The Dove Medical Practice

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Dove Medical Practice on 10 December 2015. Overall the practice is rated as requires improvement.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- 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.
- Data showed patient outcomes were low for the locality in relation to diabetes, hypertension and emergency admissions. We saw audits had been carried out and there was evidence that these has resulted in some improvement in performance to improve patient outcomes.
- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the national GP patient survey from 2 July 2015 showed that patient satisfaction scores in relation to access to appointments were lower than local and national averages. Patients we spoke with also told us they did not find it easy to make a routine appointment with a named GP although urgent appointments were available the same day.
- The practice had a number of policies and procedures to govern activity, although some were not practice specific.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available.

Summary of findings

- There was a clear leadership structure in place and staff we spoke with were motivated and felt supported by management. The practice had sought feedback from patients and had an active patient participation group in place.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff such as evidence of satisfactory conduct in previous employment.

In addition the provider should:

- Improve the processes for sharing learning from significant events internally and implement a process to analyses any trends.
- Review the practice can further improve the availability, processes and patient experiences of making non-urgent appointments.
- Review and update procedures and guidance to ensure they are reflective of the requirements of the practice. For example practice-specific recruitment and health and safety policies.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

- There was a system in place for reporting and recording significant events.
- Outcomes and learning from significant events were not communicated widely enough internally to support improvement.
- When there were unintended or unexpected safety incidents, the practice ensured that patients affected were fully informed with a verbal or written apology where appropriate.
- The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse. However, some policies were not practice specific and did not reflect the practice.
- Most risks to patients were assessed and well managed with the exception of pre-employment checks relating to evidence of previous satisfactory conduct.

Are services effective?

Requires improvement

- Data showed patient outcomes were low for the locality in relation to diabetes, hypertension and emergency admissions. There was evidence of clinical audits which demonstrated some quality improvement.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- There was evidence that regular multi-disciplinary team meetings took place with a range of healthcare professionals.

Are services caring?

Good

- The national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was rated above average for its satisfaction scores on consultations with doctors and nurses.
- Results from the survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.

Summary of findings

- We found that information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and we saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

Good

- There was evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to try and secure improvements to services where these were identified.
- Patients' satisfaction with how they could access care and treatment was mostly below local and national averages. Patients rated the practice lower for access via the phone and for the overall experience of making an appointment.
- Feedback from patients reported that access to a named GP and continuity of care was not always available, although urgent appointments were usually available the same day.
- We saw evidence to demonstrate that the practice had introduced a number of changes in order to improve patient access and experiences in making appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However, learning from complaints was not always shared with staff and other stakeholders.

Are services well-led?

Good

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff members we spoke with were clear about the vision and their responsibilities in relation to this.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of good quality care.
- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and development at all levels. Staff told us they had received regular performance reviews and had clear objectives.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients with complex needs or recurrent admissions were discussed in monthly multi-disciplinary team meetings and offered extra support.
- Flu vaccination rates for the over 65s were 65% which was lower than the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 45% which was also lower than the national average rate of 52%.
- There were longer appointments available for patients who required them.
- Patients were able to book appointments and order repeat prescriptions online.
- Home visits were available for older patients and patients who would benefit from these.
- Ramped access and disabled facilities were available at the practice.
- The practice had also installed a lift to improve access.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the national average (practice average of 76% compared to a national average of 84%).
- Longer appointments and home visits were available when needed
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.

Summary of findings

- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. This is because the provider was rated as requires improvement overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were slightly above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 96% and five year olds from 94% to 98% for the practice which compared favourably with CCG rates of 80% to 95% and 86% to 96% respectively.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing and breast feeding facilities were available at the practice.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.
- The practice had a dedicated sexual health clinic that offered a range of sexual health promotion services and treatments.

Working age people (including those recently retired and students)

Requires improvement

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

- The practice was open between 8am and 6pm Monday to Friday except for Thursday afternoons when the practice closed at 5pm.
- Although extended hours surgeries were not offered at the practice, patients could book appointments or order repeat prescriptions online.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group.

Summary of findings

People whose circumstances may make them vulnerable

Requires improvement

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had carried out annual health checks for people with a learning disability.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability. There were translation services available.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

- Performance for mental health related indicators was above the national average (practice average of 93% compared to a national average of 89%).
- The practice carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing mostly lower than the local and national averages for the following (373 survey forms were distributed and 126 were returned):

- 51% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 80% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
- 71% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 90% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 48% described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 58% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards of which 13 were all positive about the standard of care received. Four comments were mixed which praised practice staff but stated that it was difficult to get an appointment at the practice. Positive comments seen related to a range of different aspects from staff attitudes to the care and service received.

We also spoke with seven patients during the inspection, two of whom were also members of the PPG. We received mixed feedback, with patients again highlighting that appointments were difficult to obtain. However, most patients also commented that staff were approachable and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff such as evidence of satisfactory conduct in previous employment.

Action the service SHOULD take to improve

- Improve the processes for sharing learning from significant events internally and implement a process to analyses any trends.
- Review the practice can further improve the availability, processes and patient experiences of making non-urgent appointments.
- Review and update procedures and guidance to ensure they are reflective of the requirements of the practice. For example practice-specific recruitment and health and safety policies.

The Dove Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to The Dove Medical Practice

The Dove Medical practice is located in Erdington, a suburb of Birmingham. It is an area where there are higher levels of deprivation. The practice provides primary medical services to approximately 9800 patients in the local community. The practice has a four GP partners (two male and two female) , two salaried GP's, two GP registrars, four practice nurses, a practice manager, an assistant practice manager, three healthcare assistants (HCA's) as well as reception and secretarial staff. The practice also has a sexual health team comprising of a sexual health nurse, a sexual health advisor, two sexual health HCA's (one of whom is also an administrator).

The practice has a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open between 8am and 6pm Monday to Friday except for Thursday afternoons when the practice closes at 5pm. Appointments take place from 8.30am to 11.30am every morning and 3pm to 6pm (or 4pm on a Thursday) daily. Extended hours surgeries are not offered at the practice. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Birmingham and District General Practitioner Emergency Room group (Badger) to provide this out-of-hours service to patients.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 10 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff which included GPs, management, practice nurse and reception staff
- Spoke with patients who visited the practice during the inspection (including members of the Patient Participation Group).
- Observed how staff interacted with patients who visited the practice.
- Looked at procedures and systems used by the practice.
- Reviewed the completed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the national patient survey information.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents as only the practice manager had access to the significant event template on their computer.
- The practice had documented seven significant events in the past 12 months and in four of these it was documented on the significant event form that there had been a practice meeting to discuss the significant event. However, the practice could not provide any evidence of a meeting taking place such as meeting minutes to demonstrate discussion and analysis. In addition, staff we spoke with were unable to recall any such meetings or discussions.
- The practice manager informed us that learning from these events was not currently being shared or circulated within the practice staff and that analysis of these was not taking place.
- One of the GP partners told us that they regularly attended Locality Network Meetings where recent significant events were shared externally for wider learning.

We reviewed the national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and we saw evidence that alerts received in the last three months had been considered. For example, we saw that patient notes had been reviewed to determine if a reduction in medication dose was appropriate.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP's was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3. The GP told us that there was a system on the computer for highlighting vulnerable patients.
- We saw that a notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice building was not owned by the GP but we saw that it had been maintained to appropriate standards of cleanliness and hygiene and observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and we saw that the CCG had completed an infection control audit. We saw evidence that action plan had been developed and to address any improvements identified as a result. There was an infection control protocol in place and some staff had received up-to-date training.
- We found that the arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including the prescribing, recording, handling, storing and security). The practice carried out regular medicines audits with the support of the local CCG pharmacy teams, to ensure they were in line with best practice guidelines for safe prescribing. We saw evidence to indicate that as a result of this, levels of antibiotic prescribing had been reduced. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had not been consistently undertaken prior to employment. We saw that the practice recruitment policy was very generic and had not always been followed. For example, we saw that in all cases references and proof of identification were missing. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had taken place.

Monitoring risks to patients

Some risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There

was a health and safety policy available although we found that it was very generic and not practice-specific. The practice had up to date fire risk assessments and had recently carried out a fire alarm tests. 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 also had risk assessments in place to monitor safety of the premises such legionella and infection control. Although a risk assessment for the control of substances hazardous to health was not found by the practice during the inspection, we were sent a copy post-inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required.

Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm set-up on the clinical system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had two defibrillators available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of clinical systems, fire and flooding. The plan included emergency contact numbers for staff and information on a local practice to refer patients to if the practice premises became inaccessible.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. The practice told us that of the GP partners was also involved in reviewing NICE guidelines and our discussions with them demonstrated that they were up-to-date. This GP partner was also responsible for sharing updated NICE information with the rest of the clinical team.
- The practice monitored that these guidelines were followed through some audits and random sample checks of patient records. For example we saw that these guidelines had been used to ensure optimum treatment for osteoporosis.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 84% of the total number of points available, with 8% exception reporting rate for the practice (which was similar to the national and CCG exception reporting rates of 9%). This practice was an outlier for QOF clinical targets in relation to diabetes, hypertension and emergency admissions. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national average (overall practice average of 76% compared to a national average of 84%). In particular, the practice was below the national or CCG averages for:
  - The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. This was 55% for the practice which was below the CCG average of 75% and national average of 78%. The practice told us that they had prioritised diabetes blood pressure monitoring to ensure diabetes patients with high blood pressure are followed up with medication optimised for effective blood pressure control. However, this had only resulted in a slight improvement to the last year (2013/2014) where the practice percentage had been 51%.
  - The percentage of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months. This was 81% for the practice which was lower than the CCG and national averages of 89%. The practice informed us that they had made a focused effort to ensure this was taking place and had improved from 2013/2014 when they had achieved only 71%.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average (practice average of 77% compared to 82% for the CCG and a national average of 83%). This was however an improvement from 2013/2014 of 69% although the practice was still currently below both CGG and national averages.
- The number of emergency admissions for (for 19 ambulatory care sensitive conditions) was 29 for the practice compared to 14 nationally (this was for from 01/01/2014 to 31/12/2014). The practice told us they would be analysing this with the CCG to achieve reductions.
- The percentage of patients with atrial fibrillation measured within the last 12 months who were being treated with anticoagulation or antiplatelet therapies was 92% for the practice which was below the CCG and national averages of 98%.
- Performance for mental health related indicators was above the national average (practice average of 93% compared to a national average of 89%).

We found that the practice was aware of each of the QOF areas where they were performing below the CCG and national averages. The practice told us that they had implemented some changes and focused on areas of improvement in order to increase the practice results. However, not all changes had resulted in significant improvements as evidenced in the latest QOF data for 2014/2015.

Clinical audits demonstrated quality improvement.

Requires improvement

Are services effective?

(for example, treatment is effective)

- There had been six clinical audits completed in the last two years, two of which were completed audit cycles where the improvements identified had been implemented and monitored.
- The practice had participated in applicable local audits, national benchmarking and research.
- We saw that findings had been used by the practice to improve services. For example, recent action taken had resulted in reduced levels of antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had very recently developed an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. As this had only been developed this month (December 2015), it had not yet been used.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example the practice nurse told us about the vaccination training and cervical screening training they had completed. We also saw evidence of sexual health training for those staff involved in the running of the sexual health clinic at the practice.
- The learning needs of staff were identified through a system of appraisals. All staff files we reviewed showed that they had had an appraisal within the last 12 months. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- Staff received training that included: safeguarding, fire safety, basic life support and dementia awareness. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We saw examples of care plans in place for patients who were at higher risk of unplanned admissions.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary palliative team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. These meetings involved community matrons, hospice staff and district nurses.

Consent to care and treatment

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

- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We also saw evidence that the GP partners had completed online training on this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We found that the practice used consent forms for recording written consent in the case of sexual health treatments and minor surgery.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- The practice maintained a register of patients with dementia, learning disability or those that required palliative care. Patients with long term conditions were scheduled for regular reviews. The practice also kept a register of patients who were housebound.
- Patients requiring advice on their diet, smoking and alcohol cessation were identified and signposted to the relevant service where appropriate. Smoking cessation support was provided in-house via a specialist nurse who attended the practice on a weekly basis

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice also had a specialised sexual health clinic for the benefit of patients which was open to both the practice patients as well as patients not registered at the practice.

The practice's uptake for the cervical screening was 85%, which was comparable to the national average of 82% with an exception reporting rate of 9%. There was a named lead that ensured patients who did not attend their screening were followed up effectively.

Childhood immunisation rates for the vaccinations given were slightly above the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 96% and five year olds from 94% to 98% for the practice which compared favourably with CCG rates of 80% to 95% and 86% to 96% respectively. However, flu vaccination rates for the over 65s were 65% which was lower than the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 45% which was also lower than the national average rate of 52%. The practice staff told us that they recognised this was an issue although steps had not yet been undertaken to try and increase uptake.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we saw that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Patients were treated with dignity and respect.

- We saw that curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with told us that they would take a patient to a private room or area when patients wanted to discuss sensitive issues or appeared distressed

All of the patients we spoke with they felt the practice offered an excellent service and that staff were helpful and treated them with dignity and respect.

We also spoke with two members of the patient participation group, one of whom was the chair. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. All of the 17 patient CQC comment cards we received were positive about the service experienced. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the latest national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 86%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 80% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example we saw that information was available about Alzheimer's, dementia and carer's support.

The practice's computer system alerted GPs if a patient was also a carer and the practice had 20 patients on their carers register. There was also a named member of staff who was a 'Carers Champion' and acted as the single point of access for patient. This individual was able to signpost relevant patients to support services and provide any additional information as appropriate. The practice also provided relevant patients with a carer's pack which gave patients additional information. The practice also held annual reviews with carer's.

Good

Are services caring?

The practice provided support if families had suffered bereavement and one of the practice staff had been trained in bereavement counselling.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had identified that the practice population had a high level of patients who smoked. As a result the practice had set up an in-house smoking cessation service. The practice had also set up a specialised sexual health clinic which was being successfully accessed by patients across the local area.

- There were longer appointments available for patients who required them.
- Patients were able to book appointments and order repeat prescriptions online.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available.
- Ramped access, disabled facilities, baby changing, breast feeding facilities were all available at the practice.
- The practice had also installed a lift to improve access.

Access to the service

The practice was open between 8am and 6pm Monday to Friday except for Thursday afternoons when the practice closed at 5pm. Appointments were 8.30am to 11.30am every morning and 3pm to 6pm (or 4pm on a Thursday) daily. Extended hours surgeries were not offered at the practice. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published on 2 July 2015 showed that patient's satisfaction with how they could access care and treatment was below local and national averages. Some of the patients we spoke with told us that they were not always able to get appointments when they needed them.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 51% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 48% patients described their experience of making an appointment as good (CCG average 67%, national average 73%.
- 58% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice told us that they had tested a number of different changes to the appointment system in order to try and improve accessibility and to make it a better experience. The national patient survey results indicated that this had not yet resulted in any significant patient satisfaction in relation to access with the practice remaining below CCG and national averages. For example, the practice had recently upgraded the phone system in response to patient requests to inform them where they were in the telephone queue. The practice had also introduced open access to GP telephone consultations and GP messaging services. The practice informed us that they were now considering a greater number of telephone consultations in order to improve overall access for patients.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The GP was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints leaflet available in reception.

We looked at seven complaints received in the last 12 months. We found that the complaints were satisfactorily handled and dealt with in a timely way. For example we saw that the practice acknowledged complaints within 48 hours and that patients had received a response regarding their complaint within 14 days. Where appropriate, patients had received an apology and been provided with

Good

Are services responsive to people's needs?

(for example, to feedback?)

information about the next steps. However, we saw that complaints analysis was limited and evidence that learning outcomes had been shared with practice staff was not available.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a mission statement which focused on best practice through the delivery of patient-centred, timely and considerate service.
- Staff we spoke with knew and understood the values that underpinned this vision which related to being accountable, professional, fair and dynamic.

Governance arrangements

The practice had some structures and procedures in place to support them with the delivery of the strategy and good quality care. However, some of the policies were generic and did not demonstrate that they had been properly reviewed to ensure that they reflected the process and systems in place at the practice. We found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Most policies were implemented and were available to all staff although some needed to be more practice-specific such as the recruitment or the health and safety policies.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Although the practice met most QOF targets well, it was an outlier for some QOF and other local and national clinical targets. This included flu vaccination rates, diabetes, hypertension and emergency admissions. However, the practice had a comprehensive understanding of the performance of the practice and had taken steps to try and raise standards in the identified areas of improvement.

Leadership, openness and transparency

We found that the partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. The partners were visible in the practice and staff told us that they were approachable and took the time to listen to all members of staff. Staff we spoke with told us that everyone at the practice had a voice and was able to make their ideas heard. We saw evidence of this when practice staff such as the receptionists collaborated with the GPs to present to us on the day of the inspection.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us that the practice held team meetings although these were not occurring regularly. We saw that the last meeting had been held in March 2015 and the one previous to this had taken place in January 2015.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away days or get-togethers occurred on an annual basis.
- Staff members said that they felt respected, valued and supported, particularly by both management and the GP partners in the practice. Staff members we spoke with said that open discussion was encouraged by the management team.

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

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

- The practice had collected feedback from patients through the patient participation group (PPG) and complaints received. There was an active PPG which had recently been reformed and we saw that three PPG meetings had taken place since the new group had been set up. We spoke with two members of the PPG, one of whom was the PPG Chair. They were very positive

Are services well-led?

Good

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

about the PPG and complimentary about practice. They told us that they found the practice to be open to ideas for improvement suggested by the PPG and that the GPs were always willing to listen.

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice provided a specialised sexual health service that was utilised by patients across the Clinical commissioning group (CCG) area. We noted that specific training was provided to ensure that staff running the service remained up to date. The practice actively participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work. The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity. This was in breach of Regulation 19 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.