

# Druids Heath Surgery

## Quality Report

27 Pound Road

Birmingham

B14 5SB

Tel: 0121 430 5461

Website: <https://druidsheath.gpsurgery.net/>

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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 Druids Heath Surgery on 17 August 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.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had monthly 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 proactive Patient Participation Group (PPG) of which we met with two 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, although the way some assessments were recorded and risk management measures were logged could be improved.
- Patients described staff as caring and helpful. Patients commented that they were treated 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.

**However, there were areas of practice where the provider should make improvements:**

**The provider should:**

# Summary of findings

- Ensure that systems are in place so that risk assessments are fully documented and comprehensive.
- Ensure a comprehensive business continuity plan is in place.
- Take more proactive steps to encourage patients to engage in national screening programmes for breast and bowel cancer.

**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.

Good



- 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, 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 although the way some assessments were recorded and risk management measures were logged could be improved.
- The practice did not have a comprehensive business continuity plan at the time of the inspection. This has since been updated.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated good for providing effective services.

Good



- 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) 2014/15 showed patient outcomes were at or above the national average. Current results were 98% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- 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. Some appraisals were not up to date although all appraisals were scheduled in.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice also carried out NHS health checks for patients aged 40-74 years. 138 patient health checks were carried out in the last year.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with local and national averages. For example, 86% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%. 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%. 91% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- We received 41 comment cards, most of which were very positive about the standard of care received. Patients described staff as helpful, friendly and caring and felt they were treated with dignity and respect. Three patients commented that it was often difficult to get an appointment.
- The practice looked after a number of patients in local care homes. We spoke with the manager of two care homes who spoke highly of the care provided by the GPs at the practice.
- Patients we spoke with told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- 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.
- 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 scored above average in terms of access in the National GP Patient Survey published in July 2016. For example 96% of patients said they could get through easily to the surgery by phone compared to the CCG average and national average of 73%.

## Are services well-led?

The practice is rated good for being well-led.

Good



# Summary of findings

- It had a clear vision and strategy. The aim of the practice was to provide a good standard of care and to ensure all members of the practice treat patients with kindness and compassion.
- 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. 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 two members of the PPG on the day of the inspection.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# 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 people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Urgent home visits from the duty GP could be requested within two hours.
- The practice had quarterly multi-disciplinary team meetings with palliative care nurses and health visitors.
- Patients over the age of 75 were seen within seven days of hospital discharge and had full medication reviews to ensure all changes were updated. Patients over the age of 75 had full annual reviews. Patients over the age of 75 were coded depending on risk factors and managed accordingly.

### People with long term conditions

The practice is rated as good for the care of people with long-term conditions.

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All clinicians attended monthly clinical meetings.
- 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 78% which was the same as the CCG and national average.
- Longer appointments and home visits were available when needed.
- All these patients 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.

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice held quarterly multi-disciplinary team meetings with the health visitors to encourage effective communication.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 78% which was just below the national average of 82%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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).

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on Tuesday evenings until 7.30pm for the convenience of working people. The practice was part of the My Healthcare Hub which offered seven day access for patients when required. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.
- The practice offered sexual health and family planning services. One of the GPs was able to fit contraceptive implants. Patients requiring intrauterine contraceptive device (IUCD) fitting were referred to the local family planning clinic.
- The practice offered COPD spirometry screening to smokers age 40 and over

Good





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered in-house counselling
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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. All staff at the practice had recently completed domestic violence awareness training.

## 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).

Good



- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79% which was below the CCG average of 87% and national average of 84%.
- 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 91 % which was the same as the CCG average and above the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had carried out mental capacity training.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing in line with local and national averages. There were 79 responses and a response rate of 38%.

- 96% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 71% and national average of 76%.
- 88% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 84% and national average of 85%.
- 65% 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 of 78% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 41 comment cards, most of which were very positive about the standard of care received. Patients described staff as helpful, friendly and caring and felt they were treated with dignity and respect. Three patients commented that it was often difficult to get an appointment. A number of patients commented that despite the building work which had been taking place over the last year performance had not been affected during this time and that the care remained consistent.

We spoke with 11 patients during the inspection (two 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 and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive two comments about appointments running late.

## Areas for improvement

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

- Ensure that systems are in place so that risk assessments are fully documented and comprehensive.
- Ensure a comprehensive business continuity plan is in place.
- Take more proactive steps to encourage patients to engage in national screening programmes for breast and bowel cancer.

# Druids Heath Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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 Druids Heath Surgery

Druids Heath Surgery is located in South Birmingham. The practice has a list size of 6,000 patients based across three sites. There is a high level of social deprivation. The practice has two branch surgeries. We had no specific information about the branch surgeries to lead us to inspect them and the inspection therefore focussed on the main site.

The practice has three GP partners and one salaried GP (two male and two female). The practice has a nurse practitioner, two practice nurses and a healthcare assistant (HCA).

Druids Heath Surgery 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 clinical team are supported by a practice manager, an assistant practice manager and a team of reception and administrative staff.

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.

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

The practice is open at the following times:

Monday - 8.30am to 6.30pm

Tuesday - 8.30am to 7.30pm

Wednesday - 8.30am to 1.00pm

Thursday - 8.30am to 6.30pm

Friday - 8.30am to 6.30pm

The practice was part of the My Healthcare Hub which offered seven day access for patients when required. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.

The practice does not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre is available on the practice website and on the practice leaflet. When the practice is closed on a Wednesday afternoon South Doc Services covers the calls for the practice. South Doc Services also covers the calls between 8am and 8.30am each day. The practice answerphone reflects this information and offers an alternative number to call for help. This is also highlighted in the practice leaflet and posters at the practice.

# Detailed findings

## 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 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 17 August 2016. We sent CQC comment cards to the practice before the inspection and received 41 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 11 patients including two members of the Patient Participation Group (PPG) and a total of seven members of staff including the practice manager, GPs and two 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 12 months 15 significant events had been reported. Staff used incident forms on the practice's computer system and completed these for the attention of the practice manager. Incidents were a rolling item on the agenda at staff meetings, which took place on a monthly basis. Staff from all three sites attended the meetings. 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.

We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw evidence of changing practice in response to these. The practice shared an example where a blood sample had been incorrectly labelled. This resulted in a misdiagnosis. As a result of this all clinicians were reminded to complete tasks such as labelling during consultations and before calling the next patient in to prevent future problems.

Patient safety alerts and MHRA alerts were sent to the practice manager who distributed these to the other GPs, practice nurses and healthcare assistants. We saw evidence that alerts were sent to the relevant staff then printed off and dealt with as required. We saw an example of an alert about insulin pumps which was shared with all the relevant staff. The practice shared examples of two recent MHRA alerts that they had actioned.

### 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 GP 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 level three children's safeguarding training. A safeguarding meeting

took place on a quarterly basis 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. 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 and adult. We saw evidence that there was clear dialogue between the GPs at the practice and the health visitors.

- 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 website. 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. The practice manager had carried out a formal risk assessment and

had decided not to do Disclosure and Barring (DBS) checks for non-clinical staff members who acted as chaperones as they were never left alone with the patient. This was confirmed by the non-clinical staff we spoke with during the inspection. 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. Following the inspection the practice manager contacted us to confirm that they had reviewed this and now all reception staff carrying out chaperone duties were going to be DBS checked.

- 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 audit resulted in pedal bins being introduced to all rooms as well as new elbow taps.
- 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

# Are services safe?

undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The practice had a policy and procedures in place for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when patients' medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had an effective system for the management of high risk medicines. During the inspection we reviewed the monitoring of Methotrexate and Lithium.
- 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 on the whole.

- 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 online training. Fire risk assessments and fire drills were carried out. We saw evidence of fire evacuation sheets which were fully logged and discussed at meetings. A Legionella risk assessment had been carried out within the last twelve months. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. We did note that the practice did not keep a maintenance log for the weekly water testing. The practice manager told us they would introduce this following the inspection.

- We did note that the Control of Substances Hazardous to Health (COSHH) risk assessments were not comprehensive. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way.
- 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 February 2016). 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. Staff we spoke with told us that they covered for each other. We reviewed staff rotas and saw that there was adequate cover 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. An oxygen cylinder, defibrillator and emergency medicines were available to staff and 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. This was checked on the day of the inspection. The GPs carried emergency medicines in their bags which we inspected.

The practice did not have a comprehensive business continuity plan for major incidents. The business continuity plan contained basic information such as loss of utilities, IT and premises. It did contain details of all members of staff. It did not cover loss of staff or pandemics. The practice manager provided evidence following the inspection to confirm this had been updated.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment.

Monthly practice meetings took place for all members of staff. Clinical meetings also took place on a monthly basis with all GPs and practice nurses. We saw evidence of effective care plans for patients. Our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE).

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

The GPs at the practice engaged well with the Clinical Commissioning Group (CCG) Board. 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.

### 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 (2014/15) were 98% of the total number of points available which was above the CCG average of 97% and above the national average of 95%. Their exception reporting was 9% which was 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 78% which was the same as the CCG and national average. The exception reporting was 15% which was just above the CCG and national average of 12%.

- The percentage of patients with hypertension having regular blood pressure tests was 88% which was above the CCG average of 83% and national average of 84%. The exception reporting was 3% which was the same as the CCG average and just below the national average of 4%.
- 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 91 % which was the same as the CCG average and above the national average of 89%. The exception reporting was 13% which was above the CCG average of 8% and the same as the national average.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 79% which was below the CCG average of 87% and national average of 84%. The exception reporting was 4% which was below the CCG average of 5% and national average of 8%.

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 two years.

One of the audits was looking at the uptake of the whooping cough vaccination in pregnancy. All pregnant women were sent a letter inviting them to receive the vaccination between 28 and 38 weeks gestation. The audit results showed that 47% of pregnant women had received the vaccination. Following this the practice implemented changes to ensure that women were given information about the vaccination at their booking appointment. Alerts were also set on the computer system to ensure letters were sent out to all women who were 26 weeks pregnant. This resulted in 82% of pregnant women receiving the vaccination.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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.

The practice was a training practice providing 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 learning needs of staff were identified through a system of appraisals and meetings. At the time of the inspection not all staff were up to date with their appraisals. The practice manager had these scheduled and we saw evidence of this. They explained that the practice had been undergoing building work and that this had impacted on the completion of appraisals. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training.

### 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 called patients soon after 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.

### 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 also saw good examples of consent forms completed for minor surgery. This included a statement of an interpreter where appropriate.

### Supporting patients to live healthier lives

- Health promotion information was available in the waiting area of the practice. Patients who might need 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 78%, which was just below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also carried out NHS health checks for patients aged 40-74 years. 138 patient health checks were carried out in the last year.
- 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 84 patients over the age of 75 had their health checks completed.

The uptake of national screening programmes was lower than local and national averages. For example:



# Are services effective?

(for example, treatment is effective)

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 55% 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 35% which was below the CCG average of 46% and below the national average of 58%

Flu clinics were advertised on the practice website and in the practice waiting area.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, the vaccinations given to under two year olds ranged from 78% to 97% compared with the CCG average of 79% to 96% and five year olds from 76% to 93% compared with the CCG average of 84% to 95%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and very helpful to patients both attending at the reception desk and on the telephone.

- Reception staff addressed patients by their preferred names and demonstrated a personal knowledge of patients in some cases. The practice always checked with patients that they were happy to be addressed by their first name.
- 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 examples of when patients wanted to talk in private about sensitive issues.

We received 41 comment cards, most of which were very positive about the standard of care received. Patients described staff as helpful, friendly and caring and felt they were treated with dignity and respect. Three patients commented that it was often difficult to get an appointment. A number of patients commented that despite the building work which had been taking place over the last year performance had not been affected during this time and that the care remained consistent.

We spoke with 11 patients during the inspection (two 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 and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told

us that they got an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive two comments about appointments running late.

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

- 86% of patients said the last GP they saw gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%.
- 91% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice looked after a number of patients in local care homes. We spoke with the manager of two care homes who spoke highly of the care provided by the GPs at the practice.

### 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.

## Are services caring?

Results from the National GP Patient Survey published in July 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 local and national averages. For example:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.
- 91% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. The practice had a range of information leaflets and posters available in an easy read format.

### 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 signposted patients to a number of support groups and organisations including well-being classes and parent education classes.
- 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. The practice had identified 2% of the practice patient list as carers. All the carers were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This was then followed up by a call or consultation as required.

# 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. The CCG informed us that the practice engaged well with them. The practice attended monthly network meetings which were led by the CCG.

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:

- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities and translation services available.
- The practice offered online repeat prescriptions. A daily phlebotomy (blood taking) service was provided.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Antenatal and postnatal checks were carried out in the practice.
- The practice offered in house counselling.
- The practice carried out minor surgery such as removal of cysts and joint injections.
- The practice offered sexual health and family planning services. One of the GPs was able to fit contraceptive implants. Patients requiring intrauterine contraceptive device (IUCD) fitting were referred to the local family planning clinic.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients

that these services were available. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format.

- The practice had 74 patients on the learning disabilities register and 55 of these patients (74%) had received their annual health check.

### Access to the service

The practice was open at the following times:

Monday - 8.30am to 6.30pm

Tuesday - 8.30am to 7.30pm

Wednesday - 8.30am to 1.00pm

Thursday - 8.30am to 6.30pm

Friday - 8.30am to 6.30pm

The practice was part of the My Healthcare Hub which offered 7 day access for patients when required. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.

The practice did not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre was available on the practice website and on the practice leaflet. When the practice was closed on a Wednesday afternoon South Doc Services covered the calls for the practice. South Doc Services also covered the calls between 8am and 8.30am each day. The practice answerphone reflected this information and offered an alternative number to call for help. This was also highlighted in the practice leaflet and posters at the practice.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was higher 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.

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 96% of patients said they could get through easily to the surgery by phone compared to the CCG average and national average of 73%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

## 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 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 did note that no advocacy details were provided in the complaint responses or details of the next stage of the NHS complaints procedure. The practice manager updated this following the inspection.

We looked at the nine formal complaints received in the last year and found they had been dealt with according to their policy and procedures. We saw evidence that the complaints were discussed at the practice meeting and lessons were learned. For example one of the complaints we reviewed was about a GP entering a room before knocking as they needed a piece of equipment. They had not realised an ante-natal clinic was running in that room. As a result of this signs were introduced to explain when other health professionals were using clinical rooms.

# 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 was to provide a good standard of care and to ensure all members of the practice treat patients with kindness and compassion. The practice had a focus on training and development for staff.

At the time of the inspection the practice had just completed the building expansion project which had been undertaken over six months. This had resulted in temporary relocation of administration staff at the branch practice.

### 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. Current results were 98% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held monthly clinical 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.

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 people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. The practice acknowledged that they had fallen behind with some appraisals due to the expansion project but plans were in place for all staff to have their annual appraisal later on this year.

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 two members of the PPG during the inspection. The PPG had three members.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, the PPG had made a recommendation about moving the noticeboard to the front of the practice so it was more accessible. This was then implemented by the practice.

The practice had gathered feedback from staff 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.