.
- 100% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.
- Staff had a good understanding of how to support patients with mental health needs and dementia and all staff had become dementia friends.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 105 were returned. This represented 41% response rate.

- 98% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 83% 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 77% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 22 comment cards which were all positive about the standard of care received. Some of the comments received, told us about the excellent service that was received and how helpful and friendly the staff were.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The latest available data from the practice for the friends and family test which invites patients to say whether they would recommend the practice to others showed 99% of patients would recommend the practice.

The practice had carried out an in-house survey during July to September 2016, 100 surveys were distributed and the practice achieved an 85% response rate. 86% said they were able to get an appointment on the same day or within two working days to see a clinician.

Areas for improvement

Action the service **MUST** take to improve

- Ensure procedures for the actioning and implementation of patient safety alerts are effective.
- Ensure an effective system is in place to ensure emergency medicines are available at all times.

Action the service **SHOULD** take to improve

- Monitor staffing levels to ensure appropriate cover is in place to reduce impact on the day to day management of the practice.

- Continue to proactively identify registered carers
- Review infection control actions and action appropriately.
- Review quality improvement activity to ensure performance is proactive, for example with the use of two cycle audits.

Grafton Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Grafton Road Surgery

Grafton road surgery is in Shirley, Solihull an area of the West Midlands. The practice has a Personal Medical Services contract (PMS) with NHS England. A PMS contract is a locally agreed contract between NHS England and a GP practice. PMS contracts offer variation in the range of services which may be provided by the practice. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes.

There are two GP partners (1 male, 1 female). The nursing team consists of one practice nurse and one health care assistant. The non-clinical team consists of a practice manager, administrative and reception staff.

Based on data available from Public Health England, the levels of deprivation in the area served by Grafton road surgery are ranked at five out of ten, with ten being the least deprived. The practice has a registered list size of approximately 2,800 patients.

The practice is open to patients between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and 8am to 1pm on Wednesday. Extended hours appointments are available 6.30pm to 7.15pm Tuesday and Thursday. Telephone

consultations are also available and home visits for patients who are unable to attend the surgery. The practice had a messaging service for patients to remind them of their appointment times.

When the practice is closed, primary medical services are provided by Badger, an out of hours service provider and NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Why we carried out this inspection

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

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 20 September 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had some systems in place to monitor safety and used a range of information to identify risks and improve patient safety. There were processes in place for reporting incidents, comments and complaints received from patients, but patient safety alerts were not always actioned appropriately and shared with staff.

- 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 saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and held monthly GP partner meetings to discuss incidents, significant events and any safeguarding concerns. We reviewed four significant events that had occurred in the past 12 months. We saw evidence of two immunisation errors that had occurred. These had been investigated, the relevant parties had been contacted and procedures have been put in place to effectively monitor the administration of vaccines. Significant event records were well organised, clearly documented and continually monitored.
- Since joining the practice the practice manager had implemented a system to ensure that all alerts were actioned appropriately. However, we did find an historic medicine alert that had not been actioned for a combination of medicines used to treat cardiac disease and 21 patients taking the medicines had not been reviewed. Since the inspection we have received evidence to confirm that this alert has now been actioned.

We reviewed minutes of meetings where incidents and significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones was 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. Cleaning schedules were in place for all areas of the practice, including clinical equipment.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place and staff had received a training update in July 2016. The practice had effective systems in place to monitor infection control and the practice nurse carried out regular infection prevention checks. We saw evidence of audits and completed checks and actions taken to address areas identified. The last audit had been completed in July 2015 and the practice achieved 98%. Damaged seating in the waiting room was identified as needing repair; this was still an outstanding action.
- The arrangements for managing medicines, including vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had carried out risk assessments for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs and a rota system was in place for all the different staffing groups to ensure enough staff were on duty, but this had not been effective in the past six months with the reduction in administration staff. The practice manager did not have the agreement of the GP partners to recruit temporary staff to cover the shortage and this had caused added pressure to the workload of the practice manager who was covering the reception desk at regular intervals.

Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Staff told us that these medicines were also used for home visits. The practice had not undertaken a risk assessment to consider actions to be taken in the event of an emergency should these medicines not be available. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 results were 99% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 8% which was lower in comparison to the national average exception reporting of 9%. (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 was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 99% which was higher than the CCG average of 92% and the national average of 89%. Exception reporting rate was 9%
- Performance for mental health related indicators was 100% which was higher than the CCG average of 95% and the national average of 93%. Exception reporting rate was 3%.
- Performance for chronic obstructive pulmonary disease (COPD) indicators was 100% which was higher than the CCG average of 98% and the national average of 96%. Exception reporting rate was 7.5%.

There was limited evidence of quality improvement including clinical audit. There had been some audits completed at the practice, but these did not

demonstrate that the practice were utilising audits to implement and monitor improved outcomes for patients. We saw some evidence of single cycle audits being commenced which were led by the CCG pharmacist.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend studies days, such as updates on immunisations and cervical screening. The practice nurse was due to commence a course in the identification and review of patients with chronic pulmonary obstructive disease (COPD).
- 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.
- Staff received regular reviews, annual appraisals and regular supervision. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses. The GPs were up to date with their yearly continuing professional development requirements.
- 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

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

Are services effective?

(for example, treatment is effective)

- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice implemented the principles of the gold standards framework for end of life care (GSF). This framework helps doctors, nurses and care assistants provide a good standard of care for patients who may be in the last years of life. GSF meetings took place every two months to discuss the care and support needs of patients and their families and we saw minutes in place to support this.

- The practice had 14 patients on their palliative care register. The data provided by the practice highlighted that 79% of these patients had a care plan in place and 86% of the eligible patients had received a medication review in the past 12 months. We saw that the patients on the register were regularly reviewed and discussed as part of multi-disciplinary meetings.

The practice took an active approach to joint working and engaged well with other health and social care services.

- A counsellor from the Improving Access to Psychological Therapies (IAPT) offered sessions twice a week to support patients with mental health concerns.
- Meetings with health visitors were held every three months to ensure a co-ordinated approach to the care of children was in place and to discuss any children with specific needs or concerns.

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.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records of audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation advice. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was slightly higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG and national averages. For example,

- 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 73% and the national average of 72%.
- 54% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 60% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% which were

Are services effective?

(for example, treatment is effective)

comparable to the CCG averages of 88% to 97%.

Immunisation rates for five year olds ranged from 93% to 100% which were comparable to the CCG average of 90% to 96%.

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. Data supplied by the practice showed 58 patients had received a health check in the past 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Portable blinds 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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were comparable with the CCG and national averages. For example:

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

- 97% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 92%.

Results for helpfulness of receptionists were higher than the CCG and national averages. For example:

- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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.
- Information leaflets were available in easy read format and in a range of languages.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. There were 22 patients on the practice's register for carers; this was 0.6% of the practice list. There was a noticeboard in the patient waiting room and the practice with the support of the Solihull Carers group had

improved information available and had a better understanding of the needs of carers. One of the staff members had become the main contact for carers and had proactively been trying to identify patients who had caring responsibilities. The practice has seen an increase over the past four months of three carers registered to 22 currently.

Staff told us that if families had suffered bereavement, the practice sent a sympathy card and contacted the family to offer support and advice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Tuesday and Thursday evening from 6.30pm to 7.15pm.
- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available. A hearing loop was available for patients with hearing difficulties.
- The practice ran an anti-coagulation clinic for patients on warfarin and offered home visits and reviews for housebound patients.
- The practice had joined Contact the Elderly charity and with their support had organised a tea party to support elderly patients within the community. Twenty patients were invited and 12 patients attended the event.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions.

Access to the service

The practice was open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday and 8am to 1pm on Wednesday. Appointments were available from Monday to Friday 9.20am to 12.20am and 4.30pm to 6pm, except on Wednesday when appointments were only available in the morning.

Extended hours appointments were offered on Tuesday and Thursday evening from 6.30pm to 7.15pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 76%.
- 98% of patients said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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, alternative emergency care arrangements were made. Clinical and non-clinical staff 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.
- The practice leaflet and website guided patients to contact the practice manager to discuss complaints.
- 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.

We looked at one complaint received in the last 12 months and this was satisfactorily handled and dealt with in a

Are services responsive to people's needs? (for example, to feedback?)

timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice had a clear vision to provide primary health care to patients; however systems to deliver this vision and strategy were not always effective. We spoke with four members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

Governance arrangements

The governance arrangements outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented, regularly reviewed and were available to all staff. Policies and documented protocols were well organised and available as hard copies and on the practice intranet. Staff we spoke with were able to easily access policies and demonstrated that they understood key policies on areas such as whistleblowing and safeguarding.
- An understanding of the performance of the practice was maintained. The practice manager regularly reviewed how the practice was progressing through QOF indicators. The latest published QOF results showed the practice had achieved 99%.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, but these had not been effective in the management of safety alerts, both current and historic.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. The practice manager was a strong leader and had the overall responsibility of running the practice but received minimal support from the GP partners. For example, the practice manager was required to cover for the shortage of staff in reception whilst continuing with their own role and responsibilities. Staff told us the practice manager was approachable and listened to all members of the staff.

The GP partners and practice manager formed the senior management team at the practice. The management team encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the practice manager.

The practice held regular meetings; these included monthly meetings of the GP partners to discuss significant events and complaint and multidisciplinary (MDT) meetings every two months. Whole team meetings had not been regular due to the shortage of staff and the limited administration resources available. All meetings were governed by agendas and meetings were clearly minuted, action plans were produced and lessons learnt were discussed and documented.

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 practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through patient surveys, the patient participation group (PPG) and complaints received. The PPG consisted of four members. We spoke with all members of the group as part of our inspection.
- PPG meeting minutes were circulated to members who could not always attend the meetings. The practice proactively gathered feedback from staff.
- Staff and the practice manager told us that whole team meetings were not regular, due to staff shortages. This had caused a breakdown in regular communication with the team, but the practice manager tried to keep everyone up to date and spent a lot of time working in reception, to reduce the impact staff shortages could have on patients attending the surgery. Staff appraisals

were completed regularly and staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager was very supportive.

The practice had not reviewed the results of the GP National Patient survey, but had carried out an in-house survey between July to September 2016 and had distributed 100 surveys and had 85 returned. This represented approximately 3% of the total practice list. Results from the practice survey had shown that 100% patients were able to get through easily to the practice by phone and 97% had confidence in the knowledge and abilities of the doctors, nurses and others involved in providing health care.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Procedures for the actioning and implementation of medicine alerts were not effective.• Ensure an effective system is in place to ensure emergency medicines are available at all times.