

Drs Shah & Partners

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?

Requires improvement



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Shah & Partners on 13 July 2016. Overall the practice is rated as requires improvement.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Some risks to patients were assessed and well managed. Risks linked to infection control which related specifically to the practice premises had been identified at the last infection control audit in July 2015. The practice told us of plans to move into new purpose-built premises which would remove the identified infection control issues. However, we saw that these plans were at a very early stage and robust

interim infection control measures to address concerns with infection control practice had not been taken. Additionally, the legionella risk assessment had not been conducted effectively.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- National patient survey results indicated that patient satisfaction with the practice was below local and national averages. For example, patient satisfaction rates related to phone access, appointment waiting times, interactions with reception staff and clinical consultations were rated lower. However, results were higher in a survey conducted by the practice.
- Patients we spoke with and comments cards we reviewed indicated that patients felt they were treated with compassion, dignity and respect.
- The practice had carried out clinical audits and in one case a repeat audit to improve and maintain patient outcomes.

Summary of findings

- We saw evidence to demonstrate that the practice had carried out an analysis of its patient population profile and developed targeted services and made changes to the way it delivered services as a consequence. For example by offering more in-house services such as phlebotomy services or diabetes care.
- Information about services and how to complain was available and easy to understand.
- There was a clear leadership structure and staff felt supported by management. The practice had sought some feedback from patients via the patient participation group (PPG).
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Take action to address all identified concerns with infection prevention and control practice.

- Ensure that risks related to legionella are effectively assessed.

In addition the provider should:

- Further improve patient experiences, satisfaction and reduction in non-urgent appointment waiting times.
- Consider carrying out risk assessment on non-clinical staff to determine if disclosure and barring service (DBS) checks are necessary.
- Consider the promotion of national screening programmes to improve uptake.
- Further promote and encourage membership of the patient participation group and work with them to identify areas for improvement.

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 was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at relevant practice meetings (clinical or practice meetings as appropriate). Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and a verbal apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Not all risks to patients were properly assessed and well managed such as those related to infection control and legionella.

Requires improvement



Are services effective?

- 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 peoples' needs.
- Data showed patient outcomes were at or above average for the locality with the exception of Coronary Heart Disease (CHD) prevalence rates. The practice told us that due to a very young population within their patient list, the practice expected CHD prevalence to be lower.
- The practice had carried out three clinical audits completed in the last two years. One of these was a completed audit cycle where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Summary of findings

Are services caring?

Good



- Data from the national GP patient survey published on 7 July 2016 showed patients rated the practice lower than others for many aspects of care.
- The response rate to the national GP patient survey was only 14% which represented . The practice had carried out their own patient survey in January 2016 which demonstrated improved satisfaction rates. Comment cards we received and patients we spoke with were also positive.
- We found that information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Feedback from patients during the inspection about their care and treatment was positive.

Are services responsive to people's needs?

Requires improvement



- There was evidence that the practice had reviewed the needs of its local population and taken action to secure some improvements to services where these were identified.
- 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 engaged with the Clinical Commissioning Group (CCG), involved specialist diabetes nurses and had set up a pre-diabetic register to help prevent the development of diabetes in these high risk patients.
- Feedback from patients reported long appointment waiting times, although urgent appointments were usually available the same day. The practice had developed an action plan to improve access, some of which had been implemented.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and discussed at practice meetings.

Are services well-led?

Good



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was aware of practice performance levels and changes had been made or were planned where required.
- There was a documented leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice and clinical meetings.

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 had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice had sought some feedback from patients. A patient participation group had been established and practice patient surveys had been carried out.
- All staff had received inductions and had either received an appraisal or had one planned.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were also able to book telephone consultations with the GP.
- A phlebotomy service was available at the practice for the convenience of patients requiring blood tests.
- An electrocardiogram (ECG) service (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) was available onsite at the practice.
- There were longer appointments available for older patients and those over 75 were allocated a named GP.
- There were disabled facilities available and the practice had a level access entrance to the premises.
- The consultation rooms were all located on the ground floor.

Requires improvement



People with long term conditions

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators for the practice was 86% which was comparable to the CCG average of 83% and a national average of 84%. The practice had engaged with a specialist diabetic nurse to further support these patients.
- Longer appointments and home visits were available when needed.
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Requires improvement



Summary of findings

- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were comparable to CCG averages.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and same as the national average of 82%.
- Uptake rates for national screening programmes for breast and bowel cancer were below local and national averages. However, more recent data provided by the practice post inspection indicated that breast screening uptake levels had significantly improved so that they were comparable to local and national averages.
- Appointments were available outside of school hours.
- Baby changing facilities were available.
- The practice also worked with health visitors and midwives to support young families.

Requires improvement



Working age people (including those recently retired and students)

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Mondays from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- Patients could book appointments or order repeat prescriptions online.

Requires improvement



Summary of findings

- The practice offered a full range of health promotion and screening that reflected the needs for this age group. This included the utilising of support from external providers.

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- Translation services were available.
- Longer appointments were available for patients requiring an interpreter or for those with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Practice policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patients welfare.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.
- The practice also worked with health visitors to identify children who may be vulnerable.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requires improvement for safe and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was 97% which was above the CCG and national averages of 87%.
- There were longer appointments available for patients with dementia, a learning disability and patients experiencing poor mental health.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



Summary of findings

- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GPs and other staff had completed online mental capacity training.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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 below local and national averages in almost all areas. Three hundred and fifty nine survey forms were distributed and 49 were returned. This represented a 14% survey response rate and 1.5% of the practice's patient list.

- 52% 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%.
- 78% 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 81% and the national average of 85%.
- 52% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 47% 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 74% 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 27 comment cards all of which were positive about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent service and staff were helpful and attentive.

We spoke with three patients during the inspection (one of whom was also a member of the patient participation group). All the patients we spoke with told us said they were generally happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Take action to address all identified concerns with infection prevention and control practice.
- Ensure that risks related to legionella are effectively assessed.

Action the service **SHOULD** take to improve

- Further improve patient experiences, satisfaction and reduction in non-urgent appointment waiting times.

- Consider carrying out risk assessment on non-clinical staff to determine if disclosure and barring service (DBS) checks are necessary.
- Consider the promotion of national screening programmes to improve uptake.
- Further promote and encourage membership of the patient participation group and work with them to identify areas for improvement.

Drs Shah & Partners

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 second inspector and a GP specialist adviser.

Background to Drs Shah & Partners

- Drs Shah & Partners also known as Bordesley Green Surgery is located in Bordesley Green, Birmingham and has approximately 3335 patients registered with the practice.
- The practice has three GP partners (two male and one female) and one female salaried GP. There is a female practice nurse, a healthcare assistant, a practice manager and four reception/administrative staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 9am and 6.30pm Monday to Friday. Appointments take place from 9.30am to 12.30pm and 4pm to 6.30pm daily. The practice offers extended hours on Mondays from 6.30pm to 7.30pm. In addition to pre-bookable appointments that can be booked for any time in advance, urgent appointments are also available for people that need them.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical

service. Patients are directed to this service on the practice answer phone message. The practice also has an arrangement in place with BADGER to provide cover between 8am and 9am.

- The practice has a higher proportion of patients who are children, young people and adults up to the age of 45 than the national average. They have a much lower than average number of patients who are over 50.
- The practice is in an area with high levels of social and economic deprivation.

Why we carried out this inspection

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

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 13 July 2016. During our visit we:

- Spoke with a range of staff (a GP, the practice manager, the practice nurse, the healthcare assistant and two receptionists) and spoke with patients who used the service.

Detailed findings

- Spoke with members of the patient participation group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- We saw that staff had access to the significant event recording forms on the computer.
- The relevant member of staff completed the form and informed the practice manager or the GP.
- The practice had documented five significant events on a significant event form in the past 12 months. We saw evidence to demonstrate that all significant events were analysed, discussed at practice meetings and that learning points were shared with all practice staff.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, safety alerts and minutes of monthly staff meetings where these were discussed. We saw that learning points were shared to make sure action was taken to improve safety in the practice and we saw evidence that alerts received had been considered and actioned.

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 that reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. One of the GP partners was the lead for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. Contact details for safeguarding were seen to be easily accessible for staff in the practice. The GPs provided reports where necessary for other agencies. The practice held regular safeguarding meetings which involved GPs, social services (when required) and health visitors. Relevant

safeguarding issues were also discussed at practice meetings. The GP told us that there was a system on the computer for highlighting vulnerable patients. We saw evidence to demonstrate that all GPs were trained to safeguarding level 3 and the practice nurse was trained to safeguarding level 2.

- The healthcare assistant and practice nurse carried out chaperone duties. Notices in the waiting room advised patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (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 manager and practice nurse were joint infection control leads who liaised with the local infection prevention teams. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken July 2015 by the CCG which had identified a number of essential improvements required to ensure effective infection control. We saw that in almost all cases, this was related to improvements to the premises. The practice was aware that the premises (owned by the GP partners) required refurbishment and the practice informed us that their plans were to move into new purpose-built premises which would eliminate these premises-related infection control concerns. However, we saw that these plans were at a very early stage and robust interim infection control measures to address the concerns with infection control practice had not been taken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams and the practice pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

Prescription stationery was securely stored and there were systems in place to monitor the use. However a more robust process for monitoring uncollected prescriptions was required.

- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription.
- We reviewed five personnel files (which included two GPs, a practice nurse, a healthcare assistant and a reception staff member) and noted that the most recent member of staff had been employed for over three years. We found that most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications and registration with the appropriate professional body. References had not been obtained for the most recent member of staff although the practice informed us that their recruitment policy had now changed to ensure this was completed in future. Checks through the Disclosure and Barring Service (DBS) had been carried out for the GP, healthcare assistant and practice nurse. For reception and administrative staff, there was no evidence of risk assessments to support the decision not to carry DBS checks for these staff.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. 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 a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, we found that the legionella risk assessment was not robust and had been carried out by someone who was unable to demonstrate that they understood the risks of legionella. As a result, we found that the legionella risk assessment had not considered all the relevant areas of risk and was in some places incorrect.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required.

Arrangements to deal with emergencies and major incidents

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

- We saw that an alert button had been set-up on the clinical system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- 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 staff we spoke with knew of their location. All the medicines we checked were in date.
- 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 the relevant agencies.

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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and we saw evidence of an audit based on NICE guidance that had been used to direct patient care.

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 (2014/2015) were 98% of the total number of points available. This was above the CCG and national QOF averages of 94%.

The practice had a 2% exception reporting which was much lower than the CCG and national exception reporting rates 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.

The practice was an outlier for one QOF (or other national) clinical target. This was for the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) which was 0.4 for the practice compared to 0.6 CCG and 0.7 nationally. The practice told us that due to a very young population within their patient list, the practice expected CHD prevalence to be lower.

In other indicators the practice performed highly compared with national and CCG averages. For example, QOF data from 2014/2015 showed;

- Performance for diabetes related indicators for the practice was 86% which was comparable to the CCG average of 83% and a national average of 84%.
- Performance for mental health related indicators was 97% which was above the CCG and national averages of 87%.
- The percentage of antibiotics prescribed for the practice was lower at 4% compared to 6% for the CCG and 5% nationally.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was above the CCG average of 82% and a national average of 84%. Exception reporting for the practice was 0% compared to a CCG and national exception reporting rates of 8%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- We viewed three clinical audits which had completed in the last 12 months. One of these was a completed audit (antibiotic prescribing audit) where the improvements made were implemented and monitored.
- We saw that findings had been used by the practice to improve services. For example, recent action taken had resulted in reduced levels of antibiotic prescribing.

Effective staffing

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

- We saw evidence to show that the practice had an induction programme for newly appointed non-clinical members of staff. The induction covered such topics as infection prevention and control, fire safety, health and safety and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions such as diabetes by the practice nurse. Staff administering vaccinations and taking samples for the cervical screening programme had also received specific training.
- The learning needs of staff were identified through a system of appraisals. We saw evidence to show that staff

Are services effective?

(for example, treatment is effective)

had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff files reviewed identified that all staff had had an appraisal within the last 12 months.

- Staff received training including: safeguarding, fire safety, basic life support, chaperoning and complaints handling. We saw that 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 medical summaries and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice told us that multidisciplinary team meetings took place on a quarterly basis. We saw that GPs, social services, health visitors and district nurses attended these meetings.

Consent to care and treatment

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

- In our discussions with the GP, we found that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw evidence that the GP had completed online mental capacity training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- A GP discussed an example where this had been done effectively.
- Verbal consent was noted on the patient computer records and written consent was also obtained with the consent form scanned and attached to patient notes.

Supporting patients to live healthier lives

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

- The practice maintained a variety of registers such as patients with a learning disability, dementia, patients receiving end of life care, carers, housebound patients and patients at high risk of hospital admissions.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- Diet and lifestyle advice was also being provided at the practice by an external provider on a weekly basis.
- A sexual health clinic was held at the practice.
- Weekly practice health visitor clinics were held at the practice.
- The healthcare assistant conducted the health checks and gave some advice on health promotion.

The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and to work proactively to understand any reasons behind those not attending.

The practice was below average for national screening programmes for bowel cancer screening (practice average 21% compared to CCG average of 51% and national average of 58%) as well as below average for breast cancer screening (practice average 46% compared to CCG average of 69% and national average of 72%). However, more recent data provided by the practice post inspection indicated that breast screening uptake levels had significantly improved so that they were comparable to local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

Are services effective?

(for example, treatment is effective)

immunisation rates for under two year olds ranged from 72% to 97% and five year olds from 75% to 98% for the practice which were comparable to the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A room had been allocated for this purpose.

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

We spoke with one member of the patient participation group (PPG). They told us they were happy with the care being provided by the practice and said their dignity and privacy was respected.

However, results from the national GP patient survey published on 7 July 2016 showed the practice was performing below local and national averages and that patients did not always feel they were treated with compassion, dignity and respect. The practice was also below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% 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%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 70% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 59% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

We saw evidence to demonstrate that the national patient survey results had been discussed at the practice and the practice had worked at making improvements and changes. We saw that an action plan had been developed in collaboration with the patient participation group (PPG). For example, it was agreed that GPs should ensure that patient appointments were kept to time as much as possible so that patient waiting times did not exceed 15-30 minutes. Additionally, reception staff had undergone customer service training to improve patient experiences. The practice highlighted that the response rate to the national survey was 14% which represented only 1.5% of the patient list size. The practice had more recently (in January 2016) conducted their own practice patient survey which had demonstrated an increase in satisfaction rates (100 patients responded). For example, satisfaction with GP consultations was higher although concerns about appointment waiting times remained.

Care planning and involvement in decisions about care and treatment

Patients we spoke with 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 on the comment cards we received was also positive and aligned with these views.

However, results from the national GP patient survey showed patients rated the practice lower than local and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.

Are services caring?

- 72% 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%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and the national average of 90%.

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 although this was not always required as some staff were bilingual.

Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting areas that provided patients information on how to access a number of support groups and organisations. For example, we saw leaflets on the services available about

safeguarding and contacts numbers for patients as well as contact numbers for domestic violence support services. 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. The practice had identified 30 patients as carers (1% of the practice list). The practice informed us that they used this information to ensure carers were offered annual health checks and flu vaccinations as well as information about the support available. We saw that carer's packs were available for patients to take which contained written information to direct carers to the various avenues of support available to them.

The practice told us how the practice had also collaborated with the local councillor who worked closely with the local mosque and was sensitive to the majority patient population which required prompt burials. This had provided bereaved relatives more reassurance with about any delays with the burial process. We noted that there was information on bereavement support services in the patient waiting area.

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 some of the improvements to services identified. For example, it had found that its patient population was much younger than the national average with a large number of diabetic patients. In response, the practice had liaised closely with a specialist diabetic nurse to provide further support to patients. In addition a pre-diabetic register had been set up to allow focused diabetes prevention work for patients at high risk of developing diabetes.

The practice team was part of local pilot schemes to improve outcomes for patients in the area. The practice was able to demonstrate that it fully participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices.

- The practice offered extended hours on a Mondays from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with dementia, a learning disability and patients experiencing poor mental health.
- Patients over 75 were allocated a named GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. These were in some cases conducted jointly with health visitors, district nurses or social workers where appropriate.
- Patients were able to book appointments and order repeat prescriptions online.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments available providing the opportunity to speak with a clinician during the day.
- An electrocardiogram (ECG) service (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) was available onsite at the practice.
- An in-house phlebotomy service was available at the practice for the convenience of patients requiring blood tests.

- There were disabled facilities available and the practice had level entrance access to the practice premises.
- All patient consultations were held on the ground floor of the practice.
- Baby changing facilities were available.
- The reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.
- The practice used the NHS e-Referral Service (previously Choose and Book) for making the majority of patient referrals. The NHS e-Referral Service enabled patients to choose which hospital they would prefer to be seen at and when.

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday. Appointments were from 9.30am to 12.30pm and 4pm to 6.30pm daily. The practice also has an arrangement in place with for cover to be provided between 8am and 9am. The practice offered extended hours on Mondays from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked for any time in advance, urgent appointments were also available for people that needed them.

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

- 58% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

Three patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

We found that the practice had a system in place to assess:

- whether a home visit was clinically necessary;
- to determine the urgency of the need for medical attention

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be

Are services responsive to people's needs?

(for example, to feedback?)

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 manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. For example through posters displayed in the waiting area that advised patients to speak with reception staff if they wished to make a complaint and information in the practice leaflet and practice website.

We looked at the three complaints received in the last 12 months and found that these had been dealt with in a timely way with openness and transparency. We saw that in one case, the complaint had been dealt with as a significant event. We found that annual complaints reviews took place to identify any trends. Lessons were learnt from individual concerns and complaints which were discussed at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice told us that their vision was to provide high quality care that reflected the needs of the local population.
- Staff we spoke with were committed and motivated.
- We saw that practice had a development plan to secure more suitable premises although this was currently in its early stages.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Policies we viewed were practice specific and were available to all staff members.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits had been used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection we met with the salaried GP as the GP partners were on leave. The salaried GP told us about the plans that were in place for them to also become a GP partner with one of the current partners retiring. On the day of inspection the GP at the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs were approachable and always took the time to listen to all members of staff.

We spoke with the GP and practice manager who were both aware of the requirements of the duty of candour and the provider had systems in place to ensure compliance with its requirements. (The duty of candour is a set of

specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- We saw evidence to demonstrate that practice gave affected people reasonable support and truthful information. The practice told us they offered a verbal apology where appropriate.

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

- Staff members informed us that the practice held monthly team and quarterly multi-disciplinary team meetings and we viewed documentation to support this.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so. Patient complaints and significant events were regularly discussed.
- Staff said they felt respected, valued and supported, and described the close-knit and strong family culture of practice.

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

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

- The practice had gathered feedback from patients through a practice surveys and complaints received and monitored survey data from other sources.
- We saw evidence that there was a patient participation group (PPG) in place although attendance at the meetings was low. We met with one member of the PPG. They informed us that the practice listened to their views and had implemented some suggestions although they were unable to provide any examples.
- We viewed meeting minutes which did not demonstrate that the PPG was being used to drive any improvements although we noted that patient survey results were discussed. The practice recognised that the PPG was not currently being effectively utilised and told us about the difficulty in engaging patients. Additionally, the practice

Are services well-led?

Good 

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

had struggled to recruit any younger patients to the PPG. The practice informed us that they would be proactively looking at ways to strengthen the PPG and to make it more representative.

- The practice manager and staff members informed us that they were able to provide feedback at staff

meetings, annual appraisals and on a one-to-one basis. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</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>The provider had not taken action to address all identified concerns with infection prevention and control practice.</p> <p>The practice had not ensured that an effective legionella risk assessment was in place and that actions were implemented to safeguard patients from the risks associated with legionella bacterium.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>