

Dr Waleed Doski

Quality Report

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

Ratings

Overall rating for this service	Good	
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?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This practice is rated as good overall. (Previous inspection 9 September 2016 was rated as requires improvement overall).

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The key questions in safe and well-led are rated as requires improvement, so this has affected the rating for all the population groups:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Dr Waleed Doski on 7 November 2017 to follow up on breaches of regulations.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. Lessons learned from significant events, incidents and near misses were recorded and shared with staff and external agencies where appropriate.
- Oversight for recording, actioning and tracking patient safety alerts was not effective.
- Outstanding issues from the fire risk assessment, dated June 2013, had been actioned.
- An oxygen cylinder was now stored on the premises.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice achieved maximum points in the Quality and Outcomes Framework for 2016/17.
- Quality improvement activities, including audits, were carried out on a regular basis.
- Formal minutes were taken for meetings, so that there was a record of discussions, decisions and any actions required.

Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- Patients commented that they valued the continuity of care provided by the GP.
- Results from the National GP Patient Survey 2017 showed a marked improvement to patient experience in relation to treating patients with dignity and respect and involving them in decisions about their care.
- The practice nurse provided appointments for four more hours per week than at the previous inspection, but the appointments were only available on two days during the week.
- Patients had access to a female GP at a nearby practice.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The area where the provider **must** make improvements is:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Review the system for monitoring sepsis with reference to the National Institute for Clinical Excellence (NICE) guidelines and Quality Standards for Sepsis, published in September 2017.
- Review the procedure for determining and documenting whether Disclosure and Barring Service (DBS) checks are transferable for individual members of staff.
- Review the staff training log on a regular basis to ensure that current training is logged and that staff are trained to the level appropriate for their role.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

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

Dr Waleed Doski

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector and included a GP specialist advisor.

Background to Dr Waleed Doski

Dr Waleed Doski (also known locally as Bournville Surgery) is registered with the Care Quality Commission (CQC) as a sole provider and offers a range of family medical services. Dr Doski holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a nationally agreed contract between general practices and NHS England for delivering primary care services to the local communities. At the time of our inspection, the practice was providing medical care to 2,000 patients.

Dr Doski is situated in a converted bakery in Bournville, Birmingham. The building is owned by the Bournville Village Trust and the practice occupies the ground floor of the premises. The building has limitations with regard to space and potential for improvements. LED lights have recently been installed in the ceiling in the reception area, which increases the light in the reception area (there are no windows). Free car parking is available at the rear of the practice and on the main road. A ramp is available for patients who require wheelchair access.

Dr Doski is the only GP, but patients can request to see a female GP, who works at a nearby practice. This service is advertised in the reception area and on the practice website: <http://www.bournvillesurgery.org.uk>.

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

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

Patients can also make appointments via the nearby MyHealthcare clinic, which is run by the South Doc Federation. MyHealthcare is open from 5.30pm until 8pm Monday to Friday; 7am until 6pm on Saturday and from 9am until 12 noon on Sunday. Alternatively, patients can go to the GP Walk-In Centre at Selly Oak, which is open from 8am until 8pm every day of the year.

Are services safe?

Our findings

We rated the practice, and all of the population groups, as requires improvement for providing safe services.

The practice was rated as requires improvement for providing safe services because:

- There was a system for recording patient safety alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA), but it had not been used since December 2016.
- Hard copies were kept of alerts, including those received since December 2016, but there was no record of actions taken.
- The practice nurse did not have training in safeguarding children to the level appropriate for her role (level two).

Safety systems and processes

The practice had systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The DBS policy had not been amended to include reference to the need to undertake a formal risk assessment before accepting a previously issued DBS check. However, we saw a written risk assessment for one member of staff.
- The majority of staff had received up-to-date safeguarding and safety training appropriate to their role. The practice nurse had completed level two training online in safeguarding adults, but had not completed training to level two in safeguarding children. However, the practice nurse was able to tell us what actions to take in the event of a safeguarding concern regarding a child. We checked written evidence submitted after the inspection and as a result were assured that the practice nurse completed training to level three in safeguarding children after the inspection. Staff knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check.
- There was an effective system to manage infection prevention and control.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. Portable appliance testing was now carried out by an external contractor. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. The GP had a buddy arrangement with a GP from a local practice, so that they covered for each other during annual leave or absences.
- There was an effective induction system for temporary staff tailored to their role.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinical staff were able to explain how they would identify and manage patients with severe infections, for example, sepsis. However, we were told that the National Institute for Clinical Excellence (NICE) guidelines and Quality Standards for Sepsis, published in September 2017, were not used as a point of reference.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Are services safe?

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks (oxygen was now kept on the premises). The practice kept prescription stationery securely and monitored its use. The GP no longer kept blank prescriptions in their bag.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had carried out an audit of antimicrobial prescribing (the prescribing of antibiotics in accordance with national guidelines to reduce resistance and improve patient outcomes).
- Patients' health was monitored to ensure that medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses and felt supported when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. We saw that discussion of significant events was a standing item on the agenda of the monthly practice meetings and that they were discussed with peers at the federation meetings.
- The practice manager received patient safety alerts and passed them to relevant members of staff. There was a log for recording patient safety alerts, including those from the Medicines and Healthcare Regulatory products Agency (MHRA), but we noted that the last entry was made in December 2016. We saw that hard copies were kept of alerts, including those which had been received since December 2016, but details of actions taken were not recorded. Clinical staff were able to demonstrate that they were aware of recent alerts, but actions taken were not always documented.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Patients were given advice about what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who were frail or might be vulnerable received a full assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of their medicines.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. We saw that 78 of 123 eligible patients had had these checks carried out.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was not an outlier in data relating to long-term conditions, for example, diabetes, asthma, chronic lung disease, hypertension and atrial fibrillation.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%.
- The practice was aware of the need to identify and review the treatment of newly pregnant women on long-term medicines.
- Children under five years of age were seen the same day.

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

- The practice's uptake for cervical screening was 81%, which was in line with the 80% coverage target for the national screening programme.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances might make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 36 patients on the learning disability register, 21 of whom had had health checks within the last 12 months. We were told that health checks were scheduled for a further 10 patients a few days after our inspection.
- The GP cared for patients at a local private hospital unit for patients with moderate to severe learning disabilities and severe autism. We were told that a third of patients were detained under the Mental Health Act, which meant that they had challenging behaviour. The consultant psychiatrist told us that the level of care was extremely good and that the specialist knowledge and experience of the GP was much valued. Annual health checks were carried out for these patients.

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

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was comparable to the national average.

Are services effective?

(for example, treatment is effective)

- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the national average.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 94%, which was in line with the Clinical Commissioning Group (CCG) and national results (93% and 91% respectively).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results from 2016/17 showed that the practice achieved 100% of the total number of points available compared with the CCG average of 95% and the national average of 96%. The overall exception reporting rate was 6% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, we were shown audits that were carried out in both clinical and administrative areas. The GP attended local federation meetings at which audits were discussed.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice understood the learning needs of staff and provided protected time and training to meet them. We viewed the training log, which included details of skills, qualifications and training for all staff. Staff were encouraged and given opportunities to develop. All staff were given the opportunity to attend local Networking, Education and Training (NET) events that were organised by Birmingham South Central CCG.

- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who might be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, advice on the use of antibiotics, stop smoking campaigns, tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.

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

- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood and were sensitive to patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.

Results from the July 2017 annual National GP Patient Survey showed that patients felt that they were treated with compassion, dignity and respect. 288 surveys were sent out and 107 were returned. This represented a 37% return rate and about 5% of the practice population. The practice was in line with local and national averages for its satisfaction scores on consultations with the GP and higher than local and national averages for these scores for their practice nurse. For example:

- 87% of patients who responded said the GP was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 85%; national average - 86%.
- 98% of patients who responded said the nurse was good at listening to them; (CCG) - 89%; national average - 91%.
- 99% of patients who responded said the nurse gave them enough time; CCG - 90%; national average - 92%.

- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 96%; national average - 97%.
- 96% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 87%; national average - 91%.
- 97% of patients who responded said they found the receptionists at the practice helpful; CCG - 85%; national average - 87%.

The practice had worked hard to improve on the results from the National GP Patient Survey published in 2016 and were pleased with the marked improvement in the 2017 results. For example, 87% of patients said that the GP was good at listening to them in 2017, compared to 73% in 2016. 85% of patients said that the GP was good at treating them with care and concern in 2017, compared to 65% in 2016.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. In practice, interpretation services were rarely used, because the GP spoke Arabic and Kurdish. Two patients had written on comment cards that they appreciated the fact that the GP understood their language. We were told that patients from outside the practice's catchment area who spoke these languages chose to register with the practice because of the ease of communication.
- Staff helped patients and their carers find further information and access community and advocacy services.

The practice proactively identified patients who were carers. The practice's computer system alerted clinical staff if a patient was also a carer. The practice had identified 47 patients as carers, which represented 2% of the practice list.

Staff told us that if families had experienced bereavement, the GP contacted them to offer advice on how to find a support service.

Are services caring?

Results from the National GP Patient Survey 2017 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages:

- 86% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 86%.
- 85% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.
- 98% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 87%; national average - 90%.

- 94% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 83%; national average - 85%.

These results showed an improvement on the results from 2016. For example, 86% of patients said that the GP was good at explaining tests and treatments, compared to 80% in 2016. 85% of patients said that the GP was good at involving them in decisions about their care, compared to 72% in 2016.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice, and all of the population groups, as good for providing responsive services across all population groups.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, online services such as repeat prescription requests, advanced booking of appointments and advice services for common ailments.
- Appointments were available with a female GP from a nearby practice. This service was advertised in the reception area and on the practice website.
- A health care assistant worked one session a week on a different day to the two days provided by the practice nurse. The reception manager was also trained to carry out health care assistant duties and did so as required, often in response to high demand or to provide cover for periods of absence.
- The GP spoke Arabic and Kurdish, which meant that interpreters were not needed for patients who spoke these languages (18% of patients were Arabic, Iranian or Kurdish).
- The GP made regular visits to the local private hospital unit for patients with moderate to severe learning disabilities and severe autism, because these patients found it challenging to attend the practice.
- The facilities and premises were adequate for the services delivered.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- Priority was given to children under the age of five years.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The GP had experience in treating patients with autism.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a telephone call from a GP.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

Are services responsive to people's needs?

(for example, to feedback?)

- Routine appointments were generally available within two to three days, so patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients aged over 75 years or under five years were seen the same day.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that it was easy to get an appointment.

Results from the July 2017 National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 288 surveys were sent out and 107 were returned. This represented about 5% of the practice population.

- 85% of patients who responded were satisfied with the practice's opening hours compared with the Clinical Commissioning Group (CCG) average of 76% and the national average of 76%.
- 96% of patients who responded said they could get through easily to the practice by telephone; CCG – 68%; national average - 71%.
- 92% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 80%; national average - 84%.

- 92% of patients who responded said their last appointment was convenient; CCG - 76%; national average - 81%.
- 92% of patients who responded described their experience of making an appointment as good; CCG - 70%; national average - 73%.
- 70% of patients who responded said they do not normally have to wait too long to be seen; CCG - 52%; national average - 58%.

The survey findings aligned with the patient comments about the ease of getting through to the practice and making an appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was a straightforward process. Staff treated patients who made complaints sensitively.
- The complaint policy and procedures were in line with recognised guidance. The practice had received one written complaint in the last year. We reviewed the complaint and found that it was satisfactorily handled in a timely way. The practice staff told us that they resolved minor verbal complaints on the day.
- The practice learned lessons from individual concerns and complaints. Lessons acted as a way to improve the quality of care.

Are services well-led?

Good 

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

Our findings

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

The GP and senior staff had the capacity and skills to deliver high-quality, sustainable care.

- They had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were working to address them.
- The GP and senior staff were visible and approachable. They worked closely with the rest of the team.
- The practice had processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- The practice had adopted a clear set of values: Commitment, Accountability, Responsibility and Excellence (CARE), which all staff worked towards.
- A formal business plan had not been available at the last inspection. At this inspection the practice had developed a five year business plan which detailed strategy and plans for further development of information technology.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff told us that the practice team was tightly knit and worked positively together. Staff knew that their contribution to the practice was valued.
- It was clear during the inspection that the priority for all staff was responding to the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and

complaints. We viewed one complaint which was also raised as a significant event and saw that this was dealt with in a timely way. We saw that it was also discussed at a local federation meeting. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing staff with the development they needed. This included appraisal and career development conversations. All staff had received annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff were given protected time for professional development and evaluation of their clinical work where appropriate.
- Consideration was given to the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Policies, procedures and activities had been developed to ensure patient safety. Staff knew how to access policies on the intranet.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

Are services well-led?

Good 

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

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of incidents and complaints. Oversight of the recording, actioning and tracking of patient safety alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA) alerts required strengthening. Clinical staff we spoke with were aware of recent alerts, but alerts had not been formally recorded since December 2016 and there was no record of actions taken on the hard copies of alerts received since December 2016. However, random checks of alerts evidenced that actions had been taken where appropriate.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to assess and improve performance.
- Progress on performance, including the quality of service delivery, was tracked at the monthly practice meetings and we saw that discussions were documented.
- The information used to monitor performance and the delivery of quality care was accurate and useful. Any identified weaknesses were addressed as they were highlighted.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, staff and external partners to support high-quality sustainable services.

- The views of patients, staff and external partners were encouraged, heard and acted on to improve services. For example, LED lighting had been installed in the reception area ceiling in response to patient comments. The new lighting made the area much brighter (there was no natural light).
- The lead for the Patient Participation Group (PPG) met regularly with the practice manager to relay patient comments and to discuss service provision and future plans. As a result of input from the PPG, the ramp leading up to the main entrance was reconfigured to provide better access for patients with mobility issues.
- The practice was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- The practice actively encouraged multi-skilling amongst their staff, so there was a focus on continuous learning and improvement at all levels. For example, a receptionist had received training in taking blood samples since our last inspection.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- The practice was an accredited member of the Primary Care Clinical Research Network with the University of Birmingham and the GP was the research lead for the Clinical Commissioning Group. Patients were encouraged to take part in studies such as the cancer diagnosis study.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks to the health, safety and welfare of service users. In particular the registered person did not have an effective system for receiving, actioning and tracking alerts from the Medicines and Healthcare products Regulatory Agency (MHRA).</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>