

# College Road Surgery

## Quality Report

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Date of inspection visit: 13 January 2016  
Date of publication: 17/08/2016

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at College Road Surgery on 13 January 2016. Overall the practice is rated as requires improvement.

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. We saw evidence where significant events and complaints were discussed and saw examples of changing practice in response to these. Risks to patients were assessed and well managed on the whole but improvements were required especially in light of the high exception reporting for patients with certain long-term conditions.

- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice carried out audits and made significant improvements as a result.
- The practice had good facilities and was reasonably well equipped to treat patients and meet their needs. However, we did find that the practice did not have an ECG machine.
- There was a clear leadership structure and staff felt supported by the partners and the practice manager.
- Patients described staff as compassionate, caring and approachable.

However, there were also areas of practice where the provider needs to make improvements.

#### The provider must:

- Make arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.

# Summary of findings

- Review exception reporting and ensure that patients with long-term conditions such as atrial fibrillation (irregular heart rhythm) are monitored and screened appropriately following current guidelines.

## **The provider should:**

- Implement a system to ensure the safe management of prescribing stationery across the practice.

- Review the risks associated with not having an ECG machine.
- Keep arrangements to enhance access under review in order to improve patient satisfaction levels.

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?

Good



The practice is rated as good for providing safe services. Staff knew their responsibilities to act on concerns and report all incidents and near misses. We saw detailed records of these which showed that lessons were learned when things went wrong and changes made. In the absence of the practice manager the GPs would review significant events. Most risks to patients were assessed and well managed. There was a system to highlight vulnerable patients on the practice's electronic records and all staff were aware of their roles and responsibilities.

### Are services effective?

Requires improvement



The practice is rated as requires improvement for providing effective services. National patient data showed that the practice was in line with the locality on the whole. Staff routinely managed patients according to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. We saw evidence of populated asthma management plans which were scanned into individual patient notes. Staff had received training appropriate to their roles. Staff routinely worked with multidisciplinary teams.

However we did find the practice to have high exception reporting in QOF. Current results showed that the practice achieved 98.4% of the total number of points available, with 15.9% exception reporting. The exception reporting is 7.4% above the CCG average and 6.4% above 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. The practice did not monitor patients with long-term conditions such as atrial fibrillation appropriately and had high exception reporting for this condition.

### Are services caring?

Requires improvement



The practice is rated as requires improvement for providing caring services.

The practice did not have an effective means of identifying patients who were also carers in order to provide them with appropriate care and support.

# Summary of findings

Patients felt involved in their care and treatment and described staff as compassionate, caring and respectful. 93.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.6% and the national average of 95.2%. Patient information was easy to understand and accessible to patients. Many of the patients we spoke with had been with the practice for most of their lives and were happy with the care they received from all staff. The practice provided appropriate care and support for end of life patients. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

Respondents to the national patient survey indicated that their satisfaction level in relation to access to care and treatment was lower than local and national averages. For example:

- 65.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.3% and national average of 73.8%.
- 65.3% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72.3% and national average of 73.3%.
- 59.3% of patients described their experience of making an appointment as good compared to the CCG average of 70.6% and the national average of 73.3%.
- 52.6% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.2% and national average of 64.8%.

The practice responded to the needs of its local population on the whole and engaged well with Birmingham South and Central Clinical Commissioning Group (CCG).

The practice had good facilities and was reasonably 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.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

There was lack of effective oversight and action planning in response to QOF performance.

**Requires improvement**



**Requires improvement**



# Summary of findings

It had a clear vision and strategy. The practice had a programme of continuous clinical and internal audit. There was a clear leadership structure and staff felt supported and valued. The practice had a number of policies and procedures to govern activity.

The practice proactively sought feedback from staff and patients, which it acted on and had 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 ten members of the PPG on the day of the inspection who described good relationships with senior staff and how improvements had been made.

# 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 as the concerns we have relate to all population groups. The practice invited older patients for reviews at least once every six months. If anything was detected during the review or after blood testing they were given longer appointments with the GPs for further investigation and management of their condition.

The GPs did home visits for patients who were house bound or unable to come to the practice. Patients were also assigned to community nurses and matrons for more frequent visits.

At the time of consultation in the surgery or during home visits, hospital admission avoidance packs were given to patients.

This patient group were offered the influenza vaccine every year and their pneumococcal status was checked. Flu vaccination rates for the over 65s was 75% which was higher than the CCG average of 73%.

### People with long term conditions

**Requires improvement**



The practice is rated as requires improvement for the care of patients with long-term conditions as the concerns we have relate to all population groups. We had specific concerns about services provided for patients in this group as the practice were not monitoring in line with NICE guidelines. We did find that the practice was not monitoring and screening patients for atrial fibrillation (irregular heart rhythm) appropriately. The practice had a weekly chronic disease management clinic.

The diabetic clinic was held every Wednesday evening at 5pm to 7pm and was run by the diabetic nurse and a GP. Diabetic patients were regularly seen in the clinic but the frequency depended on how well controlled their diabetes was. The percentage of patients with diabetes, on the register, in whom the last diabetic reading was at appropriate levels in the preceding 12 months was higher 88.89% which was higher than the national average of 77.54%.

# Summary of findings

The practice provided an insulin initiation service for appropriate diabetic patients. Other injectable treatments for diabetes were also offered where the clinical need arose. Patients received instruction on self-administration of injectable treatments and ongoing support with this

In order to improve the care for patients with diabetes, one of the GP partners had completed the Warwick certificate in diabetes care.

Patients with chronic obstructive pulmonary disease (COPD) - the name for a collection of lung diseases, including chronic bronchitis and emphysema were given steroid tablets and antibiotics where appropriate. Patients with a diagnosis of heart failure were advised to take extra diuretics (water tablets) in case of an emergency rather than waiting too long for it to get worse and to contact the surgery at the earliest opportunity.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people as the concerns we have relate to all population groups. The practice offered extended hours three days a week up to 7.30pm.

If parents were worried then they were encouraged to bring their children in and they were never refused appointments.

The practice ran childhood vaccination clinics on Wednesday mornings. This was run by one of the practice nurses. Their childhood immunisation rates were higher than national averages for example:

- For under twos the practice average was 79 to 100% compared with the national average of 79 to 95%.
- For 5 year olds the practice average was 98% to 100% compared with the national average of 84% to 95%.

Children were booked with the GPs for their six weeks checks.

If parents made an appointment for a child and then did not attend, they were always checked and followed up by telephone call at the end of the surgery.

Staff at the practice were trained to watch out for any unusual behaviour of a child which might suggest a safeguarding issue.

**Requires improvement**





# Summary of findings

## 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) as the concerns we have relate to all population groups.

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included good access to appointments including telephone consultations. The practice offered extended hours surgeries three days a week until 7.30pm.

The practice offered general check-ups with the healthcare assistant from 8.30am for blood pressure, weight and blood tests.

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80.79% which was comparable to the national average of 81.83%.
- The percentage of women aged 50-70 who had been screened for breast cancer in the last 36 months was 71.7% which was in line with the national average of 72.2%
- The percentage of men aged 60-69 who had been screened for bowel cancer in the last 30 months was 30.4% which was lower than the national average of 58.3%.

## 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 as the concerns we have relate to all population groups. Practice staff had all received safeguarding training and were confident in addressing situations when they arose of vulnerable adults or children in normal working hours and out of hours.

The practice had a register of patients living in vulnerable circumstances including those with a learning disability. Any concerns were flagged on the practice computer systems so all members of staff were aware. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.

# Summary of findings

The practice carried out annual health checks for all people with learning disabilities and offered them longer appointments.

## 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) as the concerns we have relate to all population groups.

Patients with poor mental health were referred to the local mental health team. After being discharged from the specialist, patients attended the practice on a regular basis for their medications. Their medicines were usually on an acute medicine list so they could be seen by the GP when they collected their medicines. If patients were on repeat prescriptions they could see the GP at the time of reviewing the medicines.

Patients with dementia were diagnosed by a psychiatrist and were seen in the local dementia clinic. These patients received an annual physical examination and blood test either at the practice or at the clinic if this was considered necessary. The practice proactively followed up on patients who did not attend.

The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 72.73% which was lower than the national average of 84.01%.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice's performance was mixed compared with local and national averages. There were 61 responses which was a response rate of 13.5%.

- 65.3% found it easy to get through to this surgery by phone which was below the CCG average of 72.3% and the national average of 73.3%.
- 80.8% found the receptionists at this surgery helpful which was broadly in line with the CCG average of 85.1% and the national average of 86.8%.
- 61% said they were able to get an appointment to see or speak to someone the last time they tried which was above the CCG average of 56.6% and in line with the national average of 60.0%.
- 96% said the last appointment they got was convenient which was above the CCG average of 90.2% and the national average of 91.8%.
- 59.3% described their experience of making an appointment as good which was below the CCG average of 70.6% and the national average of 73.3%.
- 52.6% said they usually waited 15 minutes or less after their appointment time to be seen which was just below the CCG average of 57.2% and the national average of 64.8%.
- 55.8% felt they did not normally have to wait too long to be seen which was in line with the CCG average of 52.7% and the national average of 57.7%.
- 61% said they usually got to see or speak with their preferred GP which was above the CCG average of 56.6% and the national average of 60.0%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards which were all positive about the standard of care received. Patients described staff as caring, supportive and compassionate. Many of the patients stated that they had been with the practice for many years and were very complimentary about their care and experiences they had.

We spoke with 19 patients on the day of our inspection; this included ten members of the patient participation group (PPG). A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care. All of the patients were satisfied with the care they received from the practice and commented that staff were compassionate, caring, approachable and respectful. Many of the patients we spoke with had been with the practice for most of their lives.

## Areas for improvement

### Action the service **MUST** take to improve

- Make arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.
- Review exception reporting and ensure that patients with long-term conditions such as atrial fibrillation (irregular heart rhythm) are monitored and screened appropriately following current guidelines.

### Action the service **SHOULD** take to improve

- Implement a system to ensure the safe management of prescribing stationery across the practice.
- Review the risks associated with not having an ECG machine.
- Keep arrangements to enhance access under review in order to improve patient satisfaction levels

# College Road Surgery

## 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 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 College Road Surgery

College Road Surgery is based in Moseley, South Birmingham. The practice offers a wide range of services to their patients such as child health surveillance, travel vaccinations, cervical screening, asthma, diabetes, coronary heart disease, minor surgery and health promotion. The current list size is 3431 patients.

The practice has two GP partners (one male and one female). The practice uses locums when required. The practice has two practice nurses and a healthcare assistant.

The clinical team is supported by a practice manager and a team of reception staff. The practice has a General Medical Services (GMS) contract with NHS England.

The practice is open between 8.30am and 7.30 pm on Monday, Tuesday and Friday, 8.30 to 6.30 pm on Wednesday and 8.30 to 1pm on Thursday. Appointments were available during these times. The practice is closed between 1pm and 2pm every day in order for GPs to do their home visits.

The practice does not provide an out of hour's service to their own patients but provides information about the telephone numbers to use for the out of hours GP provider (NHS 111). The practice leaflet also informed patients about the nearest walk-in centres.

## 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 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 the inspection, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 13 January 2016. We sent CQC comment cards to the practice before the inspection and received 33 completed comment cards giving us information about these patients' views of the practice. During our inspection we spoke with a range of staff including two GPs, a practice nurse, and the healthcare assistant, administrative staff and with 19 patients who used the service. We observed how people were being cared for during the inspection.

# Detailed findings

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. Staff reported all incidents to the practice manager and the incident reporting template was kept on all computers so that all staff could access this. In the absence of the practice manager, the GPs dealt with significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records and incident reports over the last 12 months and saw that these were discussed and saw evidence of changing practice in response to these. For example, seating arrangements were changed at the practice as a result of one of the significant events in order to safeguard patients when required. As a result of another significant event, the administration team changed their procedures to ask further questions when arranging home visits to ensure patient safety.

Patient safety alerts were disseminated by email to staff by the practice manager and the practice nurse. The alerts were then printed off and handed to the GPs. One of the GPs had a box with all the alerts and a signature from both GPs to confirm they had been read.

### Overview of 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 vulnerable adults. One of the partners and one of the practice nurses were safeguarding leads for the practice. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. Clinical staff were trained to level 3 in safeguarding. Staff had done both electronic training modules and attended in house training days about safeguarding. 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 easily accessible to all staff on their computer

systems and on flow charts in treatment rooms. There was a system to highlight vulnerable patients on the practice's electronic records. The practice shared an example of a vulnerable adult they were concerned about and that an alert had been put on the system so that all staff were aware. They shared examples of multi-agency working with health visitors, social services and legal services to ensure the safety of vulnerable adults and children.

- There was a chaperone policy and information to tell patients the service was available was visible in consulting rooms. 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 (including non-clinical) staff at the practice had been trained to be a chaperone. The non-clinical staff had completed electronic training modules on the topic and the nurses and healthcare assistant had received training from the GPs. All staff had received Disclosure and Barring Service (DBS) checks. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and staff had completed online fire training. The practice had held fire drills and the practice nurse took a lead role in health and safety. The practice had systems for identifying patients whose circumstances might place them at risk. This included alerts on the practice computer system and registers of patients in high risk groups such as those with long term conditions, mental health needs or learning disabilities.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Prescriptions were securely stored, however they were not signed for on receipt. The practice stated that an audit trail to govern prescriptions would be introduced following the inspection. There were some controlled

## Are services safe?

drugs at the practice. There were standard procedures available which set out how they were managed. Controlled drugs were stored securely and appropriately and access to them was restricted. The total quantities of controlled drugs were documented in a Controlled Drugs Register (CDR).

- 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. We saw evidence that the practice carried out regular infection control audits. For example, as a result of the latest audit which was carried out in May 2015 the practice used disposable curtains in treatment rooms. All the pillows in the treatment rooms had disposable outer covers as a result of the audit. A legionella (this is a term for particular bacteria which can contaminate water systems in buildings) risk assessment was carried out.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment: for example, references, qualifications, identity checks, registration with the appropriate professional body and the appropriate checks through the DBS.

### Arrangements to deal with emergencies and major incidents

All staff had 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, defibrillator and emergency medicine bag located in the treatment room. The expiry dates and stock levels of the medicines were checked and recorded regularly by the practice nurses. This was also monitored by the practice nurse. No medicines were stored in the GPs' bags.

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice such as adverse weather conditions, power failures and fire evacuation. The plan was available to all staff. Key members of the practice team held copies off site.

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. The practice was unclear when the most recent safety check of the electrical installations had been completed.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and the practice nurses were able to give a clear rationale for their approaches to treatment. The two GP partners and the practice nurses regularly discussed the latest clinical guidelines such as those from National Institute of Health and Care Excellence (NICE). Our discussions with the GPs and nurses demonstrated that the practice did not carry out appropriate monitoring and screening for patients with atrial fibrillation. We saw evidence of populated asthma management plans which were scanned in individual patient notes. The GPs kept up to date with diabetes by reading the current literature and attending regular courses.

Patients with Chronic Obstructive Pulmonary Disease (COPD) - the name for a collection of lung diseases, including chronic bronchitis and emphysema. The practice had a weekly chronic disease management clinic. The percentage of patients with asthma who had a review in the last twelve months was 75.36% which was in line with the national average of 75.35%.

One of the GP partners had regular meetings with Birmingham South and Central Clinical Commissioning Group (CCG) to monitor their performance and see where they could improve their services.

### 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 showed that the practice achieved 98.4% of the total number of points available, with 15.9% exception reporting. The exception reporting is 7.4% above the CCG average and 6.4% above 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. QOF data from 2014/15 showed;

- The percentage of patients with diabetes, on the register, in whom the last diabetic reading was at appropriate levels in the preceding 12 months was 88.89% which was comparable to the national average of 77.54%.
- The practice had high exception reporting for patient with atrial fibrillation (AF) at 50% which was 31.6% above the CCG average and 37% above the national average. The practice told us that in the last two years 228 patients had been screened for AF by having their pulses checked. Out of the 228 patients 39 patients had been referred for an ECG and 2 had been diagnosed with AF.

The percentage of patients with hypertension having regular blood pressure tests was 86.59% which was above the national average of 83.65%.

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 completed audits where improvements were implemented and monitored.

One audit had been carried out looking at diabetes control. This demonstrated significant improvement between 2014 and 2015. Another audit looked at obesity and demonstrated that dietary and exercise advice offered by the practice led to improvement in weight loss in women in the range of 30-39 years and 60-69 years.

### Effective staffing

We found that both the GP partners and practice manager valued the importance of education and effective skill mix. The learning needs of staff were identified through a system of appraisals and meetings. All staff had annual appraisals.

Staff had access to and made use of e-learning training modules and in-house training. Staff we spoke with told us they could approach the practice manager if there was a training course they were interested in or one they would benefit from. Administrative staff had protected time to undertake training. The practice closed for half a day every three months for learning.

The practice had an up to date disciplinary procedure. The practice manager and GPs explained that this had never been used as there had been no concerns in this area but should the situation arise there would be a discussion with



# Are services effective?

## (for example, treatment is effective)

the practice manager and one of the GP partners. One of the practice nurses had undertaken an insulin initiation course and had implemented her learning in practice by cascading their knowledge and skills in educating patients.

### Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. Staff felt that the system was easy to use and patients welcomed the ability to choose their own appointment dates and times through the Choose and Book system. Choose and Book enabled patients to choose which hospital they will be seen in and to 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 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. The paper copies went directly to the GPs to action.

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 people moved between services, including when they were referred to, or after they were discharged from hospital.

The practice had a system in place to ensure a GP telephoned patients on the unplanned admissions register following discharge from hospital. The telephone call was often followed up with a patient visit to the practice or if necessary to the patient's home. The practice had carried out an audit of A&E attendance over the last 3 years. They found that phoning patients then following up with a visit when required proved more effective than writing to patients. 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 included GPs, district nurses, health visitors and the practice manager. The practice kept a day book with messages for any work to be completed.

### 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 evidence of consent forms for minor surgery which were then kept in the individual patient records.

### Health promotion and prevention

Information about health conditions and self-care was available in the waiting area of the practice. The practice offered a full range of contraceptive services. Details about confidentiality were clearly advertised to reassure patients. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was the same as the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example;

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 100% which was comparable to the CCG average of 78% to 95%.

Rates for other vaccinations were:

- Flu vaccination rates for the over 65s was 75% which was higher than the CCG average of 73%.
- Flu vaccination rates for those patients in the at risk groups was 42% which was lower than the CCG average of 51%.

In order to increase the uptake of flu vaccinations the practice sent out letters and phoned patients to remind them about the vaccination.

The practice provided appropriate health assessments and checks. For example NHS health checks for people aged 40-74 years. The practice also carried out new patient health checks, childhood vaccinations and annual reviews for patients with learning disabilities. The practice offered a smoking cessation service.

## Are services effective?

(for example, treatment is effective)

- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 80.79% which was comparable to the national average of 81.83%.
- The percentage of women aged 50-70 who had been screened for breast cancer in the last 36 months was 71.7% which was in line with the national average of 72.2%
- The percentage of men aged 60-69 who had been screened for bowel cancer in the last 30 months was 30.4% which was lower than the national average of 58.3%.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Results from the national GP patient survey showed that the practice was at or below local and national average for its satisfaction scores on consultations with doctors and nurses for example:

- 87.5% said the GP was good at listening to them compared to the CCG average of 89.7% and the national average of 91%.
- 78.7% said the GP gave them enough time compared to the CCG average of 85.1% and national average of 86.6%.
- 93.7% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.6% and the national average of 95.2%.
- 80.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81.8% and national average of 81.4%.
- 83.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88.3% and the national average of 90.4%.
- 80.8% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85.1% and the national average of 86.8%.

We reviewed 33 CQC comment cards completed by patients prior to the inspection. Patients commented positively on the helpful way that staff treated them and complimented their professionalism. Patients we spoke with said that the GPs always had time to listen to them and explained care and treatment to them. We spoke with 19 patients on the day of our inspection; this included ten members of the patient participation group (PPG). A patient participation group is a group of patients registered with a practice who work with the practice to improve services and the quality of care. All of the patients were satisfied with the care they received from the practice and commented that staff were compassionate, caring, approachable and respectful. Many of the patients we spoke with had been with the practice for most of their lives.

We observed staff who worked in the reception area and other staff. Their approach was respectful and professional. Patients spoke highly of the reception staff at the practice and commented on their approach both when they phoned the practice and when they attended the practice.

Patients' privacy and dignity was maintained. For example, a private room was made available for when patients wanted to talk in confidence with the reception staff to reduce the risk of conversations being overheard. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained.

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

Patients we spoke with told us that they felt involved in decision making about the care they received. Patients told us that they felt staff listened to them and they were able to make informed decisions about their treatment.

Results from the national GP patient survey we reviewed were mixed compared to the local and national averages. For example:

- 76.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.9% and the national average of 86.0%.
- 80.4% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 81.6% and the national average of 81.4%.

Staff we spoke with told us that translation and interpreting services were available for patients who did not have English as a first language but this was rarely used as most of the staff at the practice were multi-lingual and were able to help with translating for the local population.

### 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 people to a number of support groups and organisations.

The practice did not have a register of carers. There was a notice in the waiting room which explained that patients could complete a form and receive support if they were carers but staff told us that not many were identified as patients were not completing the form.

## Are services caring?

Support was provided to patients during times of bereavement. Staff we spoke with recognised the importance of being sensitive to patients' wishes. The lead GPs contacted the families after bereavement and patients

we spoke with at the inspection gave examples of the support the GPs had provided. One member of staff also shared their experience of the support they received from the GPs following bereavement.

# 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 to improve outcomes for patients in the area. The CCG commented that the practice engaged well with them.

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;

- The practice invited older patients for reviews at least once every six months. If any issues were detected during the review or after blood testing, patients were given longer appointments with the GPs for further investigation and management of their condition.
- The GPs did home visits for patients who were house bound or unable to come to the practice. These patients were also assigned to community nurses and matrons for more frequent visits.
- Local psychiatrists were commonly asked to visit elderly patient especially if the patient was considered to be at risk of dementia. They were given priority appointments.
- At the time of consultation in the surgery or during home visits, hospital admission avoidance packs were given to patients.
- The diabetic clinic was every Wednesday evening at 5pm to 7pm and was run by the diabetic nurse and a GP. Patients with a diagnosis of diabetes were regularly seen in the clinic and the frequency depended on how well controlled their diabetes was.
- The practice provided an insulin initiation service for patients with a new diagnosis of diabetes. Other injectable treatments for diabetes were also offered where the clinical need arose. Patients received instruction on self-administration of injectable treatments and ongoing support with this
- The practice offered extended hours three days a week up to 7.30pm.
- If parents were worried then they were encouraged to bring their children in and they were never refused appointments.
- The practice ran childhood vaccination clinics on Wednesday mornings. This was run by one of the practice nurses. Children were booked with the GPs for their six weeks checks.
- The practice carried out annual health checks for people with learning disabilities and offered them longer appointments. The practice followed up on patients who had not attended for appointments by calling them and writing to them.
- Patients who experienced poor mental health were referred to the local mental health team. This enabled patients to be diagnosed by a psychiatrist. After being discharged from the community patients attended the practice on a regular basis for their medicines. Their medicines were usually on acute medicine list so they could be seen by the GP when they collect their medicines. If patients were on repeat prescriptions they could see the GP at the time of reviewing the medicines.
- Patients with dementia were diagnosed by the psychiatrist and were seen in the local dementia clinic. These patients received an annual physical examination and blood test either at the practice or at the clinic if this was considered necessary.

### Access to the service

The practice was open between 8.30am and 7.30 pm on Monday, Tuesday and Friday, 8.30am to 6.30 pm on Wednesday and 8.30am to 1pm on Thursday. Appointments were available up to four weeks in advance; urgent appointments could be booked on the day.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was consistently below local and national averages. For example:

- 65.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.3% and national average of 73.8%.
- 65.3% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72.3% and national average of 73.3%.
- 59.3% of patients described their experience of making an appointment as good compared to the CCG average of 70.6% and the national average of 73.3%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 52.6% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57.2% and national average of 64.8%.

All of the patients we spoke with on the day of our inspection said they were able to get appointments when they needed them. They had previously implemented online booking for appointments but this had been removed as the uptake had been poor. Recently the PPG made a recommendation for this to be revisited to see if it improved the appointment system. The practice was working with the PPG to reinstate this.

## 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.

We saw that information was available to help patients understand the complaints system. Leaflets were available in the reception area which set out how to complain and what would happen to the complaint and the options available to the patient. Verbal complaints were dealt with promptly.

We looked at the complaints received in the last year and found these had been dealt with according to their policy and procedure. Complaints were discussed at meetings and lessons were learned from these.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care in the safest way to their population. They were actively looking at ways of improving outcomes for patients and had regular meetings with the Clinical Commissioning Group (CCG) to see where they could improve outcomes for patients.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity. All policies were accessible in hard copy with the practice manager and on all computers.

- There was a clear leadership structure with named GPs in lead roles. Staff we spoke with told us there was an open door policy and they felt valued and supported. They gave us specific examples of support they had received from the partnership in extremely difficult situations.
- There were robust arrangements for identifying, recording and managing most risks
- The practice had a programme of continuous clinical and internal audits which was used to monitor quality and make improvements.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF was regularly discussed at meetings between the practice manager and two GPs. QOF was also on the agenda of practice meetings. We noted that practice points were low on atrial fibrillation (AF) diagnosis (irregular heart rhythm). The practice explained that they did not have their own ECG (electrocardiogram) machine and referred patients to the cardiology clinic. The practice told us they were waiting on advice from the CCG about which ECG machine to get. However, patients with AF were not necessarily receiving appropriate care because while some of them were being referred to the community clinic the majority were not. The practice had very high exception reporting rates and there was lack of action to address the high exception reporting rates.

### Leadership, openness and transparency

The practice had regular meetings to discuss issues. 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.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially and morale was high. Staff we spoke with told us that they felt valued by the practice.

### 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. The PPG had 15 members and planned to meet every two months. In practice it was sometimes less frequently but when required. They would email each other with ideas and the chair of the PPG would circulate these. We met with ten members on the day of the inspection.

The practice had made a number of changes following recommendations from the PPG for example:

- Reminder texts were sent to patients who provided their mobile numbers
- The practice nurse was given protected time during her clinic to telephone patients and answer queries.
- Patients could now go straight to the chemist for prescriptions. All patients were offered electronic prescribing.
- There was a change in the recorded message on the phone to inform patients that their call is important instead of the previous queue system.

The PPG described the practice staff as accommodating and they felt listened to and valued by the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The practice was not monitoring and screening patients for atrial fibrillation in line with NICE guidance. The practice had particularly high exception reporting in this area.  Regulation 12 (1)(2)(a)(b)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care  The practice did not make appropriate arrangements to identify patients who are carers to enable them to receive care, treatment and support that meets their needs.  Regulation 9 (1)(a)(b)



This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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