

St Margarets Medical Practice

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at St Margarets Medical Practice on 14 June 2016. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- The practice had strong, visible clinical and managerial leadership and staff felt supported by management.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was proactive in promoting patient awareness through a monthly newsletter and using social media.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. We saw evidence that monthly multidisciplinary team meetings took place.

Summary of findings

- Governance and risk management arrangements were in place, but no risk assessments had been completed in the absence of disclosure and barring checks (DBS) for members of the reception team who occasionally chaperoned.
- Some staff who acted as chaperones were unaware of the recommended chaperoning guidelines when observing treatments and examinations.
- The last health and safety risk assessment had identified an electrical system check was required; however this had not been completed.

The areas where the provider must make improvement are:

- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties, including assessing risk in relation to staff to ensure understanding and competency when undertaking chaperone duties.

- Take action to address identified risks following health and safety risk assessments undertaken.
- Ensure records are kept to evidence staff are up to date with the immunisations recommended for staff who work in general practice

The areas where the provider should make improvement are:

- Review systems for ensuring effective communication is in place for all staff; including non clinical staff.
- We reviewed five personnel files and found Disclosure and Barring Service (DBS) checks from previous employers for some of the nursing team. Complete risk assessments for all employees who had not had DBS checks completed at time of recruitment.

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?

The practice is rated as requires improvement for providing safe services.

Requires improvement



- There was an effective system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses and we saw evidence of monthly GP partner meetings where incidents were discussed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.
- Systems were in place to ensure the safe storage of vaccinations and checks were undertaken to monitor the vaccines.
- Although in most cases, risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, the last health and safety risk assessment had identified an electrical system check was required, however this had not been completed.
- The practice had not formally assessed the risk in the absence of Disclosure and Barring Service (DBS) checks for members of the reception team who would act as chaperones.
- The practice policy and process for chaperoning did not reflect national guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and patients' needs and care were planned and delivered in line with current evidence based guidance.

Summary of findings

- The practice provided enhanced services which included immunisations and advanced care planning.
- The practice was proactive in completing clinical audits that demonstrated quality improvement. There was evidence that clinical audits were effective in improving outcomes for patients.
- The practice had robust systems in place to effectively monitor patients with long term conditions, by sharing responsibilities across the practice team.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice has started to use social media to promote the practice and improve patient's awareness following feedback from the patient participation group.

Summary of findings

- Extended hours appointments were not available at the practice and results from the national patient survey in January 2016 showed the practice had scored lower than the CCG and national averages for appointment access.
- The practice was well equipped to treat patients and meet their needs, but faced challenges due to the size of the building.
- A monthly newsletter was produced at the practice to keep patients informed of services and new initiatives.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Are services well-led?

The practice is rated as requires improvement for providing well-led services

- The practice had a strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and support the delivery of good quality care however we found that some of the arrangements to identify risks had not been completed.
- 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 patient participation group had not been active for the past 12 months.
- There was a strong focus on continuous learning and improvement at all levels.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. We saw evidence that all patients had a care plan and were offered same day appointments. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patient's conditions could be safely managed in the community and also offered support and care to seven local care homes.
- The practice pharmacist carried out medication checks and held regular meetings with the GPs to discuss patient's needs.

Requires improvement



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice nurse has won an award for setting up the Solihull respiratory group.
- The practice nurse ran a monthly meeting for nurses within the local area interested in chronic pulmonary obstructive disease (COPD) to improve the outcomes for patients with COPD in the community.
- Longer appointments and home visits were available when needed and patients who were housebound received reviews and vaccinations at home. For example, blood tests for warfarin monitoring.

Requires improvement



Summary of findings

- Patients with long term conditions had a named GP and a structured annual review to check their health and medicines needs were being met.
- The practice had successfully taken part in the clinical commissioning group (CCG) pilot for diabetes management and care.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- The practice's uptake for the cervical screening programme was 80% which was slightly lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. Antenatal care was provided by the midwife who held a clinic once a week at the practice.
- The practice had successfully recruited a young person representative on the patient participation group (PPG).

Requires improvement



Working age people (including those recently retired and students)

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

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.

Requires improvement



Summary of findings

- The practice did not offer extended hours. Results from the national GP survey in January 2016 showed 64% of patients were satisfied with the surgery's opening hours which was lower than the local average of 73% and the national average of 75%.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.

People whose circumstances may make them vulnerable

The practice was rated as requires improvement for safe and well led. 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 including those with a learning disability.
- The practice offered longer appointments and annual health checks for people with a learning disability. There were 39 patients on the learning disability register and all of the patients had received their annual health checks.
- Home visits were carried out to patients who were housebound and to other patients y that had a need.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held monthly meetings with the district nurses and community teams.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had 21 patients on the palliative care register and all of these patients had a care plan in place and had regular face to face reviews.
- The practice nurse had trained in MacMillan cancer care and was currently doing a pilot with MacMillan to support patients in the community.
- The practice had identified 57 patients as carers, this equates to 0.8% of the total patient population.

Requires improvement



Summary of findings

People experiencing poor mental health (including people with dementia)

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

- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support patients with mental health needs and dementia and the practice worked closely with the Alzheimer's society and all staff were dementia friends. The practice had 62 patients on their mental health register and 82% had had their care plans reviewed in the last 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice held a register of patients experiencing poor mental health. We saw that there were 41 patients on the mental health register and 85% had had care plans agreed.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 115 were returned. This represented 47% response rate and 1.6% of the total practice population.

- 78% of patients found it easy to get through to this practice by phone compared to the local CCG average of 68% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 83% and the national average of 85%.
- 84% of patients described the overall experience of this GP practice as good compared to the local CCG average of 83% and the national average of 85%.

- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 75% 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 34 comment cards which were all positive about the standard of care received. Patients told us the staff were caring and understanding and the reception staff were helpful

On the day of the inspection we spoke with six patients, including one member of the patient participation group (PPG). (PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service). All of the patients we spoke with said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff are risk assessed in the absence of a Disclosure and Barring Service (DBS) check when carrying out chaperoning duties, including assessing risk in relation to staff to ensure understanding and competency when undertaking chaperone duties.
- Take action to address identified risks following health and safety risk assessments undertaken.
- Ensure records are kept to evidence staff are up to date with the immunisations recommended for staff who work in general practice

Action the service **SHOULD** take to improve

- Review systems for ensuring effective communication is in place for all staff; including non clinical staff.
- We reviewed five personnel files and found Disclosure and Barring Service (DBS) checks from previous employers for some of the nursing team. Complete risk assessments for all employees who had not had DBS checks completed at time of recruitment.

St Margarets Medical Practice

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 and a practice manager specialist adviser.

Background to St Margarets Medical Practice

St Margarets Medical Practice is based in Olton, Solihull which is an area of the West Midlands.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients.

The practice provides primary medical services to approximately 7,000 patients in the local community. The practice is run by four GP partners; (two male and two female). The nursing team consists of three practice nurses and two health care assistants. The non-clinical team consists of administrative and reception staff and a practice manager. The practice supports Birmingham University in the mentoring of student nurses.

The area served has lower deprivation compared to England as a whole and ranked at nine out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6.30pm Monday to Friday. There are no extended hours appointments available. Urgent appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery.

The out of hours service is provided by Badger Out of Hours Service and NHS 111 service and information about this is available on the practice website.

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

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.

Detailed findings

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 14 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, practice manager, reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for recording significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice and the practice kept the clinical commissioning group (CCG) up to date of incidents and outcomes.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of 17 significant events that had occurred since January 2015.
- The practice carried out a thorough analysis of significant events and kept a record on the shared drive for all staff to review actions taken and lessons learnt.
- Significant events, safety alerts, medicines alerts, and complaints were all standing agenda items at the monthly partners meeting and we reviewed minutes of meetings where these were discussed.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to the appropriate level for child protection and child safeguarding (level 3).
- A notice in the waiting room advised patients that chaperones were available. Some of the reception team would act as a chaperone when required. There had been no risk assessment completed to determine if Disclosure and Barring Service (DBS) checks were required for members of the reception team who acted as chaperones. (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). On speaking with staff concerning chaperone duties, training had not been received and it was apparent that nationally recognised guidance, such as the General Medical Council (GMC) chaperoning guidelines, was not being adhered to. Since the inspection we have received confirmation that all staff requiring disclosure and barring (DBS) checks have been requested.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The latest audit had been completed in December 2015 and the practice had achieved 98%.
- The practice did not keep records to support that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines, but we saw evidence that the practice had liaised with occupational health to organise this.
- 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). The

Are services safe?

vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants (HCAs) were trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed five personnel files and found gaps in the recruitment checks prior to employment. For example we found risk assessments hadn't been completed in the absence of up to date Disclosure and Barring Service checks for the practice nurse and health care assistant.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety, a health and safety risk assessment had been completed in March 2016 and a fire risk assessment in July 2015. The fire risk assessment identified an electrical check of the premises was required, this had not been actioned. Since the inspection we have received confirmation that an electrical maintenance review has been completed.

- Fire drills were carried out annually and fire alarm checks and fire extinguishers were also checked on an annual basis.
- 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 last review had been completed in November 2015.
- 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 (COSHH) and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in April 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received basic life support training including regular training updates.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.4% of the total number of points available; this was higher than the national average of 94.8%. Exception reporting was 11.4%, compared to the national average exception reporting of 9.2%. (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 GP Specialist adviser reviewed the data and was satisfied with the clinical processes in place at the practice.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators whose last measured total cholesterol in the last 12 months was 5 mmol/l or less was 86%, compared to the national average of 81%
- Performance for patients with mental health related indicators who have a comprehensive care plan documented in the record in the last 12 months was 97% compared to the national average of 88%.

Clinical audits had been carried out that demonstrated relevant changes had been made that led to improvements in patient care. The practice had completed 16 clinical audits in the last two years. We reviewed two completed audits, for example:

- An audit was completed to review patients with a diagnosis of Osteoporosis to ensure that they were receiving a bone sparing agent. The audit identified 96 patients with a diagnosis of Osteoporosis, 21 were not on an appropriate bone sparing agent. The GPs contacted each patient to prescribe the appropriate medication.
- An audit was carried out to identify patients who were on high risk medicine that had not had a recent blood pressure review. The audit identified 17 patients on high risk medicine, 15 were up to date with reviews. The practice contacted the two patients on the list to organise appointments.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

The practice worked closely with the practice pharmacists to ensure appropriate prescribing and with the nursing team to review and monitor patients with long term conditions.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and alcohol intake. Patients were signposted to the relevant service.
- The practice nurse had organised a monthly group of nurses within the community who had an interest in COPD (Chronic Obstructive Pulmonary Disease) to improve the quality of care for COPD patients in Solihull.

The practice's uptake for the cervical screening programme was 79.6%, which was slightly lower than the CCG average of 81.2% and the national average of 81.8%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening, for example:

- 81% of female patients aged from 50 to 70 years of age had been screened for breast cancer during the last 36 months. This was higher than the CCG average of 74% and England average of 72%.
- 61% of patients aged 60 years to 69 years had been screened for bowel cancer in the last 30 months. This was in line with the CCG average of 60%, and higher than the national average 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 100% and five year olds from 93.2% to 96.6%.

Patients had access to appropriate reviews for long term conditions. Health promotions, screening and health checks were offered. Stop smoking advice and counselling services were also offered at the practice.

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.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent, first class service and staff were very helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice provided facilities to help patients be involved in decisions about their care and staff told us that translation services were available for patients who did not have English as a first language and a hearing loop was available for patients who had difficulty hearing.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 57 patients as carers, this equates to 0.8% of the total patient population. On interviewing the GPs concerning the low numbers on

the register, they confirmed they had 240 patients resident in care homes which represented 3.4% of the practice list, carers for this group of patients were not routinely identified as carers on the practice computer system.

Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to give advice and support.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice offered a range of clinical services which included care for long term conditions such as diabetes and anti-coagulation clinics, a range of health promotion and the midwife offered antenatal appointments once a week.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 08.00am and 6.30pm Monday to Friday. Appointments were from 9am to 11.40am every morning and 3.30pm to 5.30pm daily. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. Extended hours were not provided.

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

- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

The practice scored lower for opening hours in comparison to the CCG and national average.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 via the practice website and information was available in reception.

We looked at two written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and a robust complaints register was in place to record complaints and the actions taken. Complaints were discussed at the partners meetings and cascaded to staff via internal messaging system. Lessons learnt were used to improve the quality of care.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care, but was found to be not robust in assessing and managing risks and implementing actions from identified risks. For example, the last health and safety risk assessment had identified areas that required action, but these had not been completed.

There were structures and procedures in place to ensure that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

On the day of inspection the partners in 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 partners were approachable and always took the time to listen to all members of staff.

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

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support and a verbal and written apology
- The practice 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 did not hold administration team meetings, but they were kept up to date of changes by the internal messaging system.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the practice manager and felt confident in doing so.
- Staff said they felt respected, valued and supported, in the practice. All the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice had a PPG which had not met since March 2015, but on speaking with the PPG chair a meeting had been organised for June 2016 to rejuvenate the group.
- The practice had acted on feedback received from patients regarding concerns over confidentiality in the reception area. A glass partition had been put in place to minimise conversations being overheard.
- The practice had gathered feedback from staff through appraisals and discussion. Staff 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.

Continuous improvement

Are services well-led?

Requires improvement



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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- One of the practice nurses had completed a practice nurse cancer course and received an award from MacMillan nurse cancer support.

- The practice nurse has won an award for setting up the Solihull respiratory group and had set up a monthly group in the local community for nurses with an interest in respiratory conditions.
- The practice supported Birmingham University in the mentoring of student nurses.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">• The registered person had not carried out the appropriate checks through the Disclosure and Barring Service (DBS) or completed risk assessments in the absence of a DBS check for staff who acted as a chaperone.• The health & safety risk assessment had identified the need for an electrical review of the practice, which had not been acted on.• The practice did not keep records to support that staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines.