

Fernley Medical Centre

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?

Good 

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

We carried out an announced comprehensive inspection at Fernley Medical Centre on 13 April 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had weekly meetings to discuss concerns and share learning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The

practice proactively sought feedback from staff and patients which it acted on. There was a very pro-active Patient Participation Group (PPG) of which we met with eight members during the inspection.

- The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Patients described staff as caring, understanding and helpful. Patients commented that they were treated them with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was able to refer patients to a community clinic to get expert specialist advice in a

Summary of findings

number of specialities without needing to refer to secondary care. This meant that there were shorter waiting times for appointments and it was more convenient for patients as the facilities were local.

- In the last year the practice had obtained second opinions in this clinic for:
 - 183 dermatology (skin) referrals
 - 29 ophthalmology (eye) referrals
 - 472 ultrasound scan referrals
- Appointments were available to practice patients as well as patients from six other practices in the locality. Unregistered patients signed a consent form which allowed the practice to access their medical records. This included enhanced sexual health services for patients of other practices. This meant that patients would not have to wait for eight week referrals to secondary care.
- Staff had also attended education sessions in female genital mutilation (FGM) and Domestic Violence Training (IRIS).

- The CCG funded a winter pressures scheme to help with patient expectations and demands. This commenced on 15 December 2015 for an initial duration of three months. Through this initiative they were providing same day appointments between 2pm-6pm every weekday and 10am to 4pm on weekends. This scheme had been extended by the CCG and allowed the practice to take pressure away from A&E departments.
- The practice was one of the few GP practices providing enhanced sexual health services to registered and unregistered patients.

The provider should:

- Implement a programme of continuous audit to complete audit cycles and gauge the effectiveness of the improvements it makes.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, accurate information, and a written apology. They were told about any actions to improve processes. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated good for providing effective services. National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. Current results were 99% of the total number of points available which was 3% above the CCG average and 5% above the national average. Staff had received training appropriate to their roles and the practice believed in developing and training their staff. We saw evidence of appraisals and personal development plans for staff. Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than others for several aspects of care. For example: 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

Patients we spoke with during the inspection told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For those patients who did not speak English as a first language, interpreting services were available. Clinical rooms had signs in braille to help patients with visual impairments. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

Are services responsive to people's needs?

Good



The practice is rated good for providing responsive services. The practice responded to the needs of its local population and engaged well with Birmingham South Central Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. One of the lead GPs was on the board of the CCG. The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings. The practice was scoring below average scores in terms of access for example:

- 61% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.

In response to feedback, the practice had made a number of changes. From September 2015 the practice had made additional female GP appointments available. From September 2015 the practice had increased its opening hours.

A new telephone system was implemented in March 2016 with a queue system in place. Additional members of staff were put in place to answer calls at busy periods.

From September 2015 more appointments were available online for patients wanting to book with this method.

Are services well-led?

Good



The practice is rated good for being well-led. It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. We saw that there was good morale at the practice.

The practice proactively sought feedback from staff and patients, which it acted on and had an active virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with eight members of the PPG on the day of the inspection.

Summary of findings

The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and made sure this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older patients. The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services for example unplanned admissions. The GPs met on a weekly basis and unplanned admissions were discussed. Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.

All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend a health check. In the last 12 months, 72 patients had attended for a health check. The practice provided services under a Local Improvement Scheme, with risk profiling, care planning and over 75s health checks. The Local Improvement Scheme included medication reviews and assessments of health and social needs. This also took into consideration assessments of mental capacity, home circumstances and carer support. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen on the same day even if no appointments were available. Home visits were offered to those patients who were not able to attend the practice. The practice offered daily telephone triage and call backs by individual GPs or the practice nurse where this was considered appropriate.

The practice co-ordinated care via regular multi-disciplinary team meetings with district nurses and community matrons. The practice adopted the palliative care Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching their end of life.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long term conditions were on a register and invited for annual reviews. Rescue packs and self-management care plans were provided for asthmatic and Chronic Obstructive Pulmonary Disease (COPD) (lung diseases) patients. For patients with asthma and COPD, the practice provided spirometry and lung function tests.

The practice carried out a lot of work for diabetes prevention and early intervention due to a large number of ethnic patients

Good



Summary of findings

registered with the practice. The practice referred to the community diabetes clinics for newly diagnosed diabetics for lifestyle and structured dietary advice. A comprehensive service for patients with newly diagnosed diabetes was provided with good outcomes.

For Diabetes and Hypertensive patients, Electrocardiogram (ECG) screening to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain and blood tests were carried out annually to identify patients at risk of heart attack.

A daily phlebotomy (blood-taking) service was provided with multiple collections on some days, including weekends.

Increased GP and nurse appointments were available seven days a week. Monday to Saturday appointments were available from 8am to 8pm and on Sunday appointments were available from 9am to 5pm.

All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to follow up on children the practice was concerned about, for example children who did not attend for appointments. Computerised alerts had been put in the notes of those patients where there were safeguarding concerns. The child safeguarding register was reviewed with information from the health visitors regularly.

Immunisation rates were relatively high and comparable to the CCG averages for all standard childhood immunisations, for example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 98% compared with the CCG average of 79 to 96%
- Childhood immunisation rates for vaccinations given to five year olds ranged from 93% to 98% compared with the CCG average of 84 to 95%.

The practice's uptake for the cervical screening in the last 5 years was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

The practice provided comprehensive sexual health services. This service was also available to non-registered patients and the

Good



Summary of findings

practice received referrals for sexual health screening and specific contraceptive services from other practices in the area. The practice responded to patients' requests to increased availability of female GPs in order to be culturally sensitive.

Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babies. Appointments were available Monday to Saturday 8am to 8pm and on Sunday from 9am to 5pm. We saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were always provided for children aged five and under if a parent or carer was worried.

Antenatal and postnatal checks were carried out in the practice with the support of the midwives. The practice had baby changing facilities.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students) and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

The practice offered a service where prescriptions could be delivered straight to the pharmacy so patients could collect medicines directly from the pharmacist. The practice also offered online repeat prescriptions and online access to appointments.

The practice sent out text messages to remind patients of their appointments and also when there were any health campaigns such as flu vaccinations.

The practice offered GP and nursing appointments seven days a week including early morning and late evening. Appointments were available Monday to Saturday 8am to 8pm and 9am to 5pm on Sunday.

Telephone advice was available each day from a pharmacist or GP if required.

Good



People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. All patients with a learning disability were offered an annual health check and longer appointments were allocated. Carers were also offered an annual health check if not being regularly seen and they were offered carer support intervention if appropriate. 2% of the practice list were registered as carers. Almost three quarters of the registered carers had their flu vaccinations in the last year.

Good



Summary of findings

Home visits were provided to elderly, disabled and housebound patients. Patients whose first language was not English were supported by involving interpreters. Longer appointments were provided as required. Staff at the practice were able to speak a number of different languages which reflected the needs of the local population.

In order to help patients with visual impairments all clinical rooms had door signs in braille.

The practice had regular multi-disciplinary team meetings in order to identify and manage the on-going care of vulnerable patients, including adopting the gold standards framework for palliative care and management of safeguarding issues. GPs regularly attended Child Protection Case Conferences. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Staff had also attended education sessions in female genital mutilation (FGM) and Identification and Referral to Improve Safety (IRIS) for domestic violence. The practice had information leaflets and posters about these and were sensitive to the importance of dealing with these subjects sensitively and with care to protect patients who asked for help or whom they believed might be at risk.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice proactively screened patients for dementia.

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is just below the national average of 84%.

Longer appointments were available for patients with poor mental health. There were alerts on patients' records where it was known extra time would be needed. All staff at the practice had completed the dementia awareness training. Patients on the mental health register and those with dementia had comprehensive care plans and received annual health checks.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia. Patients were encouraged to see a regular clinician to ensure continuity of care.

Good



Summary of findings

The practice worked with Birmingham Healthy Minds which offered advice and information for patients who were suffering from mental health issues. A walk in service was available locally for patients.

Mental Health Care Plans were in place and Depot Injections for the treatment of mental health conditions were provided in the practice. Home visits were done as required for patients who did not engage with the practice.

The practice promoted a relationship and bereavement counselling service, available from 'My Time Counselling' which patients told us they found helpful.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 93 responses and a response rate of 20%.

- 61% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 72% and a national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 80% and national average of 85%
- 79% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 83% and national average 85%
- 67% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards, all of which were very positive about the standard of care received. Patients described staff as warm, caring and helpful, and the standard of care they had received as high.

We spoke with 17 patients during the inspection (eight of whom were members of the PPG). Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff, describing them as helpful, kind and considerate. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. Patients were aware that they could choose to see a specific GP if they required. The practice received very positive comments through the NHS Friends and Family Test.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a programme of continuous audit to complete audit cycles and gauge the effectiveness of the improvements it makes.

Fernley Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to Fernley Medical Centre

Fernley Medical Centre is situated in Sparkhill in South Birmingham. The practice has a list size of 6930 patients.

The practice does not have a patient car park. There is a pay and display car park nearby.

The practice has three GP partners and one salaried GP (a mixture of male and female offering patients their preferred choice). The practice has three practice nurses and a healthcare assistant (HCA).

The clinical team are supported by a business manager, practice manager, a deputy practice manager and a team of reception and administrative staff. A pharmacist also attends the practice on a weekly basis to offer advice to patients. The practice also has an in-house counsellor.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Fernley Medical Centre is a training practice providing up to two GP training places. A GP trainee is a qualified doctor

who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer. The practice is also a teaching practice and provides placements for medical students who have not yet qualified as doctors.

The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open at the following times from September 2015 as part of the Prime Ministers Challenge Fund:

- Monday - Friday - 7.30am - 8pm
- Saturday - 8am - 8pm
- Sunday - 9am - 5pm

Appointments are available during these times.

The practice does not provide out of hours services beyond these hours. Information for out of hours GP services is provided for patients at the practice, on the website and on the out of hours answerphone message. This service is provided by a GP Out of Hours Service called BADGER. The service is accessed by a designated telephone number which is provided on the practice website.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

Detailed findings

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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Birmingham South Central Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

We carried out an announced inspection on 13 April 2016. We sent CQC comment cards to the practice before the inspection and received 23 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 17 patients including eight members of the Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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)

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and reported and recorded significant events. During the inspection we saw that within the last year 10 significant events had been reported. Staff used incident forms on the practice's computer system and completed the forms for the attention of the practice manager. Incidents were discussed at practice meetings and were a rolling item on the agenda. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. The practice had carried out an annual significant event review and put an action plan in place. The significant events had been categorised into serious and minor events.

We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example, as a result of an incorrect patient being reviewed an administrative change was made in the practice so that administrative staff and clinical staff checked more than one form of patient identifiable data to prevent this happening again.

The practice had recently implemented the computer system used in hospitals which meant that they would report hospital related incidents as well.

Patient Safety Alerts were sent to one of the GP partners who distributed these to the other GPs, the practice nurses and the pharmacist. We saw evidence that an alert about diabetes was circulated to all members of staff in February 2016.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the partners was the safeguarding lead for the practice. We looked at training records which showed that all staff had received relevant role specific training on

safeguarding. The GPs had received higher level children's safeguarding training. Safeguarding was on the agenda at each monthly practice meeting and we saw minutes of these. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed in every clinical room. Each member of staff also had a booklet which contained useful information which could be used in an emergency situation including safeguarding contact numbers. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child. The GPs attended all case conferences for children on the child protection register. There were eight children on the register and a further 10 on the at risk register.

- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice web site. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When a member of staff had carried out chaperone duties a note was made on the electronic system for individual patients.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was carried out in January 2016. All the rooms at the practice had been checked during this audit. The audit did not include timescales for the action points.

Are services safe?

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. All staff received a full induction on their first day of employment. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. All HR policies within the practice were kept in an employment handbook which was accessible to all staff. The practice also invited an independent body to come and review HR issues each year to ensure that best practice was being followed.
- The practice was a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer. The practice had an induction questionnaire handout for trainees so that they could find out more about the practice by finding the answers to the questions. The practice also provided placements for medical students who had not yet qualified as doctors.
- The practice had a policy and procedures for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when their medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. We saw evidence of a rota for GPs to authorise repeat prescriptions. If a patient did not collect their repeat prescription this was shredded and a note made on the system. The practice had clear arrangements for the safe administration and storage of vaccines. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP partners for this extended role. Patient Group Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were

protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff using an external company. The practice had fire risk assessments in place and held fire drills weekly. A Legionella risk assessment was carried in April 2016. Legionella is a term for a particular bacteria which can contaminate water systems in buildings.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been done in July 2015). Portable electric appliances were routinely checked and tested. This was last done in February 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. For the GPs and practice nurses a buddy system was in place.

Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was an oxygen cylinder and emergency medicines available to staff which were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the nursing team. No medicines were stored in the GPs' bags.

Are services safe?

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and a copy of this was kept off site with one of the GPs and a copy with the practice manager. This contained contact details of all members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurse were able to give a clear rationale for their approaches to treatment. Monthly practice meetings took place for all members of staff and weekly meetings took place between the clinical staff. We saw evidence of robust care plans for patients. We found that good, holistic care was given to patients on home visits and patients who were housebound were offered annual reviews. Although our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute of Health and Care Excellence (NICE) we did not see that these were centrally shared or implemented.

We did note that one of the practice nurses had introduced a policy to the practice for the treatment of hypertension (high blood pressure) in adults following NICE guidelines in order to reach the recommended blood pressure targets. This flow chart was shared with all the nurses and GPs at the practice.

Another policy for the treatment of blood pressure for patients with type two diabetes was also introduced by one of the practice nurses following NICE guidelines in order to reach the recommended targets for this particular area. This was also available to all the nurses and GPs at the practice.

The practice supported the nurses with regular nursing journals to help them to keep up to date. They also attended study days when these were available.

One of the GP partners was on the Clinical Commissioning Group Board (CCG). A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. There was awareness amongst the GPs and practice nurses of local issues and needs.

The GPs were leads in different areas and had regular meetings to discuss concerns and share learning. Although the practice meetings were documented the clinical meetings were not always documented. The GP partners told us they had developed a template and were going to document their weekly clinical meetings following the inspection.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available which was 3% above the CCG average and 5% above the national average. Their exception reporting was 9% which was 1% above the CCG average and the same as the national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months, was 84% which was above the national average of 78%. The exception reporting was 5% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 83% compared with the national average of 84%. The exception reporting was 1% below the national average.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 95 % which was above the national average of 88%. The exception reporting was 9% below the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76% which was below the national average of 84%. The exception reporting was 5% below the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been a number of clinical audits carried out in the last

Are services effective?

(for example, treatment is effective)

two years following NICE guidelines. Of these only one was an audit where the improvements made were implemented and monitored. The practice planned to re-audit later on this year.

The audit looked at the management of atrial fibrillation and novel anticoagulants (blood thinning tablets). The advantage of novel anticoagulants was that they did not require any monitoring or dose alteration. A number of housebound patients were switched to novel anticoagulants.

Effective staffing

We found that the GPs and practice management team valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. One of the practice nurses had been developed and trained to be a nurse prescriber and two of the reception staff had been developed and trained to be practice manager and deputy practice manager. At appraisal one of the receptionists had asked for further training in customer services skills due to some difficult situations they had been placed in and this was implemented as a result. Staff felt that the GPs and practice managers had been supportive of their training needs.

The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training. Further training needs were identified at appraisals on an individual basis. All new staff had an induction programme with training modules such as safeguarding, information management and infection control. Newer members of the practice team we spoke with informed us that they had plenty of opportunity to shadow colleagues until they felt confident to work on their own.

The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example the practice nurses had regular updates for spirometry, sexual health training and wound care.

Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. The practice used

the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X-rays were requested and the results were received online.

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. The practice had a system in place to ensure a GP or nurse called patients within 24 hours of discharge for those patients on the unplanned admissions register and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors. The clinical leads at the practice met regularly to discuss diabetes management, respiratory care and admission avoidance.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw good examples of consent forms used for when patients had contraceptive devices fitted.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

Health promotion information was available in the waiting area of the practice. Patients who may be in need of extra support were identified by the practice such as those needing end of life care, carers and those at risk of developing a long-term condition.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average of 82%.

The practice also carried out NHS health checks for patients aged 40-74 years. In the last year the practice had carried out 547 NHS health checks.

All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend for a health check. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available. In the last year 72 patients over the age of 75 had their health checks completed.

The practice offered screening for breast cancer and bowel cancer. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 59% which was below the CCG average of 65% and the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 36% which was below the CCG average of 46% and national average of 58%

Flu clinics were advertised on the practice website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.

The practice's uptake for cervical screening in the last 5 years was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 77% to 98% compared with the CCG average of 79% to 96% and five year olds from 93% to 98% compared with the CCG average of 84% to 95%.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff were professional and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect. Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff shared an example of a patient who was embarrassed and wanted to talk in private about a sensitive issue.

All 23 of the patient Care Quality Commission comment cards we received were positive about the service experienced. Many of these commented on the helpful attitudes of reception staff and the kindness of the GPs and nurses.

Patients described staff as warm, caring and helpful, and the standard of care they had received as high. All patients we spoke with told us they were satisfied with the care provided by the practice.

We spoke with eight members of the Patient Participation Group (PPG) on the day of our inspection. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They also told us they were pleased with the care provided by the practice and felt involved. They felt valued and respected by the practice team.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with and sometimes below local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 72% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

The practice told us that as a result of some of this feedback, all receptionists who had successfully completed their probation period at the practice were undertaking customer service training.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that their care and treatment was discussed with them and they felt involved in decision making. They also told us they felt listened to and supported by staff. They felt they 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 positive and aligned with these views.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with and sometimes above local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.

Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 82% and national average 81%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared with a CCG average of 83% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. Staff at the practice spoke a number of languages and were able to help to translate for patients when required. If an interpreter was used during consultations then a double appointment was booked. The practice had good systems in place to help patients with visual and hearing impairments. For example, braille signs were available in each of the clinical rooms. .

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room sign posted patients to a number of support groups and organisations. There was an in house counselling service available.

The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. 2% of the practice patient list were identified as carers. All the carers were offered the flu vaccination and in the last year more than half of the registered carers had received the flu vaccination.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service. The practice had a board with the names of the patients who were receiving palliative care in order for members of staff to be sensitive to family members.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Birmingham South and Central Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. The CCG informed us that the practice engaged well with them. The practice was part of the Prime Minister's GP Challenge Fund. This involved extended opening hours including early morning, late evening and weekends improving access. Appointments were available to practice patients as well as patients from six other practices in the locality. Unregistered patients signed a consent form which allowed the practice to access their medical records. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and Fernley Medical Centre was one local hub. This has been in place since September 2015 and it has been a success with meeting patients' demands and needs.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- GP and nursing appointments were available from 8am to 8pm Monday to Saturday and 9am to 5pm on Sundays.
- There were longer appointments available for patients with a learning disability. All patients on the learning disability register were offered an annual health check. At the time of the inspection the practice had 13 patients on the learning disability register and all of them had been for their annual health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children if a parent/carer was concerned and those patients with medical problems that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available. Clinical rooms had notices in braille for patients with visual impairments.

- The practice had a register for unplanned admissions and care plans were in place for each of these patients. The practice managers and GPs met on a weekly basis and unplanned admissions were discussed.
- Carers were also offered an annual health check if not being regularly seen and were also offered the seasonal flu vaccination.
- The practice worked closely with multidisciplinary teams to help patients with long-term conditions. The GPs at the practice met regularly to discuss diabetes, Chronic Obstructive Pulmonary Disease (COPD) (lung disease) and asthma.
- Phlebotomy (blood taking service) was offered at the practice which avoided the need for patients to go to the local hospital.
- The practice offered a service where prescriptions could be delivered straight to the pharmacist so the patient could collect medicines directly from the pharmacist.
- The practice offered online repeat prescription which benefited those patients with time restrictions.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred. All patients over 75 who had not attended in the previous 12 months were contacted and encouraged to attend a health check. In the last 12 months 72 patients had attended for a health check. This was 2% of eligible patients. The practice provided services under a Local Improvement Scheme, with risk profiling, care planning and over 75s health checks which included medicine reviews, assessments of health and social needs, including assessments of mental capacity, home circumstances and carer support.
- A pharmacist visited the practice weekly and carried out medicine reviews as well as answering patients' queries.
- The practice adopted the palliative care Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching their end of life.
- For patients with diabetes and hypertension (high blood pressure), screening and blood tests were carried out annually to identify cardiac risk.

Are services responsive to people's needs?

(for example, to feedback?)

- A daily phlebotomy (blood taking) service was provided with multiple collections on some days, including weekends.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives.
- The practice worked with Birmingham Healthy Minds which offered advice and information for patients who were suffering from mental health issues. A walk in service was available locally.
- Mental Health Care Plans were in place and Depot injections for the treatment of mental health conditions were provided in the practice.
- The Practice promoted a relationship and bereavement counselling service, available from 'My Time Counselling'.
- Staff had also attended education sessions in female genital mutilation (FGM) and Domestic Violence Training (IRIS). The practice had information leaflets and posters at the practice to provide patients with information. They were sensitive to the importance of dealing with these subjects sensitively and with great care to protect patients who asked for help or who they believed might be at risk.
- The practice provided enhanced sexual health services to registered and unregistered patients. This meant that patients did not have to wait for eight weeks for secondary care referrals.
- The practice was able to refer patients to a community clinic to get expert specialist advice without needing to refer to secondary care. This meant that patients did not have to wait as long and it was more convenient for patients as services were local. In the last year the practice had obtained second opinions in this clinic for:
 - 183 dermatology referrals
 - 29 ophthalmology referrals
 - 472 ultrasound scans referrals

Access to the service

The practice was open:

Monday to Friday from 7.30am to 8pm

Saturday from 8am to 8pm

Sunday from 9am to 5pm

Appointments were available during these times. Urgent appointments were available on the same day.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 61% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 63% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 52% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.

In response to feedback, the practice had made a number of changes. From September 2015 the practice had made additional female GP appointments available. From February 2016 the practice had increased its opening hours.

A new telephone system was implemented in March 2016 with a queue system in place. Additional members of staff were put in place to answer calls at busy periods.

From September 2015 more appointments were available online for patients wanting to book with this method.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

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

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at the formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that complaints were discussed at practice meetings and lessons were learned from these. For example, one of the

complaints we reviewed was about a patient's prescription going to two different pharmacists. The procedure was changed following this complaint to ensure that it did not happen again.

We saw that the practice offered meetings with patients when complaints were raised so that they could be resolved face to face when this was considered appropriate. The practice also carried out an annual complaints review to look at any themes emerging from complaints and to ensure that the learning was shared with the whole practice team.

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 had values which were embedded at all levels across the practice. The aim of the practice team was to deliver high quality care that promoted good outcomes for patients.

One of the challenges faced by the practice was that the building was outdated. The practice were looking to extend the premises in a building locally in order to strengthen their position as a hub and to continue to meet the needs of the local population.

The practice had a firm vision and the GP partners worked closely with the Business Manager when discussing objectives for the next 12 months.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at practice meetings.
- The GPs at the practice attended regular zoning meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management. One of the GP partners was on the CCG Board.
- **The practice held weekly clinical meetings, monthly practice meetings and bi-monthly service improvement review meetings. We saw evidence of action points raised and follow ups following these meetings.**

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and

compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We noted that team away days were held annually.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, two of the receptionists were encouraged to undertake training and following this were promoted to deputy practice manager and practice manager.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with eight members of the PPG during the inspection. The PPG had 20 members.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, they had made suggestions about the waiting areas needed redecorating and this was done by the practice in April 2016. The PPG also helped the practice to select a new phone system.

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

Continuous improvement

Are services well-led?

Good 

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

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the CCG funded a winter pressures scheme to help with patient expectations and demands. This commenced on 15 December 2015 for an initial duration of three months. Through this initiative they were providing same day

appointments between 2pm-6pm every weekday and 10am to 4pm on weekends. This scheme had been extended by the CCG and allowed the practice to take pressure away from A&E departments.

The practice was one of the few GP practices providing enhanced sexual health services to registered and unregistered patients.