Baldwins Lane Surgery

Quality Report

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Date of inspection visit: 3 October 2017
Date of publication: 14/11/2017

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?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example, the practice had arrangements for responding to non-medical major incidents. However, the practice had not considered the appropriateness' of the storage of emergency medicines and equipment ensuring they were easily accessible in an emergency.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, there were areas of medicine management, which did not provide assurance that blood monitoring results were reviewed prior to generating repeat prescriptions.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national average. However, exception reporting (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) for some clinical domains were above average. Staff we spoke with were aware of this and were taking action to increase patient engagement.
- There were evidence of some quality improvement activities such as clinical audits, which demonstrated areas where improvements had been achieved.
- Results from the national GP patient survey showed a mixture of below and comparable local and national average results in patients' satisfaction regarding feelings of being treated with compassion, dignity and respect and being involved in their care and decisions about their treatment. The practice was aware of these results; however, were unable to demonstrate they had started any actions to improve patient satisfaction.

Summary of findings

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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 worked closely with neighbouring practices to provide more services to their patient population.
- The practice had adequate facilities and was well equipped to treat patients and meet their needs. However, some areas of the practice were not easily accessible to patients using a wheelchair.
- There was a clear leadership structure and staff felt supported by management.
- The practice had clinical and managerial leadership and governance arrangements. However, oversight of some governance arrangements such as management of medicines, some risks; monitoring training needs and actions to improve patient satisfaction was not effective.

The areas where the provider must make improvement are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.

The areas where the provider should make improvement are:

- Ensure effective oversight of governance arrangements to ensure practice policies and processes are well embedded.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Continue to review national GP patient survey results and internal patient feedback; explore effective ways to improve patient satisfaction.

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

- The practice were unable to demonstrate appropriate monitoring of patients on some high risk medicines.
- The practice had systems, processes and practices to minimise risks to patient safety. For example, risk assessments such as fire safety had been carried out. However, there were areas of the recruitment process, which was not operated effectively.
- We found there was a system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went, wrong patients were informed as soon as practicable, received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents. However, the practice had not considered the appropriateness of the storage of emergency medicines and equipment ensuring they were easily accessible in an emergency.

Are services effective?

Good

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to local and national average. However, exception reporting for some clinical areas were above local and national averages.
- Staff we spoke with was aware of their high exception reporting rates and we saw that patient's reviews were being managed appropriately.
- Clinical audits we viewed demonstrated quality improvement.
- There was evidence of appraisals for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

- Data from the July 2017 national GP patient survey showed variations in patients' satisfaction. For example, patients rated the practice either below or comparable for several aspects of

Summary of findings

care compared to local and national averages. The practice was aware of survey results; however, unable to demonstrate they had started any of the proposed actions to address areas of concern.

- Completed Care Quality Commission comment cards we received showed that patients felt that they were treated with compassion, dignity and respect. Patients also felt they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible within the practice and on the practice website.
- There was a designated lead person responsible for identifying carers and keeping the carers list up to date. The practice engaged with local carer organisations and carers had access to priority appointments, which were available weekly.
- An individual worker coordinated bereavement support for families and developed a comprehensive bereavement pack, which the practice shared with the local Clinical Commissioning Group.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

- The practice understood its population profile and used this understanding to meet the needs of its population. For example, a number of clinics such as diabetic care and clinics for patients with learning disabilities were available within the practice.
- Staff worked collaboratively with neighbouring practices as part of Hall Green Collaborative team, which enabled the practice to offer more services to their patient population. For example, insulin initiation, Alzheimer society drop-in sessions and pre-diabetes educational sessions.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients comments from the completed Care Quality Commission comment cards we received during the inspection showed that patients 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 had good facilities and was well equipped to treat patients and meet their needs. However, some areas of the practice was not easily accessible to patients using a

Summary of findings

wheelchair. The practice carried out a review of their compliance with the Equality Act; however, clinical rooms which had step access had not been identified within the assessment.
- Information about how to complain was available and evidence from five examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with staff involvement and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. However, oversight of some procedures were not effective.
- An overarching governance framework was in place to support the delivery of the strategy and good quality care. However, some arrangements to monitor and improve quality, identify and establish actions to mitigate risk were not always effective.
- Staff had received inductions, annual performance reviews and attended staff meetings. However, documentation we viewed showed the frequency of meetings were not consistent.
- The management team encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients. The practice engaged with the patient participation group. However, staff were unable to demonstrate that they had started proposed actions to improve areas of patient satisfaction identified in the patient survey.
- GPs were skilled in specialist areas and used their expertise to offer additional services to patients. Clinical and non-clinical staff completed some training. However, systems for monitoring and responding to training needs was not operated effectively.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- Staff we spoke with were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients; for example, staff visited local nursing/residential homes when requested, offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. Clinicians involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- The practice provided health promotion advice and literature, which sign-posted patients to local community groups, exercise for over 50s and charities such as Age UK.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Overall performance for diabetes related indicators was above the CCG and national averages. For example, 99% compared to CCG average of 91% and national average of 90%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Summary of findings

- The practice offered in house spirometry and managed all respiratory conditions. Discharge reviews were carried out following a respiratory admission.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, staff explained the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. However, QOF data showed the practice was performing below local and national averages for the management of patients diagnosed with asthma.
- The practice offered weekly diabetes clinics and insulin initiation was accessible from a neighbouring practice. Patients had access to minor ops procedures at the practice.

Families, children and young people

Requires improvement 

The practice is rated as requires improvement for the care of families, children and young people. This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- There were systems 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 accident and emergency (A&E) attendances.
- Immunisation rates were comparable to local and national averages for all standard childhood immunisations.
- Staff we spoke with were able to demonstrate how they would ensure children and young people were treated in an age-appropriate way and that they would recognise them as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice carries out new patient examinations for children and young people to offer advice and listen to concerns.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, a dedicated antenatal, post-natal and child health surveillance clinic were available within the practice.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- Referral pathways were in place for patients to access Umbrella (Sexual Health Service). The principal GP provided a sexual health clinic at Umbrella and patients were able to access the

Summary of findings

service. The principal GP was also a qualified gynaecologist (the study of the female reproductive system, its functions, disorders and diseases) and provided patients with expert advice in this area.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, online appointment booking as well as online repeat prescription requests.
- The practice encouraged the use of Electronic Transfer of Prescriptions.
- The practice offered the meningitis vaccine for 18 year olds and students going to university.
- Patients were signposted to external service for smoking cessation, mental health issues, alcohol advice/support and healthy eating.
- The practice's uptake for the cervical screening programme was comparable to local and national averages. For example, the practice had achieved 83%, compared to CCG average of 80% and the national average of 82%. Unverified data for 2016 to 2017 showed an 87% uptake rate.
- The practice provided new patient health checks and routine NHS health checks for patients aged 40-74 years.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

Summary of findings

- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access a number of support groups and voluntary organisations.
- Staff we spoke with knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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 held a carers list. Carers had access to a range of services, for example annual health checks, flu vaccinations and a review of their stress levels. Data provided by the practice showed the practice had identified 33 patients as carers (approximately 1% of the practice list).

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). This is because the concerns identified in relation to how safe, caring, responsive and well-led the practice was impacted on all population groups.

- The practice carried out advance care planning for patients living with dementia.
- 73% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the last 12 months, compared to CCG average of 62% and national average of 63%.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. For example, patients were able to access clinics such as dementia and Alzheimer society drop-in sessions at a neighbouring practice.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Overall performance for mental health related indicators was above the CCG and national averages. For example, 98% compared to CCG average of 92% and national average of 93%.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing in line with local and national averages in most areas. A total of 277 survey forms were distributed and 94 were returned. This represented 34% response rate, compared to the national average of 38% and approximately 2% of the total practice population.

- 76% of patients described the overall experience of this GP practice as good compared with the CCG average of 81% and the national average of 85%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 58% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards, which were all positive about the standard of care received. Staff were described as good listeners, understanding, friendly and respectful. Comments were positive across both clinical and non-clinical staff members. We spoke with four patients who provided positive feedback regarding the service provided.

Data provided by the practice from the August 2017 friends and family test showed that 56 patients completed the survey, 49 of whom would recommend the practice to a friend or family (88%).

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate training necessary to enable them to carry out the duties.

Action the service SHOULD take to improve

- Ensure effective oversight of governance arrangements to ensure practice policies and processes are well embedded.
- Continue exploring and establishing effective methods to identify carers in order to provide further support where needed.
- Continue to review national GP patient survey results and internal patient feedback; explore effective ways to improve patient satisfaction.

Baldwins Lane Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Led by a CQC Lead Inspector**.** The team included a second CQC Inspector and a GP specialist adviser.

Background to Baldwins Lane Surgery

Baldwins Lane Surgery is located in Hall Green, Birmingham. The practice is situated in a converted two-story building, which was previously a residential building, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Baldwins Lane Surgery are above the national average, ranked at seven out of 10, with 10 being the least deprived. (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial). The practice serves a higher than average patient population aged between five to 14 and 35 to 84. Patients aged between 15 to 24 and 30 to 34 are below local and national average. Based on data available from Public Health England, the Ethnicity estimate is 3% Mixed, 20% Asian, 2% Black and 1% other non-white ethnic groups.

The patient list is 3,808 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

Limited on-site parking is available with designated parking for cyclists and patients who display a disabled blue badge. The surgery does not have automatic entrance doors; however, staff attended to patients when they require assistance to access the practice.

The practice staffing comprises of one male principal GP, two part time sessional GPs, two practice nurses, one health care assistant, a phlebotomist and a practice pharmacist. Management and reception team consists of one practice manager who is supported by a team of receptionists and administrators.

The practice is also an approved training practice providing training to medical students. The practice facilitates trainee doctors' on a six months rotational basis.

The practice is open between 8am and 6.30pm Mondays, Tuesdays and Fridays; 8am to 1pm Wednesdays, and 8am to 7pm on Thursdays.

Morning GP consulting hours are from 9am to 12 noon Mondays to Fridays. Afternoon consulting hours are from 3pm to 6pm daily, except for Wednesdays where the surgery closes at 12 noon. Extended consulting hours are provided on Thursdays from 6pm to 7.30pm.

During the surgeries in hour's closure on Wednesdays from 12 noon to 7pm, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. The practice has opted out of providing cover to patients in their out of hours period including weekends and Bank Holidays. During this time, services are provided by NHS 111.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 October 2017. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, administrators, a practice manager and clinical secretary.
- Spoke with three members of the Patient Participation Group (PPG).
- Observed how patients were being cared for in the reception area.
- 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.
- Looked at information the practice used to deliver care and treatment plans.

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 living 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 a system for reporting and recording significant events.

- 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).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw some evidence that lessons were shared and action was always taken to improve safety in the practice. For example, systems for checking vaccines before administration was reviewed and strengthened.
- The practice also carried out yearly analysis to monitor trends in significant events and evaluated any action taken.

We reviewed the management of safety alerts, such as local alerts; medical device alerts and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). Staff we spoke with were able to demonstrate how they received and disseminated safety alerts throughout the practice. The practice proactively worked as a team and with the Clinical Commissioning Group (CCG) medicines management team to ensure compliance with relevant safety alerts. For example, the practice responded appropriately to a recall on equipment used by diabetic patients and an alert, which required the practice to review the treatment of women of childbearing age. The practice also reviewed their call and recall system in response to a local alert to ensure processes remained effective in order to maximise uptake of required vaccinations. For example, we saw appropriate actions taken to identify patient groups at risk of developing life-threatening infections.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined whom to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The practice provided comprehensive documents, which demonstrated proactive actions to safeguard vulnerable patients. GPs attended safeguarding meetings when possible or provided reports where necessary for other agencies.
- Staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Nurses had received child safeguarding level three and safeguarding adults level two training. Non-clinical staff were trained to the appropriate level for their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best

practice. Staff explained that the business manager supported the nurse in this role; however, when asked the nurse was not aware of this change to the staffing structure.

- There was an IPC protocol and most staff had received up to date training. Staff who had not received IPC training, such as non-clinical staff were able to explain how they would safely handle clinical specimens and showed awareness of processes to deal with the spillage of bodily fluids.
- An external infection control specialist undertook annual IPC audits. The practice scored 96% compliance in their September 2017 IPC audit and we saw evidence of actions taken to address any improvements identified as a result. For example, processes for checking clinical waste was reviewed and strengthened to minimise the risk of infection or injury to patients, staff and the public.
- We checked vaccination fridges and saw that they were adequately stocked, there was good stock rotation; plugs were not accessible and the fridges were clean and tidy. Vaccination fridge temperatures were effectively monitored and documentation we viewed showed that temperatures were being recorded correctly.
- Records demonstrated that appropriate staff were up to date with immunisations recommended for staff who are working in general practice.

Arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always demonstrate effective measures to minimise risks to patient safety. For example:

- There were processes for handling repeat prescriptions, which included the review of high-risk medicines. Repeat prescriptions were signed before being issuing to patients and there was a reliable process to ensure this occurred. Staff explained that the practice carried out regular medicines audits, with the support of the local clinical commissioning group medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. However, from an anonymised sample of clinical records viewed, clinicians were unable to demonstrate that they had assured themselves that monitoring had occurred and blood monitoring results were acceptable before generating repeat prescriptions as this information had not been recorded in patients consultation notes.
- The practice made use of the electronic prescription service. There were processes in place to ensure that prescription stationery within the practice such as blank prescription forms and pads were securely stored with systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed five personnel files and found appropriate recruitment checks had mainly been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However, there was no evidence of satisfactory conduct in previous employments in the form of references for two staff members.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety in most areas.

- There was a health and safety policy available. The practice carried out a health and safety risk assessment. We saw evidence of actions taken as a result of the assessment findings. For example, the practice implemented a fire safety logbook.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan, which identified how staff could support patients with mobility problems to vacate the premises.

Requires improvement

Are services safe?

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. However, staff who checked the working status of emergency equipment were not documenting these checks.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The practice used a rota system to plan and monitor the number of staff and mix of staff needed to meet patients' needs. However, the practice were unable to demonstrate they were using it effectively to enable continuous review and adaption of staffing levels. For example, staff explained that the clinical team had reduced over the past three months; however, the practice had not established a clear plan to respond to changing needs and circumstances.

Arrangements to deal with emergencies and major incidents

The practice had arrangements 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.
- Staff we spoke with were able to demonstrate how they would respond to medical emergencies. We saw that some staffs' annual basic life support training was due for renewal. Staff we spoke with explained that training had been booked and we saw evidence of this.
- 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. A first aid kit and accident book were available.
- Emergency medicines and equipment we checked were stored securely in the practice and all staff knew of their location. However, we saw the practice stored emergency medicines and equipment in different locations around the practice. For example, emergency medicines were located in three different rooms and the practice did not carry out a risk assessment to identify or mitigate potential risks.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Staff explained that the plan was accessible on practice computers; hard copies were located in the reception office as well as accessible through a mobile phone application.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 2015/16 showed the practice achieved 100% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 95%.

Overall, clinical exception rates were comparable to CCG and national averages. For example, 10%, compared to the CCG and national average of 10%. (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). However, exception reporting rates for some individual clinical indicators were significantly higher than the CCG and national averages. We looked at the practice exception reporting and saw that staff were following established protocols, which showed appropriate decision making to remove patients from QOF calculations.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed that overall performance for clinical indicators were above local and national averages with the exception of exception reporting for some individual clinical areas. Unverified data from the 2017/18 QOF year provided by the practice demonstrated areas of improvements. For example:

- 73% of patients diagnosed with asthma had a review in the preceding 12 months that includes an assessment of asthma control using recognised methods, compared to CCG average of 75% and national average of 76%, with an exception reporting rate of 32%, compared to CCG average of 7% and national average of 8%. Unverified data provided by the practice showed exception reporting rate had reduced to 23%.
- Overall performance for the treatment of patients with COPD was above CCG and national average. For example, 100%, compared to CCG average of 97% and national average of 96%. However, exception reporting rates for patients who had a review undertaken using recognised methods was 25%, compared to CCG average of 13% and national average of 11%. Unverified data provided by the practice showed exception reporting rate had reduced to 4%.
- Overall performance for dementia related indicators was above CCG and national averages. For example, 100% compared to CCG average of 96% and national average of 97%. However, exception reporting rates for newly diagnosed patients who received a full review of their treatment was 20%, compared to CCG average of 10% and national average of 7%. Unverified data showed 5% exception reporting rate.
- Overall performance for diabetes related indicators was above the CCG and national averages. For example, 99% compared to CCG average of 91% and national average of 90%.
- Overall performance for mental health related indicators was above the CCG and national averages. For example, 98% compared to CCG average of 92% and national average of 93%.

Staff demonstrated that they had a handle on some areas of QOF performance and were able to explain actions taken to improve some areas of poor performance. For example, staff followed established protocols for managing exception reporting such as sending up to three appointment reminder letters; this was followed up by phone calls to encourage patients to attend appointments and required reviews. Clinicians would review multiple missed appointments before making the decision to exclude patients. Staff we spoke with explained that QOF performance were discussed during clinical meetings. The

Good

Are services effective?

(for example, treatment is effective)

practice had introduced a text messaging service in an attempt to improve patient engagement. Unverified data provided by the practice showed a reduction in the practice exception reporting rates.

There was evidence of quality improvement activities including clinical audit:

- There had been six clinical audits commenced in the last two years, several of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the management of patients in receipt of antipsychotic medicines. Data provided by the practice showed improvement in the management of this patient group.
- The practice worked with the local Clinical Commissioning Group medicines management team as part of Aspiring to Clinical Excellence (ACE) foundation to ensure prescribing was in line with national and local guidelines. The practice provided evidence of an audit on antibiotic prescribing which showed the practice was prescribing in line with national and local guidance.

Effective staffing

Evidence reviewed showed that clinical staff had the skills and knowledge to deliver effective care and treatment. However, we saw that some training for non clinical staff had not been renewed.

- 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.
- Nurses explained that they attended training and updating sessions, which were specifically related to 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. Members of the nursing team explained that they received updates via local nursing forums.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. There were support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff had access to e-learning training modules and in-house training. Staff received training that included: safeguarding, fire safety awareness and information governance. The practice explained that basic life support renewal training had been booked. However, some non-clinical staff had not completed infection control or health and safety 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 operated an effective system for managing correspondence received from secondary care. From the anonymised documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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. The practice used nationally approved consent forms such as those approved by the Royal College of General Practice (RCGP).
- Training records showed that relevant staff had completed Mental Capacity Act training.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management services.
- There were dedicated leads for diabetes, sexual health, Chronic Obstructive Pulmonary Disease (COPD), bowel cancer and patients with learning disability. There were patient specific clinics for vulnerable patients, for example patients on the learning disability register.
- The practice offered weekly diabetic clinics held by a diabetic nurse.
- There was a range of health promotion information displayed in the practice to support patients. For example, the practice developed a leaflet aimed at over 50s, which encouraged involvement in regular exercise based at local community halls. Staff explained feedback from patients were positive.
- Information regarding various community based services was also available on the practice website.
- Healthy eating and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 80% and national average of 82%. Unverified 2016/17 data provided by the practice showed uptake of 87%. There was a policy to offer telephone or written reminders to patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also flagged non-attenders on the practice clinical record, which prompts further discussion during appointments. Staff we spoke with explained the failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred because of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. 2015/16 data we viewed showed that performance was above local averages and comparable to national averages. For example:

- Females, 50-70, screened for breast cancer in last 36 months (3 year coverage) was 76% compared to CCG average of 69% and national average of 73%.
- Females, 50-70, screened for breast cancer in last 6 months of invitation was 69% compared to CCG average of 66% and national average of 74%.
- Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage) was 58%, compared to CCG average of 50% and national average of 59%.
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 58%, compared to CCG average of 48% and national average of 58%.

Staff we spoke with explained that they were opportunistically encouraging patients to engage in testing. Staff also explained that the practice was actively calling patients to discuss the benefits of screenings. We saw various informational leaflets in patient waiting areas.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages. For example, unverified 2016/17 data provided by the practice showed rates for the vaccines given to under two year olds were 90% and five year olds were 85%

Good

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, professional and caring.

We spoke with four patients including three members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice. Comments highlighted that all staff were friendly and patients felt able to complain if they needed to.

Latest results from the national GP patient survey published July 2017 showed variations in how patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and comparable on scores regarding nurses. For example:

- 73% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 74% of patients said the GP gave them enough time compared to the CCG and national average of 86%.
- 87% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 67% 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 national average of 86%.
- 89% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and national average of 91%.
- 93% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

The practice was aware of the national GP survey data and we were told that the practice were exploring training needs to improve communication skills and had prepared an action plan to address areas of lower than average patient satisfaction. However, staff could not provide documentation to support this or demonstrate they had started any of the proposed actions. We were told that there were plans to carry out an internal survey during October 2017 to measure patients' satisfaction. Staff also explained that they discussed the results with the patient participation group. However, members of the PPG group we spoke with were unable to recall any discussions regarding patient satisfaction.

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.

Staff we spoke with were able to demonstrate how they ensured children and young people were treated in an

age-appropriate way and recognised as individuals. For example, staff explained that when deciding whether a child is mature enough to make decisions they used 'Gillick competency' (guidelines used to help balance children's rights and wishes with responsibility to keep children safe from harm).

Results from the national GP patient survey showed patients responded less positively to questions relating to the GPs about their involvement in planning and making decisions about their care and treatment. However, patient's satisfaction with nurses were more positive. Results showed variation compared to local and national averages. For example:

- 72% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 82%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.
- The E-Referral service was used with patients as appropriate. (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).
- Various leaflets were located in the reception area as well as the practice website, which provided patients with a variety of information, such as self-help services.
- Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

Patient and carer support to cope emotionally with care and treatment

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 33 patients as carers (approximately 1% of the practice list). A member of staff acted as a carers' champion to help ensure that the various services supporting carers were coordinated and effective. Staff explained that they had established referral pathways to the local carers' hub. Written information was available to direct carers to the various avenues of support available to them. Clear referral pathways to link workers were in place. The practice carried out an audit in May 2017, which enabled them to maintain accurate records for those on the practice carers list.

An individual lead worker coordinated bereavement support for families. Staff told us that if families had experienced bereavement, they were contacted by the lead worker who arranged a consultation or a call back with the families usual GP at a flexible time and location to meet the family's needs. The practice sent sympathy cards to loved ones. The carers lead developed a comprehensive carer's pack, which provided families detailed advice on how to find a support service and processes for arranging funerals. The practice shared their bereavement pack with the local CCG who plans to roll this out to other neighbouring practices.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile, which enabled a greater understanding of the impact of being located in a neighbourhood of high levels of deprivation and the ethnicity build-up of registered patients. The practice had used this understanding and work collaboratively with neighbouring practices as part of Hall Green Collaborative team delivering CCG Aspiring to Clinical Excellence (ACE) programme to meet the needs of its population. ACE is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices to further improve care offered to patients.

- The practice offered extended hours on a Thursday evening until 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. Staff explained that care plan templates were tailor made to support better identification of patients' needs and the patient recall system was strengthened.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice sent text message reminders of appointments and test results by text message.
- Staff made use of a range of on-line services. For example, patients had access to on-line appointment booking, electronic prescription service (EPS allows prescriptions to be sent direct to pharmacies through IT systems used in GP surgeries) and online access to their care records.
- Patients were able to receive travel vaccines available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available. Most areas were accessible to patients using a wheelchair. However, some areas such as access to some clinic rooms were not fully accessible to patients using a wheelchair.The practice had carried out a review of their compliance with the Equality Act; however, clinical rooms which had step access had not been identified and actions to make reasonable adjustments to their premises had not been established.
- Some patients we spoke with during the inspection, commented on the practice not being easily accessible for patients using wheelchairs.
- Staff explained that they had clear referral pathways to the local disability service centre. We were told that patients provided positive feedback regarding the service provided.
- As part of Hall Green Collaborative team patients were able to access clinics such as insulin initiation and anti-coagulation (a clinic for monitoring patients on Warfarin, a blood thinning medication). Staff explained that patients also had access to clinics such as dementia, Alzheimer society drop-in sessions, pre-diabetes educational sessions and ambulatory blood pressure monitoring. However, the practice had not established a system to monitor uptake or attendance rates.
- The practice had considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

Access to the service

The practice is open between 8am and 6.30pm Mondays, Tuesdays and Fridays; 8am to 1pm Wednesdays, and 8am to 7pm on Thursdays. Morning GP consulting hours are from 9am to 12 noon Mondays to Fridays. Afternoon consulting hours are from 3pm to 6pm daily, except for Wednesdays where the surgery closes at 12 noon. Extended consulting hours are provided on Thursdays from 6pm to 7.30pm. During the surgeries in hour's closure on Wednesdays from 12 noon to 7pm services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 74% and the national average of 76%.
- 78% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and national average of 71%.
- 87% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 80% and the national average of 84%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 73% of patients described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.
- 69% of patients said they do not normally have to wait too long to be seen compared with the CCG average of 51% and the national average of 58%.

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

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Staff we spoke with advised us that patients who requested a home visit would be placed on a home visit request list, which GPs worked though collectively. Staff explained that GPs would call the patient or carer in advance to gather information to allow an informed decision to be made on prioritisation according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, staff explained that alternative emergency care arrangements were made by the GP. Clinical and non-clinical staff we spoke with were aware of their responsibilities when managing requests for home visits. Staff we spoke with explained how they navigate patient's appointments effectively.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- The practice's 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, posters displayed in patient waiting areas, complaints summary leaflets as well as information on the practice website.

The practice had received nine complaints in the last 12 months. From the complaints, we looked at in detail we found these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. We saw evidence of actions' taken as a result to improve the quality of care. For example, staff were reminded of the importance of clearly understanding patients' requests and clinicians received additional training to support them in using the clinical systems.

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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear 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 mainly supported the delivery of the strategy and good quality care. However, there were areas of the governance arrangements, which did not always effectively support the delivery of the safe and effective care.

- Staff we spoke with showed they had the required competencies' to cover the scope of their work. The practice had a system to monitor training, learning and development needs; however, the system was not operated effectively. For example, we found that training such as infection control, health and safety had not been completed by some non-clinical staff.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, diabetes care, respiratory, chronic disease and sexual health. However not all staff knew the responsibilities of the other staff. For example, members of the nursing team did not know the business manager was joint infection control lead.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the practice QOF performance was maintained. Actions to improve identified areas such as exception reporting rates had been established.
- We saw evidence from meeting minutes that learning from significant events and complaints was discussed during practice meetings.
- Staff we spoke with told us that practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. However, documentation we viewed showed frequency of meetings were not consistent. Staff we spoke with explained that there had been occasions when meetings had not taken place during periods of low staffing levels.
- A programme of continuous clinical and internal audit was used in most areas to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions in some areas. However, the practice did not establish an effective process for monitoring and responding to staffing levels in a timely manner. Risks relating to the appropriateness' of the storage of emergency medicines and equipment including actions to make reasonable adjustments to the premises for patients using a wheelchair had not been fully explored.
- The recruitment process was not always being operated effectively. For example, the process for assessing whether applicants were of good character was not well embedded.

Leadership and culture

Staff told us the management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems 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 lead GP and management team encouraged a culture of openness and honesty. From the sample of documented incidents we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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 clear leadership structure and staff felt supported by management.

- The practice held and minuted a range of multidisciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the principal GP. Staff were involved in discussions about how to run and develop the practice, and 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 sought feedback from patients through the patient participation group (PPG). The PPG met regularly with the practice management team where the practice discuss and shared areas for improvements as well as proposed initiatives. For example, the practice developed a leaflet, which detailed local movement classes, which would suit less mobile patients and increase awareness of carers. The PPG we involved in promoting the service and encouraging uptake. The PPG were also involved in increasing patient's knowledge and awareness of dementia and cancer.
- The sought feedback through the friends and family test which the practice analysed during practice meetings as well as complaints received.
- However, there were areas where the practice were unable to demonstrate they had started proposed actions to improve patient satisfaction in areas where the practice scored below local and national averages.
- Staff provided feedback generally staff meetings, appraisals and discussion. All staff were involved in discussions about how to run and develop the practice, and practice management encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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:** The registered persons had not done all that was reasonably practicable to ensure care and treatment was provided in a safe way to patient. In particular, there were areas of medicines management, which was not managed safely. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had systems and processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Recruitment processes were not operated effectively. For example, evidence of satisfactory conduct in previous employments in the form of references were not always being obtained for staff employed. Systems and processes to enable the provider to identify, assess and introduce measures to reduce risk were not

This section is primarily information for the provider

Requirement notices

carried out effectively. For example, the practice had not considered the appropriateness' of the storage of emergency medicines and equipment ensuring they were easily accessible in an emergency.

Risk assessments did not identify clinical rooms which had step access and actions to make reasonable adjustments to the premises to improve access for patients using a wheelchair had not been fully explored.

This was in breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate training and professional development as was necessary to enable them to carry out the duties they were employed to perform. In particular, infection control, health and safety training. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.