

Dr NK Agrawal and Partner

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 NK Agrawal and Partner on 26 January 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. However, all significant events were not recorded and shared appropriately.
- Most risks to patients were assessed and well managed. However, we found that the practice did not have a defibrillator so that it could adequately respond to a medical emergency. A risk assessment had not completed to provide a rationale for this.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Most patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had the facilities and had most equipment to treat patients and meet their needs. However, there was no Automatic External Defibrillator (AED) and no risk assessment was in place to determine if one was needed.
- There was a leadership structure and staff felt supported by management. A new GP partner was joining the current partnership and they assuming some leadership responsibilities. However, due to this transition of responsibilities governance processes in respect to recruitment of some staff were not as robust.

Summary of findings

- The practice was looking to establish a Patient Participation Group (PPG) so that it could seek feedback from patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvement are:

- All Patient Group Directions (PGDs) must be available and appropriately signed.
- Appropriate recruitment checks must be in place before staff begin working at the practice.
- The practice must determine if an Automatic External Defibrillator (AED) is required.

The areas where the provider should make improvement are:

- Ensure method for recording all incidents and significant events is consistent.
- Ensure risk assessments such as control of substances hazardous to health (COSHH) are carried out.
- All risk assessment to protect patients, staff and visitor should be in place and reviewed regularly.
- The practice should ensure staff appraisals are carried out regularly.

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. There was a system in place for reporting and recording significant events. However, this was not robust as all incidents were not recorded and shared appropriately. Where incidents were recorded and shared appropriately we saw action was taken to improve safety in the practice. We saw an example of a significant event where a patient received reasonable support, truthful information, a verbal and written apology. The practice did not have up to date medicine directives for the safe use of medicines. The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, processes for the recruitment of staff needed improvement. Most risks to patients were assessed and well managed, but other risk assessments such as for fire were not regularly reviewed.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were above average for the locality and compared to the national average. Clinicians worked to the National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. Patients' needs were assessed and care planned and delivered in line with current legislation. Clinicians had carried out clinical audits and made changes where necessary to promote effective treatments for patients. Staff had the skills, knowledge and experience to deliver effective care and treatment. However, staff had not had appraisals for the last two years though these had been scheduled. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Patients we spoke with told us they were satisfied with their care and they felt they were involved in decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. Translation services were available to people whose first language was not English and the practice website could be translated in various languages.

Good



Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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.

There were immunisation clinics for babies and children. Patients said they were able to get an appointment when needed. Patients could make online appointments; urgent appointments were available on the same day as well as home visits. The practice had been purpose built and was accessible to patients using a wheel chair. However, the practice recognised limitations with the front door and installed a call button so patients could ask for assistance when using wheel chair. Information about how to complain was available and easy to understand.

Good



Are services well-led?

The practice is rated as requires improvement for being well-led. There was a leadership structure with the GP partners, the practice manager and the assistant practice manager. A new GP partner joining the practice was also assuming some leadership responsibilities. However, some process was not clearly defined and as a result the current partners were unable to assure themselves of the robustness of some aspects of the recruitment process such as for locum GPs. The practice had a number of policies and procedures to govern activity but did not always follow the process such as in recruitment of some staff.

Staff felt supported by management and a staff member had been supported financially to attend a course over a two year period. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However, we saw examples where other incidents were not recorded appropriately and shared with relevant stakeholders. Staff files looked at showed that performance reviews had not been carried out for two years. The practice had purchased the services of an employment law services agency and reviews for all staff had been planned with pre performance reviews given out to all staff to complete.

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 require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of older people. Nationally reported data showed that outcomes for patients were good for many conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of people with long-term conditions. Data showed that the practice's achievement for the management of long term conditions was better than local and national average. One of the nurses was away on long term leave and the GP partners had taken on the responsibility to review patients with long term conditions. Longer appointments and home visits were available when needed. Appropriate patients had a named GP lead and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had purchased the services of a specialist nurse from the local hospital in order to run a weekly COPD clinic. A specialist diabetes nurse along with a consultant from the local hospital held monthly clinics for complex cases.

Requires improvement



Families, children and young people

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and

Requires improvement



Summary of findings

who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. One of the GP partner was the lead for child safeguarding for the practice and the CCG. All consultation rooms were on the ground floor which made the practice accessible for pushchairs and appointments were available outside of school hours. The GP offered immunisations to children when needed as one of the nurses was on long term leave. The immunisation rates were comparable to local and national averages. The practice had reviewed 85% of patients diagnosed with asthma, in the last 12 months. This was this was 10% above local and 9% above national averages. The practice had stopped offering extended hours appointments. However, appointments were available outside of school hours and the premises were suitable for children and babies. We saw school children had attended the practice for appointments after school on the day of our inspection.

Working age people (including those recently retired and students)

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of working-age people (including those recently retired and students). The practice offered online services through its website. The practice also had arrangements for patients to have telephone consultations with a GP. The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group. 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. This included health checks for patients aged 40 to 70 years of age. The practice referred patients to services promoting healthy living such as weight management.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of people whose circumstances may make them vulnerable. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Home visits were carried out to patients who were housebound and to other patients on the day that had a need. Staff were aware of their responsibilities regarding

Requires improvement



Summary of findings

information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Regular clinics with a specialist diabetes nurse and a consultant in from a local hospital was held.

People experiencing poor mental health (including people with dementia)

The provider was rated as require improvement for safe and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as require improvement for the care of people experiencing poor mental health (including people with dementia). Latest data we looked at showed that 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 4% above local and national averages. The data we looked at also showed that 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive care plan documented in the record, in the preceding 12 months. This was 10% above local and 8% above national averages. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was generally performing in line or better than local averages for most areas of care. The survey also showed that it was mixed compared to national averages for some aspects of care. There were 399 survey forms distributed and 114 were returned. This represented 29% completion rate.

- 83% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 81% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 85%).

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 65%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all were positive about the care and treatment patients had received. However, three comment cards were less positive about access to appointments and waiting time.

We spoke with five patients on the day of the inspection. These patients were positive about the care they had received from the GPs and nurses. Patients also told us they were satisfied with the care provided. They said that staff were caring and helpful. Some patients we spoke with also stated that they occasionally found it difficult to access appointments and there could be some delays before being seen.

Areas for improvement

Action the service **MUST** take to improve

- All Patient Group Directions (PGDs) must be available and appropriately signed.
- Appropriate recruitment checks must be in place before staff begin working at the practice.
- The practice must determine if an Automatic External Defibrillator (AED) is required.

Action the service **SHOULD** take to improve

- Ensure method for recording all incidents and significant events is consistent.

- Ensure risk assessments such as control of substances hazardous to health (COSHH) are carried out.
- All risk assessment to protect patients, staff and visitor should be in place and reviewed regularly.
- The practice should ensure staff appraisals are carried out regularly.

Dr NK Agrawal and Partner

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to Dr NK Agrawal and Partner

Dr NK Agrawal and Partner also known as The Surgery, provides primary medical services to approximately 5500 patients in the local community. The practice is a partnership between two GPs (1 male and 1 female). A new GP is joining the current partnership and this is currently being formalised. The new partner is also a GP provider of another nearby location. Until recently the practice also had two salaried GPs. However, one of the salaried GP had left and regular locums GPs are employed. The practice is located on Clifton lane, Stone Cross, west Bromwich. There is a branch surgery known as Victoria Health Centre, Suffrage Street, Smethwick. We did not visit the branch site during our inspection.

The GPs are supported by two practice nurses one of whom was a long term locum. One nurse worked 30 hours a week and the other nurse worked one day a week. At the time of the inspection the nurse who worked 30 hours a week was on long term leave and many of their responsibilities were being carried out by the GP partners. The practice also employed a specialist nurse in Chronic Obstructive Pulmonary Disease (COPD) who attended the practice weekly from a local hospital. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.

The non-clinical team consists of a practice manager, a deputy practice manager, a secretary and a team of reception staff.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management such as diabetes and end of life care. The practice also provides some directed enhanced services such as minor surgery (joint injections only), childhood vaccination and immunisation schemes. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice opening times are 8.30am to 6.30pm Monday to Fridays except Thursdays when it closed at 3pm. Morning surgery times were from 9am to 11.30am Mondays to Fridays. Afternoon surgery times were from 4pm to 6pm Mondays to Fridays except Thursdays when it was closed.

The branch surgery is open from 9.30am to 6.30pm Mondays to Fridays. Morning appointments are available from 9.30am to 11.30am Mondays to Fridays. In the afternoon, appointments are available from 4.30pm to 6.30pm Mondays to Fridays.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by an external out-of-hours service provider when closed.

We reviewed the most recent data available to us from Public Health England which showed that the practice is located in an area of high deprivation score compared to other practices nationally. Data showed that the practice has a higher than average practice population aged between 0 and 50 years in comparison to other practices nationally. The practice also has a lower than the national average number of patients aged 50 years and over.

Detailed findings

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 January 2016.

During our visit we spoke with a range of staff including the GP partners, the practice manager, the deputy practice manager and one of the practice nurses. We spoke with the administration staff including the secretary and reception

staff as well as five patients who used the service. We also reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff members we spoke with were aware of the process for reporting and escalating incidents.

Records of documented incidents were available in the practice and also shared with the Clinical Commissioning Group (CCG) through the electronic reporting system. 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.

The practice had recorded two incidents in the last 12 months. For example, we saw that an incident recorded in March 2015 related to a medication error and appropriate action was taken.

The practice manager also showed a folder with various risk assessments recorded on a pre populated template. We looked at two risk assessments that were recorded during the previous 12 months. One of the risk assessments recorded on November 2015 related to a community health visiting team. The health visiting team had asked the practice to respond to a potential safeguarding issue even though it was not the practices responsibility. We spoke with management staff about the rationale for recording the above as a risk assessment and not as an incident but were unable to tell us why. They agreed that this could have been recorded as an incident and shared with the CCG through electronic recording system as this could have been a CCG wide issue. The practice agreed to report this as an incident so that it could be shared with the CCG. This suggested that the method for recording of incidents was not consistent

The practice manager logged copies of patient safety alerts in a folder and circulated to staff members electronically. We saw evidence where the practice manager had sent alerts to clinicians highlighting specific and relevant alerts via email. For example, we saw an alert related to a specific make and model of a blood glucose monitor being used by patients and could possibly give inaccurate readings. We saw that an audit was carried out to identify patients using the machine for appropriate follow up.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. This included arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. Policies were available and accessible to all staff. One of the GP partners was the safeguarding lead for the practice and the lead for safeguarding children for the CCG. Evidence we looked at showed that they were aware of the safeguarding process as issues raised were escalated appropriately. Staff members we spoke with were aware of the lead, the process for raising any issues and had access to the policy which contained appropriate names and contact details of relevant agencies.

The GP safeguarding lead attended relevant meetings when possible at the CCG and had attended level 4 training. We saw that the practice system identified children that were potentially vulnerable and had created an indicator within the patient record system.

We saw that specific staff members had attended Identification and Referral to Improve Safety (IRIS) training. This was a general practice based Domestic violence and abuse (DVA) training, support and referral programme for primary care staff and provided care pathways for all adult patients living with abuse and their children.

Other staff members we spoke with also demonstrated they understood their responsibilities and all had received training relevant to their role.

A notice in the waiting room and consultation rooms we looked into advised patients that chaperones were available if required. The practice nurse acted as a chaperone and if the nurse was not available then administration staff acted as a chaperone. We spoke with one administration staff who told us that they had acted as a chaperone. They could adequately explain the role of a chaperone and told us that they had received guidance from the practice manager. Staff at the practice had received a Disclosure and Barring Service (DBS) checks. 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 saw that the practice was clean and tidy and patients we spoke with on the day also confirmed this. This aligned with the views on the comments cards we asked patients to

Are services safe?

complete before the inspection. We looked at the practice infection prevention and control policy which named both the nurses at the practice as the lead. We saw that the nurses attended yearly training in infection control. The infection prevention and control nurse from the public health team at the local authority had conducted an audit in March 2014. The overall score for the practice was 94%. No other audits had been undertaken since, but the practice manager showed us an electronic audit template recently sent by the CCG. They told us that they were currently looking to complete this audit.

We checked medicines stored in refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were within their expiry date and suitable for use. Records showed and fridge temperature checks were carried out and all the medicines we checked were within their expiry dates. However, temperature readings were not being re-set after each recording on both sites to ensure that maximum and minimum temperatures being recorded were accurate for each recording. We were told that the fridge automatically re-sets temperatures each day. After the inspection the practice informed us they had sought further advice from the fridge manufacturer who confirmed this.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw the prescribing of antibiotics by the practice was below the CCG average.

We saw that prescription pads were securely stored and there were systems in place to monitor their use. We saw Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines. Although in date some were not signed by the nurses and others were not signed by the nurse and the manager. Also, we did not see a PGD for Meningitis B vaccine that was administered by the nurse we spoke with on the day of the inspection.

We reviewed four personnel files and found recruitment checks undertaken prior to employment were not robust particularly for locum GPs. For example, we asked for the practice to provide details of the locum GPs working at the practice. The practice could not provide information such as proof of identification, qualifications, registration with the appropriate professional body and the appropriate DBS

checks when asked. However, they contacted one of the GPs who was able to forward these for us to look at. The practice had not checked details of the other locum GP even though the GP had provided recruitment information several months previously. This did not provide us with confidence that appropriate recruitment checks were in place.

Monitoring risks to patients

There were procedures in place for monitoring and managing most risks to patient and staff safety. There was a health and safety policy available with a poster outside of the reception office. The practice had a fire risk assessment carried out in 2014. However, this had not been updated annually as per the risk assessment. The practice carried out regular fire drills and the most recent was undertaken in October 2015 and another was scheduled for March 2016.

All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had other risk assessments in place such as legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The risk assessment for Legionella was carried out in January 2016 by a specialist contractor and the practice was awaiting the report.

Other risk assessments to monitor safety of the premises such as control of substances hazardous to health (COSHH) were not in place. COSHH require employers to control exposure to hazardous substances to prevent ill health. They include common substances such as bleach or dust from natural materials which may also be harmful. The practice employed a cleaner who used various cleaning substances and the practice had not carried out a risk assessment of these.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff, particularly administrative worked set hours and were trained in different roles such as reception and scanning. There was a branch site and staff could cover if there was a shortage. If there was a shortage usually administrative tasks such as scanning could be carried out at the main site or the branch site. If there was unplanned absence of staff, workload could be shared. Both sites used the same IT system which helped to better

Are services safe?

facilitate this. However, the practice employed two nurses. One of the nurses worked as a long term locum nurse (one day per week) and the other nurse was off on long term leave. Many of the functions of the nurse were being covered by the GP partners.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents. The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included the use of either the main site or the branch site as well as the facilities of another practice near the main site. We were told that the provider of this nearby practice was in the process joining the current partnership.

All staff received annual basic life support training and there were emergency medicines available in the treatment

room. Emergency medicines and medical oxygen were easily accessible to staff in a secure area of the practice and all staff knew of their location. We saw a notice which informed staff of the location of the emergency medicines and equipment. All the medicines we checked were in date and fit for use. However, the practice did not have an Automated External Defibrillator (AED) in the practice or a risk assessment to determine the need for an AED. An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We were told that an AED was not available at the branch site either but because the branch site was located in a health centre they could use an AED from another practice located in the same building. However, there was no formal arrangement in place for that.

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. We saw that the practice followed NICE guidance for diabetes and had a close relationship with a diabetic consultant from the local hospital. . The practice had systems in place to keep all clinical staff up to date. The practice manager emailed all clinical staff including locum GPs in the event of for example, a medicines alert or new guidelines. The practice monitored that these guidelines were followed through audits. For example, we saw an audit was undertaken to ensure guidance was followed for a specific medicine, and follow up actions were taken where appropriate.

A specialist nurse in Chronic Obstructive Pulmonary Disease (COPD) attended the practice weekly to review patients from a local hospital. We were told that the Global Initiative for Chronic Obstructive Lung Disease (GOLD) guideline was used by staff to inform accurate lung function tests. We saw this guideline was available in the practice. COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. The most recent published results were 98% of the total number of points available, with 8% exception reporting. The exception rate was 1% below the local and 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. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was better to the CCG and national average. The practice achievement was 93% which was 8% above local CCG and 4% above national averages.
- The percentage of patients with hypertension having regular blood pressure tests was better compared to the CCG and national average. The practice value was 89% which was 6% better than the local CCG and 5% better than the national averages.
- Performance for mental health related indicators was generally better compared to the CCG and national average. For example, The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 96%. This was 10% better than the local CCG and 8% better than the national averages.

Clinical audits demonstrated quality improvement. We looked at five clinical audits completed in the last two years; two of these were completed audits where the improvements made were implemented and monitored. For example, the practice had conducted an audit on their prescribing for Non-Steroidal Anti-inflammatory Steroids (NSAIDs) in 2014. We saw that 70 patients were identified and letters were sent to patients for review. A re-audit found that 54 patients were not re-issued with NSAIDs following review.

We looked at another audit Oral Nutritional Supplements (ONS) initiated by one of the GP partners. We saw the pre audit identified 20 patients on ONS and their medical notes were reviewed and checked to see if they were on these supplements appropriately. Where appropriate, patients were referred to dieticians. We also saw that the practice had made changes to the way ONS were prescribed to patients with one of the GP partners becoming directly responsible. A re-audit showed that four patients were now on ONS.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was an established team which included two GP partners and the team also included two nurses. Both nurses worked part time and one of the nurses was on long term leave. The other nurse worked seven hours a week and the GPs carried out some of the roles of the nurse. For example, one of the GP

Are services effective?

(for example, treatment is effective)

partners undertook childhood immunisations and all other GP carried out adult immunisations. One of the GP had a background in gynaecology and undertook cervical cytology screening when required. Some patients we spoke with told us that it was difficult to get an appointment with a nurse.

The non-clinical team consisted of an administrative/reception staff, a practice manager and an assistant practice manager who had recently been appointed and worked part time. Most of the staff had been working at the practice for a long time and said they worked well as a team and knew many of the patients well.

The learning needs of staff were identified through a system of appraisals and meetings. However, we saw that appraisals had not been completed for the last two years. The practice manager told us that they had procured the services of an external organisation to help with employment services. We were told pre appraisal templates were given out to all relevant staff with appraisals being scheduled for the following month. Staff files we looked at confirmed this.

Regular staff meetings provided the opportunity to share important information with staff. The minutes showed that these meetings were detailed and covered a number of areas including significant events and complaints.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff also received training in other areas such as safeguarding at relevant levels with the lead safeguarding GP at level 4. This was also because they were the lead for the CCG and also answered queries from other GPs. Staff also completed training in basic life support, information governance and infection prevention.

Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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, their intranet and an integrated pathology and discharge summaries system linked to the local acute hospital. This included care plans, risk assessments, medical records and results of tests and investigations. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice referred patients appropriately to secondary and other community care services such as the district nurses. The practice used the Choose and Book system for making the majority of patient referrals. We were told that the secretary was responsible for processing choose and book referral and most patients chose to attend local hospitals. The Choose and Book system enables patients to choose at which hospital they would prefer to be seen.

The practice had arrangements in place to support patients with end of life care needs. This included a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. We saw staff had completed online training in MCA, Deprivation of Liberty Safeguards (DoLS) and restraint. Mental Capacity Act (MCA) 2005 – provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Where a patient's mental capacity to consent to care or treatment was unclear, the GPs assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment and developed a care plan. For example, there were 48 patients on the mental health register of which 91% of the patients had care plans in place. We saw that patients were supported to make decisions through the use of care plans, which they were involved in agreeing.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients who may be in the last 12 months of their lives. For example, there were three patients on the practice's palliative care

Are services effective?

(for example, treatment is effective)

register and there were plans in place. The practice had conducted Oral Nutritional Supplements (ONS) and had referred appropriate patients to a dietician. The practice was taking part in the enhanced scheme to offer services for alcohol abuse and smoking cessation. The practice system showed that 139 patients were offered smoking cessation advice of which 17 had stopped smoking.

One of the GP partners had a background as a chest physician and employed a nurse consultant from the local hospital to hold clinics for Chronic Obstructive Pulmonary Disease (COPD). COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema. Typical symptoms are increasing shortness of breath, persistent cough and frequent chest infections.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 79% and the national average of 81%. A practice nurse we spoke with told us that the local hospital informed the practice if a patient needed to be reviewed due to inadequate results. The practice then sent reminders to the patient to attend for their screening test. We saw that the practice nurse had attended update in cervical cytology training in the last two years.

Childhood immunisation rates were mostly in line with the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 93% to 98%. This was comparable to the local average.

Flu vaccination rates for patients over 65 years were 81%; this was above national average of 73%. Flu vaccination for at risk groups was 59%; this was above the national average of 52%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. A practice nurse we spoke with told us they were able to refer patients to weight management services such as Sandwell mytimeactive and Weight Watchers. We saw leaflets with self-referral forms were available.

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. Chaperones were offered to patients that underwent sensitive examinations. We witnessed reception staff knocking before entering consultation rooms. Reception staff we spoke with told us they would offer patients a private room if they wanted to discuss sensitive issues or appeared distressed.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Comment cards highlighted that reception staff were very helpful and all staff were caring. Comments cards also stated that staff always tried to accommodate their needs.

We spoke with five patients on the day of the inspection who were positive about the care they had received from the GPs and nurses. Patients also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed that patients generally felt they were treated with compassion, dignity and respect. However, the practice satisfaction scores were slightly below local CCG and national averages for its on consultations with GPs and nurses. For example:

- 79% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 81%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 74% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 80% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 81%, national average 87%)

We spoke with five patients and all the patients were generally positive about consultation with the nurses.

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 on the comment cards we received was also positive and aligned with these views.

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The GP partners spoke some of the languages spoken by patients such as Hindi, Punjabi and Gujarati

Patient and carer support to cope emotionally with care and treatment

We saw leaflets in the reception area with information on other support groups and organisations such as Cruise bereavement.

A GP partner we spoke with told us that they made home visits to the household of the bereaved family. Appointment system confirmed that on the day of the inspection a patient's appointment was prioritised following bereavement.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.4% of the

Are services caring?

practice list as carers. Written information was available to direct carers to the various avenues of support available to them. We saw that a notice board in the waiting room was dedicated to carers (carers corner).

The latest data we looked at showed that 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 4%

above local and national averages. We also saw that 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months agreed between individuals, their family and/or carers as appropriate. This was 10% above local and 8% above national averages.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, a diabetes nurse and a consultant from the local hospital held clinics every two months for patients with complex diabetes.

The practice worked with pharmacists who provided support to the practice as part of a CCG scheme. The aim of the scheme was to enable all practices in the CCG area to have pharmacy support to ensure safe and appropriate prescribing of medications. We saw evidence that the practice antibiotic prescribing was below the CCG target.

There were systems in place to review and recall patients with long term conditions such as asthma and chronic obstructive pulmonary disease (COPD). The practice employed a specialist nurse from a local hospital to offer weekly clinics for complex cases. One of the nurses working at the practice was had completed a diploma in diabetes. A specialist diabetes nurse along with a consultant held clinics every two months at the practice as part of a CCG scheme.

The practice offered extended opening hours until June 2015 but had stopped this because a salaried GP had left the practice and the practice found recruitment of a replacement salaried GP difficult. A new partner was joining the practice and the existing partners felt this would allow them greater flexibility to offer appointments in combination with the proposed new partners existing practice nearby.

There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these. Same day appointments were available for children under five years old and those with serious medical conditions. Patients were able to receive travel vaccinations and routine immunisations. One of the nurses was away on long term leave and the other nurse worked a limited number of hours. The GP partners and the nurse carried many of the immunisations and had relevant training updates. Some services were not available on the NHS but were available privately such as travel vaccinations. The

practice was registered with the CQC for surgical procedures but only carried out joint injections. The practice normally referred patients to another GP for this procedure.

There were disabled facilities, a hearing loop and translation services available. The practice website could be translated in various languages and the practice building was accessible by patients using wheelchairs. The practice recognised that there were no automatic doors to allow easy access to patients using a wheelchair and installed a call bell so patients could use to raise staff attention. We saw a call bell was placed in the practice managers' office and in the reception.

The staff were aware that they could use the practice address to register homeless people if they needed medical attention. We were told that this was recommended to them by the CCG and all staff had been told. Relevant staff members we spoke with confirmed this.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday except Thursday when it was closed at 3pm. Appointments were from 9pm to 11.30pm every morning and 4pm to 6pm in the afternoon, except Thursdays when it was closed in the afternoon. The practice had stopped offering extended surgery hours in June 2015. Pre-bookable appointments could be booked up to two weeks in advance. The booking system we looked at showed many appointments were available for the week ahead. Online appointments were available and urgent appointments were also available for people that needed them at both sites. We saw a patient had been seen as an emergency on the day of the inspection at the main site.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 83% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).

Are services responsive to people's needs?

(for example, to feedback?)

- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 47%, national average 59%).

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

Healthwatch Sandwell had visited the practice nine times from September 2014 to October 2015 to speak with patients as part of their 'enter and view' approach by trained volunteers to make observations and collect people's opinions. We saw that Healthwatch spoke with two patients in October 2015 and no concerns were raised. We saw that in the two visits previously in September 2015 patients stated that although they could get urgent appointments they found it more difficult to get routine appointments. The practice manager told us that Healthwatch Sandwell was due to return to the practice again soon. Healthwatch enable the view and experiences of people who use services to influence and improve the way the health and social care services are provided and run.

We received 45 comments cards from patients using the service. All were positive about the care and treatment

patients had received. However, one commented on the lack of access to appointments, another commented that there could be delays to see the GP after the appointment time and another comment related not being able to see the same GP.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy named the practice manager as the complaints manager with a GP partner as the responsible person. The role of the responsible person was to ensure compliance to the policy and to ensure actions implemented in light of learning from a complaint.

There was a complaints leaflet available for patients. This explained the complaints process and a complaints form was attached to the leaflet. A reception staff member we spoke with printed out a copy of the leaflet for us and told us that they would make this available for a patient when they wanted to complain or asked about the process.

The practice had received one complaint in the last 12 months and we found that this was actioned satisfactorily.

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 vision to deliver high quality care and promote good outcomes for patients. One of GP partners was active within the Clinical Commissioning Group to help achieve this. The GP partners were looking to retire in the future and the addition of a new partner was part of succession planning. The new GP partner was also a provider for another nearby practice.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. For example, it had a comprehensive recruitment policy. However, the practice was not able to provide assurance that appropriate checks had been conducted before locum GPs started working. We saw a fire risk assessment had been carried out. However, the risk assessment stated that it should be reviewed annually and we saw that this had not been done.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. For example, the practice manager was responsible for the day to day management of the practice except recruitment of locum GPs. There was an assistant practice manager who worked part time. All staff we spoke with were aware of their roles and responsibilities and had access to practice specific policies. These policies were available on the practice computer system. The practice had purchased the services of an external employment agency and as part of this all staff were given an 'employee handbook' detailing some of the duties of the practice as well the responsibilities of the employees.

Leadership and culture

Staff members we spoke with told us that they were approachable and always took the time to listen to all members of staff. Most of the staff were long standing members of the team and knew their patients well.

The provider was aware of and complied with the requirements of the Duty of Candour. For example, we saw that a significant event regarding the administration of a vaccine was responded to appropriately. The practice gave

the affected patient truthful information and an apology. They also informed the CCG and involved input from a specialist from a local hospital for support and had made change to the practice as a result of the learning.

There was a leadership structure in place and staff felt supported by management. A new GP partner was joining the current partnership. The new partner was assuming some responsibilities such as arranging locum GP cover. However, this process had not been defined and the partnership had not been formalised. As a result the current partners could not assure themselves that the recruitment of some locum GPs were robust.

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

The practice was trying to develop a Patient Participation Group (PPG) and was advertising to get patients involved. The practice had scheduled a PPG meeting for November 2015 but we were told that no one had attended the meeting. Another meeting was scheduled for March 2016. We saw that the practice had encouraged patient to register to become part of the PPG through a notice in the patient waiting area. The practice website also encouraged feedback from patients. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

The practice manager showed us a number of completed surveys they had carried out using questions from the General Practice Assessment Questionnaire (GPAQ). However, this had been carried out recently and had not been analysed. GPAQ is an established survey tool that is used by GPs for their revalidation. GP revalidation is where GPs demonstrate they meet standards set by General Medical Council (GMC). GPs must be registered with the GMC to practice.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. For example, one of the GP partners had conducted an audit in regards to a medicine after a recent high profile road traffic accident. The driver involved in the accident had suggested that the medication they were taken may have contributed to the accident. The GP partner wanted to ensure any of their patients on this medicine was followed up.

Are services well-led?

Requires improvement 

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

The practice also supported a staff member financially to attend a course lasting over two years. This allowed them to progress within the practice and assume greater responsibility.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not ensure care and treatment was provided by ensuring proper and safe management of medicines through current and up to date medicine directives. This was in breach of regulation 12 (2)(g)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: Systems or processes must be established, followed and reviewed effectively to ensure appropriate risk assessments to mitigate the risks relating to the health, safety and welfare of service users and others. Appropriate processes should be followed to keep records in relation to persons employed in the carrying on of the regulated activity. This was in breach of regulation 17 (1) (2) (b) (d)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The provider did not ensure recruitment procedures were operated effectively to ensure that persons

This section is primarily information for the provider

Requirement notices

employed for the purposes of carrying on a regulated activity were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.

This was in breach of regulation 19 (1) (a) (b) (2)