

# Sparkhill Surgery

## Quality Report

578 Stratford Road  
Birmingham  
B11 4AN  
Tel: 0121 772 0392  
Website:

Date of inspection visit: 3 December 2015  
Date of publication: 14/07/2016

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		Inadequate	
Are services safe?		Inadequate	
Are services effective?		Inadequate	
Are services caring?		Requires improvement	
Are services responsive to people's needs?		Inadequate	
Are services well-led?		Inadequate	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Sparkhill Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sparkhill Surgery on 3 December 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm and poor outcomes because systems and processes were not in place to keep them safe and ensure they received the care they needed.
- Patients with long term conditions or repeat medicines did not always receive regular reviews. Nationally published data showed patient outcomes were low for many long term conditions.
- Robust systems were not in place to ensure effective multi-disciplinary team working took place so that the needs of some of the most vulnerable patients were understood and met.
- A large backlog in the processing of patient information meant there was a risk of important

information about patient care being missed. Following our inspection the practice advised us they had worked with the local Clinical Commissioning Group to clear this backlog.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. These were investigated and learning shared with staff.
- Feedback from patients about the service they received was mixed. The national patient survey rated the service in most areas below the national and CCG average. Patients found it difficult to access appointments and often experienced long waits to be seen.
- Governance arrangements provided a forum for important information to be shared with staff. However, we found that the practice did not manage all risks well for example those relating to infection control and unforeseen events. In the absence of the practice manager staff were also unable to find key policies and procedures when needed.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure patients receive care and treatment that is appropriate to their needs and keeps them safe and has regard to current best practice guidance.
- Ensure that the patient information received is processed and acted on in a timely way.
- Establish effective working arrangements with other health and social care professionals in order to deliver a multi-disciplinary package of care to those with complex care needs.
- Establish effective systems for managing and mitigating risks to the service, for example unforeseen events and in relation to infection control.
- For relevant staff, establish effective systems for monitoring staff registration with their professional bodies to ensure it is kept up to date.
- Ensure patients are aware of the practice's complaints process so that they know how to raise their concerns.
- Review feedback received from patients such as the national GP patient survey to identify how patient access to services could be improved.
- Register the regulated activity of 'Maternity and Midwifery Services' with the Care Quality Commission.

The areas where the provider should make improvement are:

- Ensure effective cleaning schedules are in place for the medicines refrigerators to avoid the build up of frost.

- Ensure fire drills are routinely carried out so staff know what to do in the event of a fire.
- Maintain robust records for recording staff training to ensure staff are up to date.
- Support patients to understand and access the choose and book system.
- Provide suitable arrangements to enable patients to discuss sensitive or other matters in private away from the reception area.
- Ensure appropriate support and signposting is given to carers.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. A notice has been served on this provider placing conditions on their registration which they must comply with. The conditions are the first two 'Must Improve' comments listed above.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

**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 inadequate for providing safe services and improvements must be made:

- There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice.
- However, patients were at risk of harm because there were weaknesses in the systems and processes to keep them safe. For example, the practice had failed to adequately address risks relating to infection control, unforeseen events and effectively manage patients on repeat medicines at the practice .
- Staff did not have effective systems to assess, monitor or manage risks to patients who used the services. Opportunities to prevent or minimise harm were missed. For example risks in relation to the large backlog of patient information that needed to be processed and actioned and in relation to patient feedback on access.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data available and information seen did not demonstrate that care and treatment was delivered in line with recognised professional standards and guidelines. Patients with long term conditions were not being adequately managed to support good outcomes.
- There was some evidence of audits having been undertaken to support quality improvement and the practice worked with the CCG pharmacist to deliver improvements in prescribing.
- There was some engagement with other health and social care professionals but the practice was not proactive in working with others to understand and support patients with complex care needs. Arrangements were generally informal and record keeping absent. Health care professionals experienced issues such as difficulties in communicating with the practice and inappropriate referrals.
- The practice did not respond in a timely way to information received relating to patient care. There was a back log of patient information from over a year which included hospital letters and test results that had not been processed.

Inadequate



# Summary of findings

## Are services caring?

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data showed that patients rated the practice lower than others for most aspects of care including consultations and in their involvement with care and treatment. For example, 63% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.
- There were arrangements in place to support patient privacy and dignity when receiving care, although this could be improved at the reception desk.
- There was little support to help patients cope emotionally with care and treatment.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- The practice engaged with the CCG and other local practices to secure improvements in the services to patients. This practice was able to access services provided by other providers through these arrangements.
- The premises were not easily accessible to patients with mobility difficulties due to lack of parking available. Specific facilities to support parents such as baby changing and breastfeeding were not routinely available.
- Patients found it difficult to access care and treatment. Feedback from patients reported a poor experience of making appointments, difficulties getting through on the telephone and long waits. For example, 38% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- Information about how to complain was not readily available to ensure patients knew what to do. However complaints seen were handled appropriately and learning shared with staff.

**Inadequate**



## Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice did not have a formal documented vision and strategy for the future of the practice but spoke about some of the challenges faced and how these might be addressed.
- Staff were not aware of any vision or values but told us they were clear about their roles and responsibilities.
- There was a clear leadership structure and staff felt supported by the partners and management.

**Inadequate**



# Summary of findings

- Governance arrangements were not robust and did not actively support the monitoring of performance in order to improve outcomes to patients and the quality of service patients received.
- The practice had a number of policies and procedures to govern activity, but some of these were not accessible to staff when needed.
- Arrangements for identifying, recording and managing risks were weak, the practice had failed to address backlogs in processing patient information, ensure patients received good outcomes and adequately respond to feedback from the national patient survey. They had failed to achieve compliance with infection control audits on two occasions and meet the foundation level of CCG led schemes for delivering consistency in service provision across the area.
- The practice sought feedback from patients through the patient participation group (PPG) and had made some changes to the service in response to feedback received.
- Not all staff had received a comprehensive inductions but did receive regular performance reviews and attended staff meetings.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were lower than the CCG and national averages. For example, outcomes for patients with conditions such as osteoporosis, chronic kidney disease and chronic obstructive pulmonary disease were lower than CCG and national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was slightly lower than the CCG and national averages.
- Home visits were available for those who were too ill to attend the practice.
- Systems for discussing and planning a multi-disciplinary package of care for patients with complex or palliative care needs with other health professionals were not robust.
- The premises were accessible to those with mobility difficulties but no dedicated parking was available.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Nursing staff supported the GPs in the management of patients with long term conditions.
- Nationally reported data showed the practice scored lower than the CCG and national averages for the management of many long term conditions. Although there was a high prevalence of diabetes among the practice population, performance for diabetes related indicators was significantly lower at 55% than both the CCG and national average of 89%.
- The practice was unable to demonstrate that it followed good practice guidance in the management of patients with long term conditions. From records seen seven out of ten patients

Inadequate



# Summary of findings

had not received a structured annual review within the last 12 months. Three out of the eight patients on high risk medicines had not had their repeat prescription reviewed in the last 12 months.

- For those with the most complex care needs there were no formal arrangements in place to work with health and care professionals in the delivery of a multidisciplinary package of care. Arrangements were more informal and health professionals reported issues such as difficulties in communicating with the practice and inappropriate referrals to them.

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice met with health visitors on an informal basis to discuss any concerns they may have about patients at the practice.
- The practice would always see children under five years for same day appointments.
- The premises were suitable for pushchairs to access.
- There were some appointments available outside school hours.
- The GPs would see families together in one appointment for convenience.
- Immunisation rates for the standard childhood immunisations were comparable to CCG averages.
- The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 79% and the national average of 82%.

Inadequate



## Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice offered online services for booking appointments and obtaining repeat prescriptions for patient convenience. Text reminders were also available to help reduce non-attendance.

Inadequate





# Summary of findings

- NHS Health checks were available to this population group but this was not actively promoted.
- Travel vaccinations were available.
- The practice did not offer any extended opening hours to support those who worked or had other commitments during the day.

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice held a register of patients with a learning disability; these patients had not received annual health checks.
- The practice held a carers register but there were no specific arrangements to support this group of patients. There were 12 patients on this register.
- The practice had no formal arrangements in place to work with multi-disciplinary teams in the case management of vulnerable people. Any discussions were usually on an informal basis.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate overall. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice held a register of patients with poor mental health.
- Nationally reported data for 2014/15 showed the practice performance for mental health related indicators was at 89% which was slightly lower than the CCG and national average of 93%
- Nationally reported data for 2014/15 showed 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the

Inadequate



# Summary of findings

record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was slightly higher than the CCG and national average of 95% and national average of 88%.

- Nationally reported data for 2014/15 showed 88% of patients diagnosed with dementia had their care reviewed in a face-to-face review. This was higher than the CCG average of 82% and national average of 84%. Although there was also a high level of exception reporting at 20% (12% higher than both the CCG and national averages). Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing significantly below local and national averages in many areas. 464 survey forms were distributed and 98 (21%) were returned.

- 26.4% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 63% found the receptionists at this surgery helpful compared to a CCG average of 83% and a national average of 97%.
- 62% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 70% said the last appointment they got was convenient compared to a CCG average of 90% and a national average of 92%.

- 38% described their experience of making an appointment as good compared to a CCG average of 67% and a national average of 73%.
- 35% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 62% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards we received some positive comments from patients who told us they were happy with the service they received. However, 14 patients described difficulty accessing the service, including getting through on the phone, the lack of appointments and long waits when they attended their appointment. Other comments were received but there were no specific themes to these.

We spoke with six patients during the inspection. Three out of the six patients said they were happy with the service they received overall. Five out of the six patients told us that they also experienced difficulties accessing the service.

# Sparkhill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector. We also took with us an interpreter to assist with patient interviews.

## Background to Sparkhill Surgery

Sparkhill Surgery is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Sparkhill Surgery is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England.

The practice is located in a purpose built accommodation. Based on data available from Public Health England, deprivation in the area served is among the lowest nationally. The practice has a registered list size of approximately 6200 patients.

The practice is open between 8.00am and 6.30pm Monday to Friday with the exception of Wednesdays when it closes at 1pm. When the practice is closed patients receive primary medical services through another provider (Primecare).

The practice has two GP partners (both male) and regularly uses locum GPs. Other practice staff consisted of two practice nurses, a phlebotomist. There is a team of administrative staff which includes a practice manager who supports the daily running of the practice.

We found that the practice was unregistered for providing the regulated activity of maternity and midwifery services. The practice are aware that they must register with CQC for this. The practice leaflet indicated that minor surgery was available (the practice is not registered for surgical procedures). The registered manager confirmed that they did not undertake any minor surgery and said they would remove it from the practice leaflet.

The practice has not previously been inspected by CQC.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 3 December 2015. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, the practice nurse, the office manager and administrative staff).
- Observed how people were being cared for and spoke with patients who used the service.
- Reviewed the personal care or treatment records of patients. We reviewed treatment records due to concerns identified through patient feedback and published patient outcome data.
- Spoke with other health care professionals who worked closely with the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager or one of the GP partners of any incidents that had occurred. The practice had recorded 10 incidents within the last 12 months.
- The practice carried out an analysis of the significant events and took action to reduce the risk of reoccurrence.
- Significant events were a standing agenda item at both partners and staff meetings to ensure information and lessons learnt were appropriately shared to all staff. Learning was also shared with other practices in the locality.

The GPs received national patient safety alerts and would disseminate these to other staff where relevant. We saw that an alert had been displayed on the staff noticeboard in relation to a person attempting to obtain controlled drugs. We also saw evidence of an audit that had been undertaken following a medicines alert.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe but there were also areas identified where systems were not well embedded:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and contact information was displayed in the practice informing staff who they needed to contact should they be concerned that someone was at risk of harm. There was a lead member of staff for safeguarding who was trained to an appropriate level for this role. Staff we spoke with (with the exception of a new staff member of staff) told us they had received safeguarding training. Staff understood their responsibilities in reporting safeguarding concerns and were able to give an example where they had acted on a concern. The GPs

met informally with the health visitor to discuss patients at risk. Alerts on patient records ensured staff were aware of patients who were at risk and so could be extra vigilant.

- There were notices displayed in the practice advising patients that they could request a chaperone, if required. Only staff who had been trained and had received a disclosure and barring check (DBS check) acted as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We spoke with a member of staff who told us that they regularly acted as a chaperone, they confirmed they had undertaken training and were aware of where they needed to stand.
- We observed the premises to be visibly clean and tidy overall. We saw that staff had access to personal protective equipment and appropriate hand washing facilities. Appropriate arrangements were in place for the removal of clinical and non-clinical waste. Cleaning was carried out by an external provider. There were cleaning schedule in place. The practice nurse was the infection control clinical lead. The practice had received two infection control audits from the CCG during the last 12 months (February and November 2015). On both occasions they had been rated as red. Although the practice was able to tell us of some action they had taken in response to the initial audit there were still areas that needed to be addressed and no clear action plans or timescales for achieving compliance. For example refurbishment of the toilet and cleaning schedules for the vaccination fridge. We noticed that there was some frost build up in one of the medicine fridges.
- We saw that medicines and vaccines were stored safely at the practice and those we checked were all in date. The practice carried out medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions were in place and in date in line with legislation to allow nurses to administer medicines such as vaccines.
- We reviewed the personnel files for three members of staff who had been employed during the last 12 months

## Are services safe?

and found that recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and the checks through the Disclosure and Barring Service. Although we noticed that where a DBS check had been made it was in relation to another previous employer and was not current at the time of employment. For relevant staff, there were no systems in place for monitoring registration with professional bodies to ensure these was up to date.

### Monitoring risks to patients

Management of risks to patients were inconsistent.

- The practice had up to date fire risk assessments and had recently installed a new fire alarm system. Since the installation records showed that there had been one fire alarm test but no fire drills had been carried out.
- Records were available to show that relevant equipment had undergone checks for electrical safety and calibration checks to ensure they were safe to use. These checks had been undertaken within the last 12 months. Staff told us that they had enough equipment to enable them to carry out their roles and responsibilities.
- It was not clear that the practice had sufficient staffing. Patient feedback indicated difficulties obtaining appointments and performance data identified that the practice was struggling to achieve patient outcome targets. We asked the GP partners how many clinical sessions they worked but were unable to provide a clear indication of what they were. We looked at sessions worked during November 2015 and estimated that along with locum cover there was approximately the equivalent of 2.5 whole time equivalent GPs. The GPs told us that due to the levels of deprivation in the area there was a higher demand on the service, they also frequently worked longer to sessions to ensure patients were seen. There was a high turnover of administrative staff. Staff told us that it was difficult to cover sickness

and holidays and that they were looking to recruit more staff. There was also a very large backlog of patient information that needed to be scanned onto patient records. The backlog consisted of hundreds of documents including hospital letters and test results which had not been actioned. From the sample of documents we looked at these dated back to over a year. There were no plans in place to address this backlog and the practice had not assessed the staffing need to address this. Patients were therefore put at risk of not receiving the care, treatment and support they needed.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to medical emergencies but arrangements for dealing with disruptions to the running of the service were not robust.

- There was an alarm system at the practice which enabled staff to alert other members of staff to an emergency.
- From staff records reviewed we saw that staff (with the exception of a new member of staff) had received annual basic life support training within the last 12 months.
- Emergency medicines were kept securely but accessible to staff when needed. Staff knew of their location.
- The practice had a defibrillator and oxygen for use in an emergency. Records showed the equipment was regularly checked to ensure that it was working properly and fit for use when required. Equipment was also available for both child and adult resuscitation.

We asked staff if there was a business continuity plan in place for major incidents such as power failure or building damage. The practice manager was absent during our inspection but administrative staff we spoke with were unaware of any plans in place.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

GPs told us that they accessed NICE guidance from the website and that there was some evidence of audits having taken place in response to best practice guidance.

Due to concerns identified through low QOF scores, particularly in relation to diabetes, and feedback from patients in relation to difficulty accessing the service we reviewed a sample of patient records. This was to look at how patients with long term conditions and complex needs were being managed by the practice. Our review of patient records did not demonstrate that best practice guidance was being followed in the management of patients with long term conditions.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice was not proactive in using the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were for 2014/15. This showed that the practice had achieved 77% of the total number of points available which was lower than both the CCG and national averages of 94%. Exception reporting was 4%. QOF performance compared to the CCG and national averages was lower for majority of indicators available. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 55% which was significantly lower than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 77% which was lower than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 89% which was slightly lower than the CCG and national average of 93%.
- The percentage of patients with a dementia diagnosis was 0.3% which was lower than the CCG average of 0.6% and national average of 0.7%.

Diabetes was the most notable outlier despite the practice having higher prevalence of diabetes than the CCG and nationally. Other outliers included chronic kidney disease (32% below the CCG and national average) and depression (20% below the CCG and 22% below the national average). The GP partners accepted their QOF performance was low and follow up was opportunistic but also told us that they had high do not attend rates.

We looked at the records of 10 patients with diabetes to see how their care was being managed. We found:

- Seven out of the 10 patients had not been reviewed within the last 12 months. For one patient their last review was over three years ago and for two patients over two years.
- Six out of the 10 patients had no evidence of follow up arrangements being in place.
- Six out of the 10 patients had not received relevant blood tests within the last 12 months. The earliest dating back to March 2013.
- Four patients had blood test results that were still recorded as provisional, indicating that they had not been reviewed. The earliest of these dated back to April 2014. We were advised that they were looked at but left as provisional if results were normal.
- One patient who had co-morbidities and deterioration of their condition had not received a diabetic review by the practice, although they had been referred and seen at the hospital.

We also looked at the records for one asthma patient. We found the patient had not received an asthma review since October 2013 and no arrangements were in place for follow up.

It was not evident from our inspection that patients on repeat medication always received reviews to ensure their medicines were still appropriate and working for them as intended. Our review of patient records identified a large proportion of patients with long term conditions whose medicines had not been reviewed within the last 12 months.

We looked at the management of eight patients on high risk medicines which required regular review and blood tests. We found:



# Are services effective?

## (for example, treatment is effective)

- Three out of the eight patients had not had their repeat prescription reviewed in the last 12 months. The earliest dating back to October 2011.
- Two out of the eight patients were not receiving regular blood tests.
- Six out of the eight patients had blood test results that were still recorded as provisional, indicating that they had not been reviewed. The earliest of these dated back to March 2014.

We looked at data available from 2014 on emergency admissions for 19 ambulatory care sensitive conditions (these are conditions that can be effectively managed in the community setting). We found the practice comparable to others nationally in relation to emergency admissions.

The practice provided examples of clinical audits undertaken to support quality improvement. We saw five clinical audits completed in the last two years, four of these were completed audits. For example, a chaperone audit was undertaken to ensure the practice was following its own procedures. A diabetes audit was also undertaken to review prescribing against NICE guidelines and ensuring patients reviewed. This had shown a slight improvement. Audits were also undertaken to ensure patients with abnormal liver function tests and high potassium levels were appropriately followed up, the re-audits had identified no new cases so a further audit was planned.

Data available from the practice showed that the practice as the highest in the locality for antibiotic prescribing during 2014. The practice had been supported by the CCG pharmacist to reduce prescribing and the CCG told us that the practice had responded well to this support and were now delivering all 2014/15 prescribing objectives.

### Effective staffing

Staff were supported to develop the skills, knowledge and experience to deliver effective care and treatment although not all new staff had received a comprehensive induction.

- The practice had a high turnover of administrative staff. Three of the four reception staff had been employed within the last 12 months.
- The practice had a documented induction programme for newly appointed non-clinical members of staff this set out the tasks staff were expected to perform for their role. However it was not evident that this was being used. We spoke with a new member of staff who had

been employed for approximately six months. They told us that another member of staff had shown them how reception worked but that they had not yet completed their induction and had not received any training in areas such as health and safety, fire training, safeguarding and basic life support.

- We were unable to easily verify if all staff were up to date with staff training. The practice did not have any systems in place to enable management to easily keep track of staff training, for example, when it was next due and to ensure no staff were missed. As a result, managers had to rely on individual files which meant that there was the potential for gaps.
- We reviewed individual training files for four members of staff who had been employed longer term. This showed that these staff were up to date in training such as basic life support and safeguarding. We saw that the staff had access to training relevant to the roles and responsibilities they were expected to perform. For example training in cervical screening, childhood immunisations and vaccinations and in relation to long term conditions. Some staff told us that they had been given opportunities to undertake further training for their roles. They also had access to e-learning and were making use of this. One member of staff told us how they had been supported to undertake phlebotomy (blood taking) training and that they were due to start a Spirometry course.
- An information folder was made available to locum GPs which contained information such as telephone numbers and referral information.
- The learning needs of staff were identified through a system of appraisals, we saw evidence that appraisals been completed within the last 12 months.

### Coordinating patient care and information sharing

We were concerned that information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system. We identified a back log of patient information including hospital letters and test results that had not been scanned onto the patient record system. We were unable to count the actual number of documents but it was evident there were hundreds of

# Are services effective?

## (for example, treatment is effective)

them. We looked at a sample of these and found that they were in no particular order and the oldest we saw dated back to October 2014. We reviewed seven of these documents to see if they had been acted upon. We found:

- Only one patient where there was clear evidence that the practice had acted on the information contained in the hospital letter. This was because the patient had attended the surgery.
- Six patients where no action had been taken in response to information contained within the letters. This included two requests for referrals, in one case the patient had been subsequently admitted as an emergency. There was also a request for changes in medication dosage which had not been acted upon. For the remaining two letters there was no evidence that the information had been reviewed.

Following our inspection, the practice informed us that they had cleared the backlog of patient documents and had undertaken an audit of 50 documents to assess the risk to patients. They concluded that patients had not been put at risk and that actions identified had been addressed in a timely way.

The GP partners told us that they regularly reviewed all in-patient admissions and that if they had any concerns would contact the community matron.

The practice told us that they did not hold formal multi-disciplinary team meetings with other health professionals to discuss patients with complex health and end of life care needs but would discuss patients on an individual basis. Feedback from the three health care professionals we spoke with was mixed, all confirmed that no formal meetings took place to discuss complex or vulnerable patients but confirmed patients were discussed on an informal or individual basis. Feedback received included difficulties getting through to the practice to speak with one of the GPs. If they needed to contact the GPs the health professionals had been asked to fax or they had visited the practice. We were told they sometimes received inappropriate referrals or referrals made with insufficient information to understand the patient's needs.

### Consent to care and treatment

The GPs we spoke with demonstrated an understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They told us that they had received training in this area through the CCG.

They told us that they did not undertake any minor surgery in which formal written consent would be needed.

### Health promotion and prevention

The practice provided some health promotion and screening services but did not demonstrate that they were always proactive in identifying patients who may be in need of extra support:

- The practice nurses undertook asthma and diabetic reviews to support patients with these conditions. However QOF performance relating to these conditions was lower than both the CCG and national averages.
- There were 22 patients with a learning disability registered with the practice. We reviewed the records for 10 of these patients. None had received a health review within the last 12 months.
- Patients over 65 years who had not been in contact with the practice for over three years were referred to the community nurse team for follow up.

The practice's uptake for the cervical screening programme was 64%, which was lower than the CCG average of 79% and the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 96% (compared to the CCG range from 89% to 95%) and five year olds from 93% to 100% (compared to the CCG range of 86% to 96%).

Flu vaccination rates for the over 65s were 69%, and at risk groups 44%. These were also below the national averages of 73% and 52% respectively.

The practice offered health checks for new patients and NHS health checks for people aged 40–74. These were usually undertaken by the practice nurse or GPs. The practice also offered a travel vaccination services.

Notices were displayed in the waiting area promoting the NHS Breast Screening Service to patients.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection we observed that members of staff were polite and respectful to patients attending the practice.

- 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 and that conversations taking place in these rooms could not be overheard.
- There was a separate office area behind reception which enabled telephone calls to be taken in private.
- Security arrangements in place helped minimise the risk of unauthorised access to patient information and consulting rooms.
- Information discussed at reception could be easily overheard by patients waiting. Reception staff were not aware of any specific arrangements should a patient wish to discuss sensitive issues in private.

We received 38 completed CQC comment cards. Over half the patients who completed a comment card told us that they were happy with the service. However, we received 21 cards in which the patients raised concerns with us. The majority of these related to access but there were three about attitude and one relating to cleanliness of the practice.

We spoke with seven patients as part of the inspection including one member of the patient participation group. Four out of the seven patients said they were happy with the service they received overall. Six out of the seven patients told us that they were treated with dignity and respect.

Results from the national GP patient survey showed patient scores relating to how they were treated by the practice staff were in most cases below the CCG and national averages. The exception being consultations with the practice nurse in which patients scored them higher than both the CCG and national average and helpfulness of reception staff which was lower than the CCG and national averages. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 86% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 93% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 63% said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed patients rated the practice below average when responding to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 73% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

However, feedback received from patients during our inspection told us that most patients felt involved in decision making about the care and treatment they received and they felt listened to.

The practice told us that they used choose and book for many of their referrals. Choose and book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital. We spoke with one health professional who told us that they found some patients they saw had not attended hospital because they had not understood the choose and book system to arrange their appointment.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

There was little evidence that patients and carers were supported to cope emotionally with their care and condition. There were some notices in the patient waiting room which told patients how to access support groups and organisations but none were in a language other than English.

The practice did not actively seek to identify carers within its patient population. At the time of the inspection there were 12 carers registered with the practice. No specific support was available to this group of patients, although the GPs told us they would signpost carers to other organisations.

The GPs told us that they offered support and counselling to family members who had suffered a bereavement on an individualised basis.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to secure improvements to services where these were identified. Within the local clinical network patients were able to access services provided by other practices such as spirometry and diabetes insulin initiation.

- The practice provided in-house phlebotomy (blood taking) services and electrocardiographs (ECG) for the convenience of patients.
- The practice told us that they would always see patients under five years on the day and families together to avoid them needing to book another appointment.
- Home visits were available for patients who were too ill to attend the practice.
- Online appointment booking and prescription services were available to patients. One of the GPs told us that to date there was a 5% uptake in the use of these systems.
- Text messaging service was available to confirm appointments and reduce risk of patients not attending.
- The premises had some facilities to support patients who used a wheelchair or had mobility difficulties for example ramp access and disabled toilet facilities. However, parking near the practice was very difficult and there were no designated spaces for disabled patients.
- The practice did not have a hearing loop in place.
- There were no specific baby changing or breast feeding facilities for the practice. Although a member of the PPG told us that the practice had agreed to offer a room for patients for this if requested.
- The practice was run by two male GPs they told us that they usually employed the services of a female locum to ensure patients had the choice to see a female GP if they wished.
- The practice had a high proportion of patients who did not have English as their first language. Many of the staff were multilingual and translation services were available if required.
- However, despite the high proportion of patients whose first language was not English there was no information available or displayed in alternative languages.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday with the exception of Wednesdays when it closes at 1pm. Appointments were usually between 8am to 12pm and between 4pm to 6pm although this varied depending on patient demand. The majority of appointments were booked on the day but some were available in advance. When the practice is closed patients received primary medical services through another provider (Primecare). Details of this were available on the practice answerphone. The practice did not provide any extended opening hours. However, the GPs told us they sometimes opened the practice early at 7.30am to see patients who were queueing for an appointment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly lower than the CCG and national averages. Patient feedback obtained through the CQC comment cards and speaking to patients on the day told us that patients did not find it easy to obtain an appointment when they needed one and sometimes faced long waits after their appointment time.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 26% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 38% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 35% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

We looked at when the next appointment was available to book for a blood test or with the practice nurse. These were both on the 15 December 2015. The phlebotomist told us that even though they were full they would probably squeeze additional patients in.

### Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns although this was not well advertised to patients so that they knew what to do.

- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- Details of the complaints process was detailed in a complaints leaflet. However, this was not available for patients to take away. During our inspection staff were unable to provide us with a copy of the complaints policy. The complaints policy was forwarded to us following the inspection. However, we found the policy was in need of review and contained details of two organisation no longer in existence for patients to escalate their complaints to.
- No information was visible or available from reception to help patients understand the complaints system. Although, we saw that the practice had a complaints leaflet when we asked reception staff for one they told us that they did not have any. They told us that they would usually notify the practice manager who would try and resolve the issue at the time or if unable to would ask the patient to send in their complaint.

- We noticed that two of the four complaints we reviewed the patient had gone initially to NHS England to raise their complaint.
- Practice staff told us that there were no systems for recording verbal and informal complaints were managed at the time but not formally recorded which may impact on the ability to learn from them.

We saw that there had been six formal complaints received in the last 12 months. We looked at four of these in detail. We saw that the complaints had been investigated and patients had received a timely response. Staff confirmed complaints were discussed at team meetings to ensure any lessons learnt were shared.



# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

At the start of our inspection. The GP partners gave us a presentation and explained to us about their future vision for the practice. Although not formally documented, they explained that they saw the future in primary care as challenging. They were considering the possibility of joining a partnership to safeguard the future survival of the practice in the changing health climate.

Staff were not aware of any vision or values of the practice.

### Governance arrangements

The practice did not have a robust governance framework to support the delivery of the service and patient care. During our inspection we identified concerns which the practice had failed to adequately address:

- It was not evident that the practice had a comprehensive understanding of its performance. For example, the practice scored consistently lower than other practices in relation to QOF and the national GP patient survey. The practice had received a red rating on two consecutive infection control audits led by the CCG. There were no clear plans in place to address issues identified to improve the service and outcomes for patients.
- A backlog of patient information to be processed in excess of 12 months had not been addressed placing patients at risk
- There was a lack of effective systems in place for managing risks to the service and patients, for example unforeseen events and the management of patients with complex care needs.
- The practice had failed to adequately respond to concerns raised through patient feedback.
- The practice had a range of policies in place which were accessed on staff computers, however these were not all readily available to staff. For example, we asked to see copies of the practice's cold chain policy, specimen handling policy and needle stick injury policy but relevant staff asked were unable to locate these.

- The practice had failed to achieve the foundation level in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care.  
There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Regular partners meetings took place, usually on monthly basis, in which issues such as significant events, unplanned admissions and safeguarding were discussed.

### Leadership, openness and transparency

The partners were visible in the practice and staff told us that they were approachable. When there were concerns raised there were opportunities for patients to discuss these with staff:

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and that they felt encouraged to discuss and raise any issues with the partners. They told us that they felt confident in doing so.
- Staff said they felt supported by the partners and managers.
- The practice had a whistleblowing policy and some but not all staff were aware of this policy.

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

The practice had sought patients' feedback and engaged with patients in the delivery of the service but there was little evidence that it acted on information received

- Feedback from the national patient survey published in 2014 showed that the practice was rated lower than CCG and national averages in most areas including access and the quality of consultations. Only 52% of patients said they would recommend the practice to others which was also below the national average. The practice had not undertaken any in-house patient surveys to identify areas for improvement.
- A patient participation group (PPG) was set up during 2014 and had held three meetings to date. It currently

# Are services well-led?

Inadequate 

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

consisted of four members. We spoke with a member of the PPG who told us that the GPs and practice manager attended the meetings and that they felt they were listened to. They told us that they had discussed issues such as appointments and that the practice had introduced on-line booking to help improve access. They had also asked about facilities for baby changing and were told a room would be made available on request.

- Information inviting patients to join the patient participation group was displayed in the waiting area.
- There was a patient suggestion box in the waiting area, we reviewed the contents which contained one complaint about waiting times.

- Staff had opportunities to provide feedback through staff meetings and appraisals. Staff told us that they felt confident in raising issues if they needed to.

## Continuous improvement

Staff told us they were supported in continuous learning and had opportunities to network with staff from other practices. For example, practice nurse forums. However, the monitoring of staff training was not robust to ensure staff training was up to date. The practice had recently introduced in-house ECGs and phlebotomy.



## 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 Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The practice did not operate effectively an accessible system for identifying and receiving complaints by service users and other persons.</p> <p>The practice's complaints policy and procedures did not contain current information.</p> <p>No information was visible or for patients to take away to help them to understand the complaints process.</p> <p>No systems were in place for recording informal or verbal complaints.</p> <p>This was in breach of regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were areas in which the practice did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. The practice was unable to demonstrate how it responded to and managed risks including unforeseen events, infection control, the management of patient information, performance against patient outcomes and patient feedback.</p> <p>This was in breach of regulation 17 (1) (2) (a)(b)(c)(e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The practice did not have robust systems in place for the effective engagement with other health and social care agencies to assess and plan the on-going care needs of vulnerable patients and those with complex care needs.

This was in breach of regulation 12 (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Enforcement actions

### 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider did not provide effective care and treatment to ensure the risks to the health and safety of patients were adequately mitigated against.</p> <p>Care and treatment seen did not reflect good practice. Not all patients received routine reviews of their health condition and medicines. Robust arrangements were not in place to support effective multi-disciplinary team working in the delivery of patient care.</p> <p>Backlogs of unprocessed patient information did not ensure that changes to care and treatment were acted upon in a timely way.</p> <p>The following conditions have been imposed on the provider's registration:</p> <ol style="list-style-type: none"><li>1. Sparkhill Surgery must ensure effective procedures are in place to ensure patient information received is responded to in a timely way and according to contractual obligations.</li><li>2. Sparkhill Surgery must ensure that effective systems are implemented and operated effectively to manage patients with long term conditions and those on repeat medication. Sparkhill Surgery must ensure all patients on their diabetes register have been offered the opportunity of a diabetes health review within the next six months.</li><li>3. Sparkhill Surgery must ensure patients on repeat medication receive appropriate review of their medicines.</li><li>4. The partners must not accept any new patients without prior written consent from the CQC with the exception of new born babies of mothers registered with the practice.</li></ol>

This section is primarily information for the provider

## Enforcement actions

5. The partners must send a report to the CQC of any new babies registering with the practice detailing the care the practice is providing on a monthly basis.