Park Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

This inspection at Park Surgery on 29 February 2016 was in follow up to our previous comprehensive inspection at the practice on 6 November 2014 (where the practice was rated as requires improvement overall but with safe rated as inadequate).

Four regulatory breaches of the Health and Social Care Act 2008 were identified. These breaches related to areas of risk management or assessment, infection control, recruitment processes and the practice processes for obtaining consent. Four requirement notices were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

At our inspection on 29 February 2016 we found that the practice had improved. We found that three of the four requirement notices we issued following our previous inspection had been met although one breach relating to risk assessment and management under safe care and treatment remained. However, the practice had improved enough for the practice ratings to have been updated to reflect our recent findings. The practice is now rated as good overall (with the safe domain now 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.
- Risks to patients were assessed and managed, with the exception of those relating to the assessment of staff carrying out chaperoning duties. Not all staff who chaperoned had received chaperone training or a Disclosure and Barring Service check (DBS check). Nor had a risk assessment been carried out to make sure patients were protected. Risk assessments not being in place for some staff had also been identified as an issue at the last inspection on 6 November 2014. Post-inspection we received some information from the practice about how this was being corrected.

Summary of findings

- 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.
- Patients we spoke with told us they were treated with compassion, dignity and respect and most patients also felt they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. For example, a poster and information leaflets were available in the patient waiting area as well as complaints form.
- Some patients said they found it difficult to make an appointment with a named GP although urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities, hearing loop and translation services available as well as ramped access. A bell was located at the front entrance doors so that wheelchair users were able to request assistance when required. Most consultations were held on the ground floor.
- The practice had carried out clinical audits and re-audits to improve patient outcomes.
- There was a clear leadership structure and staff we spoke with were motivated and felt supported by management. The practice had sought feedback from patients and had an active patient participation group in place.

The areas where the provider must make improvements are:

- Ensure Disclosure and Barring Service check (DBS check) or risk assessments are in place for all staff involved in carrying out chaperoning and all staff undertaking chaperoning are provided with the appropriate training.

In addition the provider should:

- Consider using the national patient survey results to identify areas of improvement. For example the processes for appointments to further identify potential opportunities to reduce appointment waiting times and improve patient access and experiences.
- Consider reviewing the process for infection control and hygiene to ensure it is effective. For example to ensure that hand-gels are always available and soap dispensers were re-filled in both the staff and patient toilets.
- Consider documenting verbal complaints in order to identify reoccurring themes or trends.
- Consider how the practice can further improve the consent process to ensure appropriate consent is always recorded when required.

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?

Requires improvement

- There was an effective system in place for reporting and recording significant events. The practice had carried out a thorough analysis of the significant events and a significant event risk assessment had been used to evaluate the risk of reoccurrence.
- We saw evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate. For example, we saw that where a patient had been miscommunicated with, a written apology had been sent.
- The practice had clearly defined 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.
- Risks to patients were assessed and managed, with the exception of those relating to the assessment of staff carrying out chaperoning duties. For example, not all staff who chaperoned had received training to do so effectively or a Disclosure and Barring Service check (DBS check). In the absence of a DBS check, no risk assessment had been carried out either. Risk assessments not being in place for some staff had also been identified as an issue at the last inspection on 6 November 2014. Post-inspection we received some information from the practice about how this was being corrected.

Are services effective?

Good

- 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 from the Quality and Outcomes Framework showed patient outcomes were near the average for the locality and compared to the national average.
- The practice had carried out nine clinical audits completed in the last two years, two of these were completed audit cycles where the improvements made were implemented and monitored
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

Summary of findings

- 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.

Are services caring?

Good

- Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect.
- The national GP patient survey results showed that the practice performance was mixed with some areas of patient experience being above average whilst other aspects were rated below local and national averages. The practice was lower to others for its satisfaction scores relating to being involved in decisions about their care and treatment in consultations with doctors and nurses.
- 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.

Are services responsive to people's needs?

Good

- There was evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients' satisfaction with how they could access care and treatment was lower than local and national averages and patients rated the practice lower for appointment access and for the overall experience of making an appointment. However, the practice was rated higher for access via the phone.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

Good

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff members we spoke with were clear about the vision and their responsibilities in relation to this.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The practice carried out proactive succession planning.
- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- The practice was in the process of developing a practice survey in collaboration patient participation group (PPG) in order to obtain wider patient feedback to further support practice development.
- There was a focus on continuous learning and development. Staff told us they had received regular performance reviews and had clear objectives.

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

Good

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Online access to appointments and prescription requests was available and patients were also able to submit repeat prescription requests via email.
- Electronic prescribing was available which allowed the patients to collect medication direct from the pharmacist without having to collect the paper prescription beforehand.
- Home visits were available for older patients and patients who would benefit from these including patients who required flu/ pneumonia and shingles vaccinations.
- Longer appointments were also available for older people when needed.
- Frail patients were able to have blood tests performed on site rather than at a hospital.
- There were disabled facilities, hearing loop and translation services available as well as ramped access. A bell was located at the front entrance doors so that wheelchair users were able to request assistance when required. Most consultations were held on the ground floor.
- There were marked disabled parking bays near the practice.

People with long term conditions

Good

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had engaged with Solihull CCG health improvement programme which included the 'Admission Avoidance Scheme.'
- Performance for diabetes related indicators was near the national average (practice average of 79% compared to a national average of 84%).
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- For those patients with more complex needs patients had a named GP and the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.

Working age people (including those recently retired and students)

Good

- The practice offered extended hours one day a week and the third Saturday in each month. The practice told us plans were currently being developed to determine if Saturday service could be offered every week.
- Online access to appointments and prescription requests was available and patients were also able to submit repeat prescription requests via email.
- Health promotion advice was available at the practice.
- The practice's uptake for the cervical screening was 81%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and had similar uptake averages for both when compared to local and national averages.

People whose circumstances may make them vulnerable

Good

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability or dementia and offered annual health checks for these patients.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability.
- The practice had been recently selected by Solihull CCG to support the 'Syrian Vulnerable Persons Relocation Scheme.'
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.

Summary of findings

- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

Good

- Performance for mental health related indicators was similar to the national average (practice average of 88% compared to a national average of 89%).
- The practice carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- 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

We reviewed the national GP patient survey results published on 7 January 2016. The results showed that the practice performance was mixed with some aspects above average whilst other aspects were rated below local and national averages. 131 survey forms were distributed and 55 were returned. This represented a 42% return rate.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 69% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards of which 23 were all positive about the standard of care received and a further eight comments cards were also mostly positive although they highlighted issues with appointment access and long appointment waiting times. However, two comment cards had negative experiences of the quality of care received during GP consultations.

We spoke with five patients during the inspection, one of whom was a member of the patient participation group (PPG). Three of the patients we spoke with said they were happy with the care they received whilst two patients again highlighted issues with appointment availability and access whilst one patient felt reception staff were not very approachable. We found that reception staff turnover had been fairly high recently.

Areas for improvement

Action the service MUST take to improve

- Ensure Disclosure and Barring Service check (DBS check) or risk assessments are in place for all staff involved in carrying out chaperoning and all staff undertaking chaperoning are provided with the appropriate training.

Action the service SHOULD take to improve

- Consider using the national patient survey results to identify areas of improvement. For example the processes for appointments to further identify potential opportunities to reduce appointment waiting times and improve patient access and experiences.
- Consider reviewing the process for infection control and hygiene to ensure it is effective. For example to ensure that hand-gels are always available and soap dispensers were re-filled in both the staff and patient toilets.
- Consider documenting verbal complaints in order to identify reoccurring themes or trends.
- Consider how the practice can further improve the consent process to ensure appropriate consent is always recorded when required.

Park Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector, a practice manager specialist adviser and an Expert by Experience.

Background to Park Surgery

- Park Surgery is located at 278 Stratford Road, Shirley, Solihull, West Midlands, B90 3AF and provides care and treatment for almost 7000 patients.
- There are three full time GP partners and two salaried GPs who work at the practice. One GP is male and four are female. The practice has three practice nurses, two healthcare assistants, a practice manager and a team of administrative staff.
- Park Surgery is also a teaching practice and takes on medical students periodically. There was one medical student at the practice at the time of the inspection.
- 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 8am and 6pm Monday to Friday. Appointments take place from 8.30am to 11.40am every morning and 3.20pm to 5.50pm daily. The practice also offers extended hours on a Tuesday from 6pm to 7.15pm and every third Saturday each month the practice opens between 8.30am and 11.30am.
- 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 is located in purpose built premises in Shirley, an area with low levels of deprivation and among one of the least deprived areas nationally. The practice population age range closely follows the national average.

This inspection was in follow up to our previous comprehensive inspection at the practice on 6 November 2014 (where the practice was rated as requires improvement overall with one area rated as inadequate). Four regulatory breaches of the Health and Social Care Act 2008 were identified. These breaches related to areas of risk management, infection control, recruitment processes and the practice processes for obtaining consent. Four requirement notices were issued and the practice subsequently submitted an action plan to CQC on the measures they would take in response to our findings.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

Detailed findings

The practice has been inspected previously using CQC's new methodology on 6 November 2014 and where breaches were identified in relation to risk management, infection control, recruitment processes and the practice processes for obtaining consent.

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 29 February 2016. During our visit we:

- Spoke with a range of staff (including GP's, practice nurse, practice manager, reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared.
- 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.

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the site supervisor or the GP of any incidents and there was a recording form available on the practice's computer system.
- The practice had documented six significant events on a significant event form in the past 12 months. We saw evidence to demonstrate that significant events were regularly discussed and that learning had been shared.
- We saw that the practice had carried out a thorough analysis of the significant events and a significant event risk assessment had been used to evaluate the risk of reoccurrence.

We reviewed safety records, incident reports, safety alerts and minutes of fortnightly staff meetings where these were discussed. We saw that lessons were shared to make sure action was taken to improve safety in the practice.

We saw evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate. For example, we saw that where a patient had been miscommunicated with, a written apology had been sent.

Overview of safety systems and processes

The practice had clearly defined 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 and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP's was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The practice held regular safeguarding meetings which involved GP's, managers and health visitors.
- The GP told us that there was a system on the computer for highlighting vulnerable patients. The GP provided a recent example of when a reception member of staff had effectively escalated a safeguarding issue as specified in the practice policy.
- A poster in the waiting room advised patients that chaperones were available if required. However, not all staff who chaperoned had received chaperone training or a Disclosure and Barring Service check (DBS check). In the absence of a DBS check, no risk assessment had been carried out either. (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). Risk assessments not being in place for some staff had also been identified as an issue at the last inspection on 6 November 2014. Post-inspection we received some information from the practice about how this was being corrected.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. We noted however, that hand-gels were not available and soap dispensers were empty in both the staff and patient toilets.
- The practice nurse was the infection control clinical lead. We saw that the CCG had completed an infection control audit in November 2015 and achieved 78% compliance. We saw evidence that action plan had been developed to address any improvements identified as a result with most actions completed. Post-inspection we received some evidence to indicate that an internal infection control repeat audit had resulted in 95% compliance. There was an infection control policy in place and staff had received up-to-date training. We saw that infection control meetings took place on a regular basis and infection control was also discussed at practice meetings.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The emergency medicines were located in treatment rooms. Prescription pads were securely stored and there were systems in place to monitor their use.
- 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. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files (for one of the GP's, two of the practice nurses and one healthcare assistant) 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

Most risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and we saw evidence to indicate that most staff had completed health and safety training. The practice had up to date fire risk assessments and carried out weekly fire drills. We saw that most staff had also completed fire training. 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. The practice had also carried out its own risk assessment for legionella which had identified some actions to minimise risk. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice told us that an external company had also been booked for March 2016 to re-do the legionella risk assessment.
- 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 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 and we saw all staff had received training in its use.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all 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 loss of clinical systems, fire and flooding. The plan included emergency contact numbers for staff and information on the availability of temporary accommodation if the practice premises became inaccessible.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- We saw evidence that these guidelines were being used to direct patient care. We also viewed evidence that demonstrated that NICE guidance was discussed at practice meetings.

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 90% of the total number of points available. This was slightly below the CCG (96%) & national (94%) QOF averages. The practice had a 6% exception reporting which was lower than the CGG (7.5%) & national (9%) exception reporting rates. 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. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was near the local and national averages (practice average of 79% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the national average (practice average of 85% compared to a national average of 84%).
- Performance for mental health related indicators was similar to the national average (practice average of 88% compared to a national average of 89%).

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits undertaken in the last two years, two of which were completed audit cycles where the improvements identified had been implemented and monitored.
- The practice had participated in applicable local audits, national benchmarking and research.
- We saw that findings had been used by the practice to improve services. For example, recent action taken to measure cervical screening sample quality had resulted in an increase in the quality of cervical screening samples submitted.

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 safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those carrying out cervical screening. Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This also included coaching and mentoring, clinical supervision and on-going support for medical school students. Staff files reviewed identified that new staff had received progress reviews and staff that had been employed over a year had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, manual handling and information governance awareness.

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.

Good

Are services effective?

(for example, treatment is effective)

- This included medical records 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 had 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. We saw evidence that multi-disciplinary team meetings took place every two months. Two types of multi-disciplinary team (MDT) meetings were held which related to end of life care (attended by one of the GP partners, district nurses and palliative care nurses) and safeguarding 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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records audits. We saw that a completed audit cycle had been carried out regarding written consent. The audit had identified that this had taken place in 88% of cases (previously no written consent was being recorded for minor surgery).

Supporting patients to live healthier lives

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

- These included patients who may be in the last 12 months of their lives, patients with a learning disability, carers and those requiring advice on their diet, alcohol and smoking cessation.
- For example, the practice kept a register of all patients with a learning disability or those patients who had been diagnosed with dementia who were offered annual reviews. There were 31 patients on the learning disabilities register at the time of the inspection.

The practice's uptake for the cervical screening was 81%, which was comparable to the national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had similar averages for national screening programmes for bowel cancer screening (practice average 62% compared to CCG average of 60% and national average of 58%) and breast cancer screening (practice average 74% compared to CCG average of 74% and national average of 72%).

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 94% to 100% and five year olds from 88% to 98% for the practice which were above the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. This included health checks for new patients and NHS health checks for people aged 40–74. The practice also offered health checks for carers. Appropriate follow-ups on the outcomes of health assessments and checks were made when abnormalities or risk factors were identified.

Good

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.

- There were curtains 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 and that conversations taking place in these rooms could not be overheard.
- The practice told us that there was a 'quiet area' available for patients who were in distress or extremely anxious

Most patients we spoke with they felt the practice offered an excellent service and that staff were helpful and treated them with dignity and respect.

We also spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. We received 33 comment cards of which 23 were all positive about the standard of care received and a further eight comments cards were also mostly positive about the care received. However, two comment cards had negative experiences of the quality of care received during GP consultations.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was ratings were broadly in line when compared to CCG and national averages on its satisfaction scores for consultations with GPs and helpfulness of receptionists consultations with nurses. For example:

- 84% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 87%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%)

Care planning and involvement in decisions about care and treatment

Most patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also informed 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.

Results from the latest national GP published on 7 January 2016 patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with the GP but rated nurses lower in this area. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%)
- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)
- 78% said the last nurse they saw was good at explaining tests and treatments (CCG average 89%, national average 90%)

Staff told us that translation services were available for patients who did not have English as a first language. Reception staff told us that they did not often need to use this service but had the number for the service if needed.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers and we saw that the practice had broken the carers register down to those over and under 65 years of age so that more targeted support was offered. We saw a carers noticeboard in the waiting areas and written information was available to direct carers to the various avenues of support available to them.

The practice told us how they would support families who had suffered bereavement with a bereavement letter sent out to the relevant families. Extra GP consultation time was also allocated for families who had suffered bereavement. The practice had information available about bereavement support and counselling services which they could direct patients to. We saw notices in the waiting area providing patient's information on bereavement support services.

Good

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had engaged with Solihull CCG health improvement programme which included the 'Admission Avoidance Scheme'. The practice had also been recently selected by Solihull CCG to support the 'Syrian Vulnerable Persons Relocation Scheme' which was due to start in April 2016.

- The practice offered extended hours one day a week and the third Saturday in each month. The practice told us plans were currently being developed to determine if Saturday service could be offered every week.
- There were longer appointments available for patients with a learning disability, dementia, carers or those who had experienced bereavement.
- Online access to appointments and prescription requests was available and patients were also able to submit repeat prescription requests via email.
- Electronic prescribing was available which allowed the patients to collect medication direct from the pharmacist without having to collect the paper prescription beforehand.
- Text messaging appointment reminders was in place.
- Home visits were available for older patients and patients who would benefit from these including patients who required flu/pneumonia and shingles vaccinations.
- A Equalities Act assessment had been completed by practice and issues identified such as access to upstairs with a named GP had been identified. The practice told us that consultations were performed on ground floor where necessary.
- There were disabled facilities, marked disabled parking bays, a hearing loop and translation services available.
- Frail patients were able to have blood tests performed on site rather than at a hospital
- We saw that a notice on front door for patients to ring if assistance was required for gaining entry.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.30am to 11.40pm every morning and 3.20pm to 5.50pm daily. The practice also offered extended hours on a Tuesday from 6pm to 7.15pm and every third Saturday each month the practice opens between 8.30am and 11.30am. 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. The practice had opted out of providing out-of-hours services to their own patients and this service was provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients were directed to this service on the practice answer phone message.

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

- 68% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 76% patients said that the last appointment they got was convenient (CCG average 92%, national average 92%).
- 44% patients said they always or almost always see or speak to the GP they prefer (CCG average 55%, national average 59%).
- 42% patients said they usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).
- 34% patients said they felt they didn't normally have to wait too long to be seen (CCG average 55%, national average 58%).
- 69% patients described their overall experience of this surgery as good (CCG average 83%, national average 85%)

These findings from the national survey results were also supported by some of patients we spoke with who told us that they experienced difficulties obtaining appointments and had to wait a long time from their allotted appointment time. Some of the comments received on the comment cards were also aligned with this.

Although the practice had not analysed the national patient survey results, the practice told us they had

Good

Are services responsive to people's needs?

(for example, to feedback?)

recognised access was an issue and had taken some recent action to improve access and reduce waiting times. For example, a new telephone system had been set-up for patients, an appointments audit had been carried out as a result of which GP sessions had been increased as well as the number of nurse consultations. In addition to this, the practice was working with the PPG to develop a new practice patient survey to determine current patient views. The practice was also in the process of merging with other practices and told us this would further improve patient access due to increased GP appointments availability.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster and information leaflets were available in the patient waiting area as well as complaints form.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency when dealing with the complaint. For example, we saw the practice had apologised to the patients concerned were appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. We saw that complaints were regularly discussed at team meetings. However, verbal complaints were not being documented by the practice which meant that reoccurring themes or trends could be missed.

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.

- We found that the practice had a mission statement and staff we spoke with knew and understood the values.
- We found that the practice had a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice had made significant improvement since the last inspection on 6 November 2014. The practice now 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 in place and staff members we spoke with were aware of their own roles and responsibilities.
- Policies we viewed were practice specific and were available to all staff members.
- The practice was aware of practice performance levels and changes had been made where required.
- The practice had in place a programme of continuous clinical and internal audit to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks with the exception of risk assessments for reception staff who carried out chaperoning duties. Risk assessments not being in place for some staff had also been identified as an issue at the last inspection on 6 November 2014. Post-inspection we received some information from the practice about how this was being corrected.

Leadership and culture

The partners at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were available in the practice on the day of the inspection and staff members we spoke with told us that they found the GP partners to be very supportive and approachable.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal or written apology
- The practice had not kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings which took place every two weeks.
- We noted that a staff structure for communication had recently been developed where a 'staff representative' was nominated who collated any views from peers that the staff wanted raised with management.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or by informing the staff representative. Staff told us they felt confident in doing so and felt supported if they did.
- Staff members said that they felt respected, valued and supported, by both management and the GP partners in the practice. Staff members we spoke with said that open discussion was encouraged by the management team.

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 the patient participation group (PPG) and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted issues with the new telephone system and discussed patient access difficulties. We saw evidence of a new practice survey that was being developed by the practice in collaboration with the PPG.
- We spoke with one member of the PPG who told us they felt the PPG would allow them to submit proposals for any further improvements and felt positive about the PPG making a difference.

Are services well-led?

Good

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

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion or via the staff representative. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment. The practice had not carried out risk assessments for non-clinical staff members who had been required to act as chaperones to determine if Disclosure and Barring Service (DBS) checks were needed. Staff had also not undergone the training to ensure they were competent and safe to undertake this role. This was in breach of regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.