

Dr Waleed Doski

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 Dr Waleed Doski on 28 September 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there was no formal evidence that lessons learned were shared amongst the team.
- Risks to patients were assessed and managed, with the exception of risks identified in a fire risk assessment carried out in 2013. Risks identified had not been actioned.
- The practice had taken the decision not to keep oxygen on the premises and had documented their rationale for this decision.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received training to enable them to have the necessary skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and courtesy and that 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 the GP and there was continuity of care, with urgent appointments available the same day. Although there was a system for patients to see a female GP, this was not advertised in the reception area.
- Practice nurse appointments were available for 10 hours per week over three days.

Summary of findings

- The practice had reasonable facilities and was sufficiently equipped to treat patients and meet their needs.
- The GP spoke Kurdish and Arabic, which was appreciated by their patients who spoke those languages. The practice also accepted patients who spoke these languages from outside the catchment area.
- There was a leadership structure and staff said that they were supported by the management team. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was an ethos of care, but it was not underpinned by effective protocols.

The areas where the provider must make improvement are:

- Implement formal governance arrangements including systems for assessing and monitoring risks to the health and safety of service users.
- Take action to address outstanding issues identified in the fire risk assessment of June 2013.
- Carry out a satisfactory risk assessment around the practice's ability to meet urgent patient needs in an emergency.

The areas where the provider should make improvement are:

- Review the frequency of quality improvement activities such as clinical audit to ensure that improvements to patient outcomes are monitored and maintained.
- Consider ways to improve patient experience in relation to treating patients with dignity and respect and involving them in decisions about their care.
- Introduce processes to ensure that any lessons learned from significant events, incidents and near misses are recorded and shared amongst all staff.
- Carry out risk assessments on long standing members of staff who do not have a CRB or DBS check.
- Keep the decision not to store oxygen on the premises under regular review.
- Carry out and record regular visual checks and portable appliance testing in accordance with Health and Safety Executive guidelines for maintaining equipment.
- Ensure that all staff know where to find practice policies on the intranet.
- Undertake a formal risk assessment before accepting a previously issued Disclosure and Barring Service (DBS) check for a new employee. Amend the DBS policy accordingly.
- Ensure that the prescriptions in the GP's bag are tracked.
- Ensure that formal minutes are taken for meetings, so that a record can be kept of discussions, decisions and any actions required.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong there was no formal evidence that lessons learned were communicated widely amongst the team to support improvement. Staff confirmed that discussions did take place.
- Although 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. Risks identified in the fire risk assessment report carried out in June 2013 by a West Midlands Fire Officer had not been actioned. For example, a push bar had not been fitted to the fire exit door and a full wiring check had not been carried out. The fire risk assessment had been reviewed in September 2016, but the outstanding issues had not been progressed or addressed.
- Staff were unable to tell us which areas of the building were the responsibility of the landlord to maintain and which were the responsibility of the practice.
- The practice had taken the decision not to keep oxygen on the premises and had documented the rationale for this decision.
- Practice nurse appointments were limited to 10 hours a week over three days, due to the resignation of a practice nurse in April 2015. The practice subsequently informed us that they had decided not to recruit a replacement practice nurse, because demand could be met by increased health care assistant hours, which in turn released more nursing appointments.
- The health care assistant was on maternity leave, but the reception manager had been trained to carry out tasks such as administering flu immunisations in line with Patient Specific Directives, carrying out health checks and taking blood samples. The reception manager did this on an ad hoc basis when reception duties permitted.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that patient outcomes were at or above average compared to the national average.

Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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. Safeguarding meetings with the health visitor were minuted.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and that clinical staff took time to involve them in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible both in the reception area and on the practice website.
- We observed that staff treated patients with kindness and respect, and took care to maintain 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.
- Patients said they found it easy to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- Patients were put through to the practice's answerphone between 8am and 8.30am and between 12 noon and 1pm, and advised to phone South Doc if they could not wait until the practice re-opened.
- Appointments were available with a female GP from a nearby practice, but this service was not advertised in the reception area or the practice website. We were subsequently told that information about how to request to see a female GP had been added to the practice website.

Summary of findings

- The sole GP provided continuity of care, which was valued by patients.
- The GP spoke Kurdish and Arabic, which meant that interpreters were not needed for patients who spoke these languages. The practice also accepted such patients from outside the catchment area, because it facilitated treatment since an interpreter was not required.
- The practice had adequate facilities and was reasonably equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Learning shared with staff was done on an informal basis and not recorded; learning shared with the Patient Participation Group (PPG) was recorded in minutes of the meetings, which were taken by a member of the PPG.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a patient-centred ethos, which was shared by staff.
- There was a leadership structure and staff said that they felt supported by the management team. The practice had a number of policies and procedures to govern activity, but not all staff knew how to access them on the practice intranet.
- The systems in place to ensure good governance and oversight needed improvement to ensure that the processes were thorough.
- There were monthly practice meetings, but no records were kept, apart from those for safeguarding meetings. Ad hoc informal meetings took place on a daily basis but no minutes were kept for these meetings.
- The provider was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was promoted. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff so that appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active.
- Staff were encouraged to improve and become multi-skilled.

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 provider was rated as requires improvement for safety and requires improvement for 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.
- Home visits and urgent appointments were available for patients with enhanced needs.
- The practice had signed up to the admissions avoidance service, which identified patients who were at risk of inappropriate hospital admission.

Requires improvement



People with long term conditions

The provider was rated as inadequate for safety and requires improvement for 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 percentage of patients on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 89%, which was 12% above the Clinical Commissioning Group (CCG) average and 11% above the national average.
- Longer appointments and home visits were available when needed.
- The practice had signed up to the Cardiovascular Disease (CVD) Local Improvement Scheme (CVD is a broad term for a range of diseases affecting the heart and blood vessels). Data showed that the practice had met the targets for review and management plans for these patients.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Summary of findings

Families, children and young people

The provider was rated as requires improvement for safety and requires improvement for 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 systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 72% which was higher than the CCG average of 66% and lower than the national average of 74%.
- Patients could be seen by a female GP at a nearby practice for family planning services.
- 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.

Requires improvement



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments with a GP were available every Tuesday evening, which was convenient for those patients who could not attend during the working day.
- Patients could book routine GP appointments online at a time that suited them. Repeat prescriptions could also be requested online.
- 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.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and requires improvement for 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. There were no travellers or homeless people registered at the time of our inspection, but staff were able to tell us how they would be registered if the situation arose.
- The practice offered longer appointments for patients with a learning disability.
- There were 30 patients on the learning disability register. Eight had been reviewed and nine were due to be reviewed in October. We were told that reviews were done opportunistically.
- The GP cared for patients at a local private hospital unit for patients with moderate to severe learning disabilities and severe autism. The consultant psychiatrist told us that the level of care was extremely good and that the GP was very understanding. Annual health checks were carried out for these patients.
- 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.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 2% above the Clinical Commissioning Group (CCG) average and 5% above the national average.

Requires improvement



Summary of findings

- 91% of patients with poor mental health had a comprehensive care plan documented in their record in the preceding 12 months, which was in line with the CCG average of 91% and 3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 273 survey forms were distributed and 102 were returned. This represented a 37% response rate and 5% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 74% 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 75% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the level of care received, although we read a comment about the lack of a female GP. Patients wrote that the GP was approachable, knowledgeable and took the time to listen to their concerns. Staff were said to be friendly and helpful.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We also spoke with a member of the Patient Participation Group (PPG), who said that all staff were helpful and courteous and that clinical staff always involved patients in discussing treatment options.

The practice kept thank you cards which referred to the professionalism of the practice team, the polite and helpful receptionists and the compassion of the clinical staff.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

- Implement formal governance arrangements including systems for assessing and monitoring risks to the health and safety of service users.
- Take action to address outstanding issues identified in the fire risk assessment of June 2013.
- Carry out a satisfactory risk assessment around the practice's ability to meet urgent patient needs in an emergency.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Review the frequency of quality improvement activities such as clinical audit to ensure that improvements to patient outcomes are monitored and maintained.

- Consider ways to improve patient experience in relation to treating patients with dignity and respect and involving them in decisions about their care.
- Introduce processes to ensure that any lessons learned from significant events, incidents and near misses are recorded and shared amongst all staff.
- Carry out risk assessments on long standing members of staff who do not have a CRB or DBS check.
- Keep the decision not to store oxygen on the premises under regular review.
- Carry out and record regular visual checks and portable appliance testing in accordance with Health and Safety Executive guidelines for maintaining equipment.
- Ensure that all staff know where to find practice policies on the intranet.

Summary of findings

- Undertake a formal risk assessment before accepting a previously issued Disclosure and Barring Service (DBS) check for a new employee. Amend the DBS policy accordingly.
- Ensure that the prescriptions in the GP's bag are tracked.
- Ensure that formal minutes are taken for meetings, so that a record can be kept of discussions, decisions and any actions required.

Dr Waleed Doski

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Waleed Doski

Dr Waleed Doski (also known locally as Bournville Surgery) is registered with the Care Quality Commission (CQC) as a sole provider and offers a range of family medical services. Dr Doski holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a nationally agreed contract between general practices and NHS England for delivering primary care services to the local communities. At the time of our inspection, the practice was providing medical care to approximately 1884 patients.

Dr Doski is situated in a converted bakery in Bournville, Birmingham. The building is owned by the Bournville Village Trust and the practice occupies the ground floor of the premises. The building has limitations with regard to space and potential for improvements. The only sign is a plaque on the wall by the front door of the practice, which is set back from the main avenue of shops. There is no sign on the main road. Free car parking is available at the rear of the practice and on the main road. A ramp is available for patients who require wheelchair access.

Dr Doski is the only GP, but patients can request to see a female GP, who works at a nearby practice. There is one practice nurse, a practice manager and administrative and

reception staff. The reception manager is trained to carry out certain health care assistant duties, such as administering flu immunisations, carrying out health checks and taking blood samples.

On Mondays, Wednesdays and Fridays, the practice is open between 8.30am and 12 noon and from 3.30pm until 6pm. On Tuesdays, the practice is open from 8.30am until 12 noon and from 4pm until 7.30pm. On Thursdays, the practice is open from 8.30am until 12 noon and is closed in the afternoon. The practice is closed at weekends. Patients are put through to the practice answerphone from 8am until 8.30am and from 12 noon until 1pm and advised to call South Doc if they cannot wait until the practice re-opens. A different message advises patients to ring South Doc from 1pm until 3.30pm or 4pm and on Thursday afternoons unless there is an emergency. Out of hours cover is provided by the NHS 111 service between 6.30pm and 8am.

Patients can also make appointments via the nearby My Healthcare clinic, which is run by the Birmingham South Central Clinical Commissioning Group (CCG), and is open daily from 8am until 8pm or use the GP Walk-In Centre at Selly Oak.

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

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.

How we carried out this inspection

Before our inspection of Dr Doski, we reviewed a range of information that we hold about the practice and asked other organisations to share their knowledge. We also viewed nationally published data from a variety of sources, including the NHS Birmingham South Central Clinical Commissioning Group (CCG) and the National GP Patient Survey published in July 2016.

We carried out an announced inspection on 28 September 2016. During our inspection we spoke with members of staff including the GP, the practice nurse, the practice manager, and members of the administrative and reception staff. We spoke with the consultant psychiatrist who worked at a local private hospital unit for patients with moderate to severe learning disabilities and severe autism. We spoke with five patients, one of whom was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the

practice team to improve services and the quality of care. We also reviewed 26 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).

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. We were shown details of three significant events that had occurred in the last year.

- Staff told us they would inform the practice manager of any incidents and hard copies of the recording form were available in the practice manager's office. 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 support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out an analysis of the significant events which were shared informally with the practice team, the Patient Participation Group (PPG) and the Locality (Pershore Network). No minutes were kept of discussions or decisions in the practice. We were subsequently given minutes of a Pershore Network meeting held in May 2016, which included details of discussion about a significant event.

We reviewed safety records, incident reports and patient safety alerts. We were told that lessons were shared with the practice team and that appropriate action was taken to improve safety in the practice. There was a clear system for managing patient safety alerts, for example, from the Medicines and Healthcare products Agency (MHRA). Alerts were received by the practice manager who circulated them as appropriate and then logged them on to a spreadsheet on the practice intranet with action dates. For example, we saw that a search had been run as a result of an alert received in September 2016 regarding insulin pumps. No patients had been affected.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had received training 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). Three members of non-clinical staff who acted as chaperones had DBS checks issued by other employers whilst working in different roles. The practice had a DBS policy, but it did not specify the need to carry out a risk assessment to determine whether a previously issued DBS check could be accepted for a new member of staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly 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 last infection control audit was carried out in September 2016. No actions were identified in this audit.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had confirmation that clinical staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had suitable locked storage for clinical waste awaiting collection.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We viewed the system for monitoring patients on high risk medicines and found it to be satisfactory. The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The GP had been the prescribing lead for the CCG until 2014, and had additional awareness of issues regarding prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Prescriptions kept in the GPs bag were not tracked. The procedure for checking uncollected prescriptions was included in the prescription protocol. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a Patient Specific Direction (PSD) from a prescriber. We saw that the reception manager had devised the comprehensive PSD for flu immunisations.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references and qualifications. The practice nurse did not have a DBS or CRB check; we were told that this was because retrospective checks did not have to be carried out on long standing members of staff. When the practice employed locums, they used an agency and relied on the agency to conduct the recruitment checks. No records for locums were kept at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the practice manager's office which identified local health and safety representatives. There was a health and safety section in the Employee Handbook and we saw the policy which was drawn up in September 2016.
- The practice had up to date fire risk assessments and carried out regular fire drills. The fire risk assessment was reviewed in September 2016 and the last fire drill was carried out in July 2016. Two risks highlighted in a fire risk assessment carried out in June 2013 by a West

Midlands Fire Officer had not been progressed or actioned, despite the review in September 2016. A full wiring check had not been carried out and a push bar had not been fitted to the fire exit door. Staff were unclear as to whether it was the responsibility of the practice or the landlord to carry out these actions, but this had not been satisfactorily followed up.

- We were told that visual checks were carried out on all electrical equipment to ensure that the equipment was safe to use, but formal records were not kept. We were informed after the inspection that a portable appliance test had been scheduled for the week after our inspection. Clinical equipment was checked to ensure it was working properly. The last calibration of clinical equipment was carried out in March 2016. We noted that the vaccine fridge had one thermometer. An additional thermometer for cross checking temperature was not fitted. The practice subsequently informed us that a device for cross checking the temperature had been ordered.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We viewed the Legionella risk assessment, dated July 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 to ensure enough administrative and reception staff were on duty. Staff told us that they covered for each other during periods of sickness or annual leave.
- Practice nurse appointments were available for 10 hours a week over three days, due to the resignation of a practice nurse in April 2015. We shared our concern with the practice for the potential impact for not being able to meet patients' needs for nursing appointments, because recruitment had not commenced. The practice subsequently informed us that they had decided not to recruit a replacement practice nurse, because demand could be met by increased health care assistant hours, which in turn released more nursing appointments.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with an adult pad, but no paediatric pad. There was no oxygen cylinder. The practice had considered storing an oxygen cylinder, but had decided not to keep oxygen on the premises due to the practice's close proximity to an A&E department and the good local response times for ambulances. We saw written evidence to confirm this decision. The written evidence

did not include a satisfactory risk assessment around the practice's ability to meet urgent patient needs in an emergency. A first aid kit was available and the accident book was kept in the practice manager's office.

- 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, loss of the computer system, loss of medical records or building damage. The plan included emergency contact numbers for staff and utility companies. Hard copies were held offsite by the GP and practice manager.

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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- The practice had systems in place to keep 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. (The QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/15 showed:

- The practice achieved 100% of the total points available, which was 4% above the Clinical Commissioning Group (CCG) average and 5% above the national average.
- Overall exception reporting was 7%, which was 2% below the CCG average and 3% below the national average. (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 percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 89%, which was 12% above the CCG average and 11% above the national average. The exception reporting rate was 3%, which was 9% below both the CCG and national averages.
- 91% of patients with poor mental health had a comprehensive care plan review completed within the

last 12 months. This was in line with the CCG average and 3% above the national average. The exception reporting rate was 4%, which was 4% below the CCG average and 8% below the national average.

Exception reporting for patients with poor mental health on lithium therapy (mood enhancing medicines) was high (42% above the CCG average and 41% above the national average), but this was because only three patients were on the therapy. We were informed that the practice manager decided which patients could be exception reported (removed from the QOF calculations) in both clinical and administrative domains.

The practice participated in local audits, national benchmarking, accreditation and research. External peer review was not promoted or evidenced.

Clinical audits were undertaken. We were shown three clinical audits. Two were completed cycle audits, one of which had been carried out by an external company. Audits were not repeated in a timely manner. For example, the audit on patients taking a medicine used to treat high cholesterol was run in October 2011, but not repeated until July 2015. Learning from the repeat audit on patients with high cholesterol resulted in 100% of the patients being prescribed within NICE guidelines and an overall reduction in levels of prescribing.

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 locum procedure did not include details of practice policies.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse who reviewed patients with long-term conditions had received training in asthma, diabetes and learning disabilities.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. The practice nurse attended annual updates for cervical screening. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for

Are services effective?

(for example, treatment is effective)

example, by access to online resources and discussion at practice meetings. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice 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 were encouraged to make use of e-learning training modules and in-house training, but this training was not structured. We were told that staff could complete e-learning modules in any order they chose.
- Nursing appointments were restricted to 10 hours over three days a week following the resignation of the second practice nurse. This was offset to a certain extent by the ability of the reception manager to act as a health care assistant, but this still led to a reduction in provision of nursing appointments.
- The GP was the research lead for the Birmingham South Central CCG and worked in this capacity on Thursday afternoons when the practice was closed.

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,

such as the health visitor, on an ad hoc basis when care plans were reviewed and updated for patients with complex needs. We were told that community services were fragmented, so meetings were irregular.

Consent to care and treatment

Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves.

We saw that consent forms for minor operations were appropriately used and recorded.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients who were receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 72% which was higher than the CCG average of 66% and lower than the national average of 74%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. The practice ensured that a female sample taker was available. 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening in the last 30 months for patients aged 60 to 69 years was 56%, which was higher than the CCG average of 46% and lower than the national average of 58%. The uptake for breast cancer screening in the last 36 months for patients aged 50 to 70 years was 74%, which was higher than the CCG average of 67% and higher than the national average of 72%.

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 89% to 100%, which was in line with the CCG averages of 90% to

Are services effective? (for example, treatment is effective)

96% and higher than the national averages of 73% to 95%. The childhood immunisation rates for five year olds ranged from 82% to 100%, which was in line with the CCG averages of 82% to 96% and the national averages of 81% to 95%.

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

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 26 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. 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 published in July 2016 showed that patients felt that they were treated with compassion, dignity and respect. The practice scored variable results for its satisfaction scores on consultations with GPs and nurses. For example:

- 73% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 65% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 88% 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 the national average of 91%.
- 96% 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 result for the question about the GP treating patients with care and concern conflicted with what patients told us on the day and with the comments written on the comment cards. The practice was disappointed with the responses to the survey questions about the GP listening to patients and treating them with care and concern, but could not explain the low results. Comments posted on the NHS Choices website referred to the friendly, and efficient reception staff and helpful and understanding GP. Patients said that they appreciated the continuity of care provided by the GP.

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 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were variable when compared to local and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Are services caring?

Patients we spoke with on the day told us that the GP was good at involving them in decisions about their care, which is at variance to the result above. Comment cards aligned with the views expressed by patients during the inspection.

Staff told us that translation services were available for patients who did not have English as a first language. However, the GP spoke Kurdish and Arabic, which meant that patients who spoke those languages did not require an interpreter. We spoke with one Kurdish patient who said that this made it much easier to communicate. Kurdish patients amounted to 10% of the total practice list.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the reception 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 38 patients as carers (2% of the practice list). There was a Carers Direct page on the practice intranet, which gave contact information for support agencies and included a video clip about support groups. 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, the GP would contact them or send them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available, although the GP spoke Kurdish and Arabic. There was no hearing loop.

Access to the service

On Mondays, Wednesdays and Fridays, the practice was open between 8.30am and 12 noon and from 3.30pm until 6pm. On Tuesdays, the practice opened from 8.30am until 12 noon and from 4pm until 7.30pm. On Thursdays, the practice was open from 8.30am until 12 noon and was closed in the afternoon. The practice was closed at weekends. Patients were put through to the practice answerphone from 8am until 8.30am and from 12 noon until 1pm and advised to call South Doc if they could wait until the practice re-opened. A different message advised patients to ring South Doc from 1pm until 3.30pm or 4pm and on Thursday afternoons unless there was an emergency. Out of hours cover was provided by the NHS 111 service between 6.30pm and 8am.

Patients could also make appointments via the My Healthcare clinic, which was run by the Birmingham South Central Clinical Commissioning Group (CCG), and was open daily from 8am until 8pm or use the GP Walk-In Centre at Selly Oak. In addition to pre-bookable appointments that could be booked at least six weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was variable when compared to local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

Although the satisfaction with the opening hours was lower than average for the area, the practice offered extended hours on a Tuesday evening and there were practical limitations to expanding further as there was only one GP. There were no plans to alter the opening hours in order to try to improve patient satisfaction in this area.

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

The reception manager had trained to undertake certain health care assistant duties, such as administering flu vaccines, carrying out health checks and taking blood samples to offset the potential impact of the maternity leave of the health care assistant and the reduction in nursing appointments due the resignation of a practice nurse. Another staff member was being trained to undertake health care assistant duties as well.

Patients who wanted a home visit were asked to phone the practice before 10am whenever possible. The GP prioritised home visits. 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, often with Roving Doctors (a service run by South Doc). Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits in accordance with the Prioritising Home Visit protocol.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We were told that the majority of complaints were resolved by speaking to the patient at the time of the complaint.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available in the reception area to help patients understand the complaints system. There was also a complaints section on the practice website

We looked at two complaints received in the last 12 months and found that they were satisfactorily handled in a timely manner. Lessons were learnt from individual concerns and complaints. For example, antibacterial wipes were now available in the patient toilet as a result of a complaint.

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 patient-centred ethos, which was clearly shared by all staff. One of the strengths of the small staff team was that they knew many of the patients by name. The staff were very loyal and there was a low staff turnover, with several staff having worked at the practice for over 20 years.

There was no formal business plan in place, but we were told that the practice planned to recruit a female GP as soon as the list size increased sufficiently to support an additional GP. The practice had worked to counteract issues caused by the health care assistant's maternity leave and the resignation of a practice nurse. There were no immediate plans in place to recruit a replacement nurse, although we were told that they hoped to do so.

Governance arrangements

The systems in place to ensure good governance and oversight needed to be improved. For example:

- We were told that monthly practice meetings took place and we were shown the standing agenda, but no record was kept of discussions or decisions made.
- Informal meetings took place regularly after morning surgery, but no records were kept of discussions or decisions.
- A range of practice specific policies was stored on the practice intranet, but not all staff knew how to locate them. The locum procedure did not include any reference to practice policies.
- The practice was not proactively carrying out audits on a regular basis to monitor quality and to make improvements.
- There were systems for identifying, recording and managing risks, but these were not always followed. For example, two issues raised in the fire risk assessment carried out in 2013 had not been actioned. A full wiring check had not been carried out and a push bar had not been fitted to the fire exit door. The fire risk assessment had been reviewed in September 2016, but the outstanding issues had not been addressed.
- Staff were aware of their own roles and responsibilities.

Leadership and culture

We were told that the provision of high quality and compassionate care was a priority for all staff. Staff told us

that the GP and practice manager were approachable and always took the time to listen to them. Staff said that they felt respected and that their contribution was valued by the practice. We were told that there was an open culture at the practice and that they could raise issues at any time and felt confident in doing so. There was a leadership structure in place.

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 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 patients were offered an apology and the sequence of events was explained.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care. The PPG met every three weeks, and raised issues with the practice manager when they arose. For example, the lack of signage to the practice had been discussed and the PPG had taken this to the landlord on behalf of the practice. At the time of our inspection, the practice was waiting for a decision. We were told that the PPG was kept informed of complaints and significant events.
- Staff told us they were confident that they could raise any issues with the management team and that they would be supported if they did so. Staff told us that they felt involved and engaged to improve the level of service delivery.

Are services well-led?

Requires improvement 

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

Continuous improvement

Staff were encouraged to become multi-skilled. For example, the reception manager had trained to undertake certain health care assistant duties, such as administering flu vaccines, carrying out health checks and taking blood samples. Another staff member was being trained to do so.

The practice was part of the Primary Care Clinical Research Network based at the University of Birmingham and was a Research Ready practice. The GP was the research lead for the Clinical Commissioning Group (CCG) and carried out these duties on a Thursday afternoon when the practice was closed. Patients were encouraged to take part in studies such as the cancer diagnosis study.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>Patients were at risk of harm because risks identified in a fire risk assessment (2013) had not been mitigated.</p> <p>The provider had not carried out a satisfactory risk assessment around the practice's ability to meet urgent patient needs in an emergency.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>