

Bernays and Whitehouse Group Practice

Quality Report

Grove Surgery, 3 Grove Road
Solihull B91 2AG
Tel: 0121 705 1105
Website: www.solihulldoctors.com

Date of inspection visit: 17 May 2016
Date of publication: 18/08/2016

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

Outstanding



Are services safe?

Good



Are services effective?

Outstanding



Are services caring?

Good



Are services responsive to people's needs?

Outstanding



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	9
What people who use the service say	14
Outstanding practice	14

Detailed findings from this inspection

Our inspection team	15
Background to Bernays and Whitehouse Group Practice	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	17

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bernays & Whitehouse Group Practice, Grove Surgery, Solihull on 17 May 2016. Overall the practice is rated as outstanding.

There are two surgery locations that form the practice; these consist of Grove Surgery and their sister practice Shirley Medical Centre. There are approximately 20,000 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

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

- The practice used innovative and proactive methods to improve patient outcomes, working with other local

providers to share best practice. For example, through discussions at clinical meetings the practice had setup alerts for possible serious conditions, to support the GP with their examinations.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice offered an in house counselling service.
- The practice had defined and embedded systems in place to keep people safeguarded from abuse. There was a system in place for reporting and recording significant events and staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Risks to patients were assessed and well managed.
- Clinical audits were carried out to demonstrate quality improvement and to improve patient care and treatment; results were circulated and discussed in the practice.

Summary of findings

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- All opportunities for learning from internal and external incidents were maximised.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Feedback from patients about their care was consistently positive.
- The limitations of the building posed difficulties for the practice, but this was well managed. Car parking was limited due to the residential area the practice was situated in.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of

patients' needs. We saw evidence that multidisciplinary team meetings took place every six weeks. Staff spoke positively about the team and about working at the practice.

We saw several areas of outstanding practice including:

- The practice has set up a dementia café every three months to support patients and their carers at their sister practice Shirley Medical Centre with the support of the patient participation group (PPG). The practice opened this up to the local community and had a positive response and is now looking to develop this further, with the support of local agencies and the practice staff who are dementia friends.
- The practice has started a weight clinic on a Saturday morning with an open invitation to all patients. We saw evidence to confirm effective weight loss had been achieved.
- As a result of incidents in outside of the practice that had to come light through appraisals and discussions at clinical meetings the practice decided to set up alerts that highlight possible 'serious conditions. The practice has produced specific leaflets for patients so they are fully involved and aware of the possible complications and the importance of seeking medical help should any of the symptoms appear. For example, Cauda Equina. This is a rare but very significant and serious complication of sciatica/back pain which can result in permanent nerve damage.

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



- There was an effective system in place for reporting and recording significant events. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice had defined and embedded systems in place to keep people safeguarded from abuse. Staff demonstrated they understood their responsibilities and how to respond to a safeguarding concern.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation.
- Information about safety was highly valued and was used to promote learning and improvement. The practice used the Solihull Clinical Commissioning Group (CCG) Incident and Serious Incident Reporting and Management Policy and the Solihull CCG "Delivering Excellence in Solihull" Enhanced Service to report incidents.
- As a result of incidents outside of the practice and through GP appraisals and clinical discussions, the practice had produced specific leaflets for patients so they are fully involved and aware of possible complications and the importance of seeking medical help. For example, Cauda Equina. This is a rare but very significant and serious complication of sciatica/back pain which can result in permanent nerve damage.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- We observed the premises to be clean and tidy and we saw completed cleaning specifications to demonstrate that the required cleaning had taken place for each area of the practice.
- Systems were in place to ensure the safe and appropriate storage of vaccinations.

Are services effective?

Outstanding



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher in several areas compared to the Clinical Commissioning Group (CCG) and national average. For example the practice achieved 99.01% for diabetic patients who had received an influenza immunisation which was higher than the CCG average of 94.73% and the national average of 94.45%.

Summary of findings

- Clinical audits demonstrated quality improvement and effective monitoring of services was carried out at regular intervals to maximise benefits to patients. For example, the practice developed a 'live' clinical alerting system for elderly patients with type II diabetes, to alert the GPs to review each patient who was at risk of hypoglycaemia.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, the practice had set up a clinical pathway to support clinicians within the practice to identify children with sepsis.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice and meet the range and complexity of patients' needs. For example, the practice had developed a deep vein thrombosis (DVT) service with the support of Solihull CCG.
- The partners had developed a local improvement scheme with the support of the Solihull Clinical Commissioning Group for a prostate cancer service, which was in use by the Pan Birmingham Cancer Network (PBCN).
- Through appraisals and discussions at clinical meetings the practice had set up a system to alert clinicians of possible serious conditions. For example, Cauda Equina. This is a rare but very significant and serious complication of sciatica/back pain which can result in permanent nerve damage.
- There was evidence of appraisals and personal development plans for all staff and there was a robust system in place to monitor the staffs development and training.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example, the practice achieved 89% response rate when asked if the last GP they saw or spoke too was good or very good at treating them with care and concern. This was higher than the CCG average of 85% and national average of 85%.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Difficulties within the building posed challenges for some patients, but the staff knew these patients and offered assistance to support them.

Good



Summary of findings

- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on, for example via the long term condition clinic feedback.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice ran an anti-coagulation clinic for patients who were on warfarin.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had set up a dementia café at their sister practice, Shirley Medical Centre which was held every three months and supported by the PPG to offer support to patients and carers.
- There are innovative approaches to providing integrated patient-centred care. For example the practice held a weight management clinic every Saturday morning at their site in Shirley to support patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG), for example guest speakers were organised to promote healthy living..
- The practice carried out regular surveys with patients on individual services offered to monitor performance and patient preferences. For example we saw evidence of patients' reviews of the INR monitoring service and long term condition clinics
- Patients could access appointments and services in a way and at a time that suited them. A range of extended hours appointments were available across both sites, either early morning, later in the evening and Saturday mornings to support patients who could not attend the surgery during normal working hours. The practice had good facilities and was well equipped to treat patients and meet their needs and consistently monitored its effectiveness through in house patient surveys and patient feedback. For example, the practice had carried out a survey on telephone access and from suggestions received had a new telephone system planned.

Outstanding



Summary of findings

- There were longer appointments available at flexible times for people with a learning disability and for patients experiencing poor mental health. Same day appointments were also available for children and those who needed to see a doctor urgently.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and the PPG.
- Information for patients about the services available was easy to understand and accessible.
- Feedback from patients reported that access to a named GP and continuity of care was always available quickly and urgent appointments were available the same day.
- There were disabled facilities and translation services available. The practice had a hearing loop in place and alerts were added to patients' records.
- Clinical staff spoke a range of languages, but translation services were also available for patients who required them.

Are services well-led?

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about the team and about working at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity, and regular meetings were held with the practice team.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice gathered feedback from patients and it had a very engaged patient participation group which influenced practice development.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels. Two of the GP partners had recently completed the NHS England leadership course.

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 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.
- Regular audits were carried out and the practice were able to demonstrate improvements to patient care and treatment as a result. For example, a review of elderly patients with type II diabetes who were at risk of hypoglycaemia was completed. The audit identified 13 patients who required a medicine review and when the audit was repeated there was a reduction in patients who were at risk. In order to further improve performance in this area, the practice developed a 'live' clinical alerting system, which alerted the GP to review each patient who was at risk.
- The practice carried out weekly ward rounds at the local nursing home and residential home and there was nominated GP partner leads for the care homes. Feedback from the homes confirmed a supportive service was offered by the practice and advice and help were readily available from the GPs.
- The practice had systems in place to identify and assess patients who were inpatients or recently discharged from hospital. This was reviewed daily via the Heart of England iCare electronic system, which enables practices to review patients currently in hospital. All patients discharged were contacted by telephone or visited within three days and care plans were updated.
- Monthly reviews were carried out of unplanned admissions and the practice worked closely with multi-disciplinary teams so patients conditions could be safely managed in the community.
- Clinical meetings were held monthly by the GPs to review patient outcomes and the nurses held weekly meetings to share information.

Outstanding



People with long term conditions

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Outstanding



Summary of findings

- Longer appointments and home visits were available when needed and housebound patients received reviews at home. For example, blood tests for warfarin monitoring were carried out by the Health Care Assistant.
- All patients had 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.
- The practice had a screening programme in house for patients with suspected diabetes and a lead GP and nurse carried out initiation of insulin.
- We saw minutes of meetings to support that joint working took place and that patients with long term conditions and complex needs were discussed as part of the practices multi-disciplinary (MDT) team meetings every six weeks. .
- The practice had developed a deep vein thrombosis (DVT) service with the support of Solihull CCG, which had been adopted within the local community to offer to the whole population.
- The partners had developed a local improvement scheme with the support of the Solihull Clinical Commissioning Group for a prostate cancer service, which was in use by the Pan Birmingham Cancer Network (PBCN).
- The practice offered a range of clinical services which included care for long term conditions and offered health promotion support, for example stop smoking service.

Families, children and young people

- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- The practice held nurse-led baby immunisation clinics and vaccination targets were in line with the national averages.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. For example, the practice had set up a clinical pathway to support clinicians within the practice to identify children with sepsis
- Urgent appointments were available for children and were also available outside of school hours.
- The practice offered a full range of family planning services including implants and intrauterine contraceptive device (IUCD) fittings.

Good



Summary of findings

- The premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors with monthly meetings been held at the sister practice, Shirley Medical Centre.
- The midwife held an ante natal clinic once a week at the practice.

Working age people (including those recently retired and students)

Good



- 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 reflected the needs for this age group, including smoking cessation and weight management.
- The practice has started a weight clinic on a Saturday morning with an open invitation to all patients.
- A full range of health promotion and screening that reflected the needs for this age group was also available. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years, this service was also available on a Saturday morning for patients who were unable to attend the surgery during the week.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Appointments were available on Tuesday and Wednesday evenings until 8pm and on Saturday mornings to support patients who could not attend the practice during normal working hours.

People whose circumstances may make them vulnerable

Good



- The practice offered longer appointments for patients who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. We saw that there were 47 patients on the learning disability register 27 of these patients had received an annual health checks.

Summary of findings

- 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.
- The practice held a register of carers and had 120 carers registered, which represented 0.6% of the practice list. This number was low for the number of patients at the practice. The practice told us that patients in nursing and residential homes who have carers are not added to the carers register.

People experiencing poor mental health (including people with dementia)

- The practice held a register of patients experiencing poor mental health. We saw that there were 163 patients on the mental health register and 94% had had care plans agreed.
- The practice had 246 patients on the dementia register and 88% had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- As a result of feedback we had received we reviewed in depth the mental health support and clinical reviews offered by the practice and found that the systems in place were robust and informative.
- The practice runs a dementia café with the patient participation group (PPG) every three months at their sister practice Shirley Medical Centre, to offer support to patients and their carers . Due to the popularity of the cafe, the practice is currently reviewing how to offer this service to the local population with the support of local agencies and groups.
- Staff had a good understanding of how to support patients with mental health needs and dementia and many of the staff were dementia friends
- 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 told patients experiencing poor mental health about how to access various support groups and voluntary organisations and offered same day appointments.
- To improve access for counselling, the practice had an in house counsellor who worked on a voluntary basis to support patients

Outstanding



Summary of findings

with bereavement and minor mental health concerns.

Improving Access to Psychological Therapies (IAPT) counselling services also held a clinic once a week to support patients with more complex needs.

- Alcohol support services were available at the sister site, Shirley Medical Centre.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 251 survey forms were distributed and 118 were returned. This represented 47% response rate.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time compared to the CCG average of 83% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good, compared to the CCG average of 83% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area, compared to the CCG average of 75% and the national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 65 comment cards which were all positive about the standard of care received. Patients told us that the staff were professional and caring.

On the day of the inspection we spoke with five patients, including two members of the patient participation group (PPG). PPGs are a way in which patients and GP surgeries can work together to improve the quality of the service. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and found the reception staff helpful and supportive. The results of the Friends and Family test were 97% of patients were extremely likely or likely to recommend the practice.

Outstanding practice

- The practice has set up a dementia café every three months to support patients and their carers at their sister practice Shirley Medical Centre with the support of the patient participation group (PPG). The practice opened this up to the local community and had a positive response and is now looking to develop this further, with the support of local agencies and the practice staff who are dementia friends.
- The practice has started a weight clinic on a Saturday morning with an open invitation to all patients. We saw evidence to confirm effective weight loss had been achieved.
- As a result of incidents in outside of the practice that had to come light through appraisals and discussions at clinical meetings the practice decided to set up alerts that highlight possible 'serious conditions'. The practice has produced specific leaflets for patients so they are fully involved and aware of the possible complications and the importance of seeking medical help should any of the symptoms appear. For example, Cauda Equina. This is a rare but very significant and serious complication of sciatica/back pain which can result in permanent nerve damage.

Bernays and Whitehouse Group Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a second CQC inspector, GP specialist adviser, nurse specialist adviser and a practice manager specialist adviser.

Background to Bernays and Whitehouse Group Practice

Bernays & Whitehouse Group Practice was the first GP partnership in Solihull area of the West Midlands and began in 1883. There are two surgery locations that form the practice; these consist of Grove Surgery and their sister practice Shirley Medical Centre. There are approximately 20,000 patients of various ages registered and cared for across the practice and as the practice has one patient list, patients can be seen by staff at both surgery sites. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as advanced minor surgery, childhood vaccination and immunisation schemes. The practice has

been a training practice for doctors, nurses and advanced nurse practitioners since 1976. The practice manages the intermediate and urgent care walk in centre based at Solihull Hospital.

There are seven GP partners (5 male, 2 female) and seven salaried GPs (2 male, 5 female). The practice currently has two GP registrars. The nursing team consists of nursing manager, seven nurses and three health care assistants. The non-clinical team consists of a practice manager, administrative and reception staff.

The area served has lower deprivation compared to England as a whole and ranked at ten out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Extended hours appointments are available 7.30am to 8am Monday 6.30pm to 8pm Tuesday at the sister surgery and 6.30pm to 8.30pm Wednesday at Grove Surgery. A Saturday morning surgery is available every week from 8am to 10am; this is alternated on a weekly basis between each site. Emergency appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by Badger Out of Hours Service and NHS 111 service and information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff including GPs, practice manager, practice nurses, receptionists and with patients who used the service.
- Observed how patients were being cared for and talked with patients.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. Staff talked us through the process and showed us the reporting templates which were used to record significant events. We viewed a summary of 20 significant events that had occurred between the two practices since April 2015. The practice kept a record of significant events for all staff to review actions taken and lessons learnt. Significant events, safety alerts, comments and complaints were a regular standing item on the weekly staff meeting agendas and we reviewed minutes of meetings where these were discussed. Incidents were also discussed at the monthly clinical meetings.

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Information about safety was highly valued and was used to promote learning and improvement and the practice used the Solihull Clinical Commissioning Group (CCG) Incident and Serious Incident Reporting and Management Policy and the Solihull CCG "Delivering Excellence in Solihull" Enhanced Service to report incidents.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, the policies had been reviewed and updated in April 2016. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained in child safeguarding level 3. One of the GPs was the lead member of staff for child and adult safeguarding and they attended monthly meetings with midwives and health visitors to discuss safeguarding and provided reports where necessary for other agencies.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control audits were undertaken every six months and we saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and staff were up to date with the immunisations recommended for staff who are working in general practice, such as Hepatitis B, mumps and rubella (MMR) vaccines.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice completed audits with the support of the Clinical Commissioning Group (CCG) practice pharmacist to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing and prescribing data packs were issued on a quarterly basis and reviewed by the clinical team to monitor effective prescribing for patients.

- Blank prescription stationery was securely stored and there were systems in place to monitor the use.
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medications remained relevant to their health needs. The practice used an electronic prescribing system and all prescriptions were reviewed and signed by a GP before they were given to the patient. Any prescriptions that were not collected were reviewed by the GPs for further action.
- The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with national legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients. We saw the latest copies of PGDs and evidence that the practice nurses had received appropriate training to administer vaccines
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There was a health and safety policy available and a health and safety risk assessment were completed on a regular basis. The practice had completed fire training in December 2014. Fire drills were carried out twice a year; the last one had taken place in April 2016. The practice had up to date fire risk assessments and we saw

evidence that the servicing of fire equipment had been completed in August 2015. All electrical equipment was checked to ensure the equipment was safe to use and the last testing had been carried out in December 2015. Clinical equipment was checked annually to ensure it was working properly. The last service of clinical equipment had taken place in January 2016.

- The practice had some risk assessments in place to monitor safety of the premises such as infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A legionella risk assessment had been carried out in October 2015.
- Liquid nitrogen was stored on the premises for cryotherapy. This was checked and replenished monthly.

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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients. For example, the practice had set up a clinical pathway to support clinicians within the practice to identify children with sepsis.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available compared to the national average of 94.8%. The practice had a 6.4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 96.4%, which was higher than the national average of 89.2%

- Performance for mental health related indicator for who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 93.6%, which was higher than the national average of 88.3%
- Performance for asthma was 100% with an exception reporting rate of 2.7%, which was higher than the national average of 97.4%
- Performance for hypertension was 100% with an exception reporting rate of 2.9%, which was higher than the national average of 97.8%

There was evidence of quality improvement including clinical audit.

- There had been various clinical audits completed in the last twelve months, two of these were completed audits where the improvements made were implemented and monitored. For example, one audit reviewed elderly patients with type II diabetes who were receiving sulphonyl urea treatment and may be at risk of hypoglycaemia. The audit identified 13 patients who required a medicine review. When re-audited, the results showed an improvement and had reduced the number of patients with diabetes who fell into this category. In order to further improve performance in this area, the practice developed a 'live' clinical alerting system, which alerted GP to review each patient who was at risk.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research and carried out regular audits to gather patients feedback on appointments offered for long term conditions. For example, a patient survey was completed on the asthma and Chronic Pulmonary Obstructive Disease (COPD) appointments. 37 forms were completed and the practice achieved 93% satisfaction score for patients being completely satisfied or very satisfied with the service.
- The practice had developed with the support of Solihull CCG a deep vein thrombosis (DVT) service for the practice patients and the local population.

In house surveys were carried out to monitor practice performance through patient feedback. For example, a survey was carried out between November and December 2015 to ask patients who used the INR clinic how services could be improved. Twenty-two patients completed questionnaires. The survey showed 100% patient satisfaction in the service provided. The practice also used



Are services effective?

(for example, treatment is effective)

in house surveys for other long term conditions to review and improve service provision. We looked at surveys for asthma, COPD and diabetic clinics which demonstrated high levels of satisfaction in the services provided.

The practice worked closely with the CCG practice pharmacists to ensure appropriate prescribing and with the nursing team to review and monitor patients with long term conditions.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, reception staff had recently completed a medical terminology course. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Staff had received an appraisal within the last 12 months. Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- Through appraisals and discussions at clinical meetings the practice had set up a system to alert clinicians of

possible serious conditions. For example, Cauda Equina. This is a rare but very significant and serious complication of sciatica/back pain which can result in permanent nerve damage.

- The practice has set up a clinical pathway to identify sepsis in children. This guided the GP to confirm or cancel certain actions within the clinical template on examination creating a clear audit trail of the decision making progress. This had been set up based on new NICE guidelines.

Co-ordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals 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 carried out weekly ward rounds at a local nursing home. We spoke with the nursing home who told us that the practice was supportive and held regular meetings with them. Meetings took place with other health care professionals including district nurses every six weeks when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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, staff carried out assessments of capacity to consent in line with relevant guidance.



Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 81%, which was comparable to local practices and in line with the CCG average of 81% and the national average of 82%. There was a system in place to follow up patients who did not attend for their cervical screening test and there was a failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and women were followed up with abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice had achieved the following:

- 62% for patients aged 60-69 years, had attended screening for bowel cancer in the last 30 months, which was slightly higher than the national average of 58%
- 71% for female patients aged 50-70 years, had attended screening for breast cancer in last 36 months, which was comparable to the national average of 72%

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 92% to 96% and five year olds from 89% to 92%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; 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.

All of the 65 patient Care Quality Commission comment cards we received were positive about the service experienced by the GPs and nursing team. Patients said they felt the practice offered an excellent service and staff were caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to CCG average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time, compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw, compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 85% and the national average of 85%.

- 90% of patients said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 79% and the national average of 82%.
- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 85% and the national average of 85%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A hearing loop was available and the staff could identify patients who had hearing difficulties and alerts were also added to the patients' record.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 120 patients as carers, which represented 0.6% of the practice list. The numbers on the register were low and on speaking with the GPs they told us that if patients are in nursing or residential homes, carers were not routinely added to the carers register. The practice also had a number of patients living in sheltered accommodation. When a family suffered bereavement the GPs would offer support and advice.

Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Difficulties within the building posed challenges for some patients, but the staff knew these patients and offered assistance to support them.

We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on, for example via the long term condition clinic feedback process.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning appointments on a Monday morning from 7.30am to 8am and evening appointments on Tuesday from 6.30pm to 8pm at Shirley Medical Centre. Extended opening hours were available on Wednesday from 6.30pm to 8.30 pm at Grove Surgery. Saturday morning appointments were also available for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients experiencing poor mental health.
- The practice offered minor surgery for patients, this included low risk skin cancers and the GPs were supported in this extended role by a consultant dermatologist at Solihull Hospital. The practice had a failsafe system in place to review results and refer patients through a rapid access pathway. Regular multi-disciplinary team meetings were held to discuss results.
- The partners had developed a local improvement scheme with the support of the Solihull Clinical Commissioning Group for a prostate cancer service, which is now being used as a by Pan Birmingham Cancer Network (PBCN).
- The practice offered a range of clinical services which included care for long term conditions such as diabetes and anti-coagulation clinics, a range of health promotion.
- Clinical staff conducted ward rounds at the local nursing home and home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients could book appointments over the telephone or online. The practice also used an electronic prescription service.
- A weekly weight management clinic was held for patients at the Shirley Medical Centre site. Currently the practice sees 13 patients on a three weekly basis for review and support.

- The practice ran a dementia café every three months for patients and their families with the support of the PPG. This was offered to the local population and due to the success of this, the practice is working with organisations to offer this service to the local population.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- The practice offered an in-house service with a voluntary counsellor, to reduce waiting times and to offer support to patients who had suffered bereavement or mental health concerns. .
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. For example, the practice ran a yellow fever vaccination centre at their sister site Shirley Medical Centre.
- A support organisation for patients who had concerns about their alcohol intake was offered at Shirley Medical Centre.
- There were disabled facilities and translation services available. The practice had a hearing loop and a system in place to identify patients who had hearing difficulties.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm and 4pm to 6pm Monday to Friday. Extended hours appointments were offered at the following times 7.30am to 8am on Monday and 6.30pm to 8pm Tuesday at Shirley Medical Centre and 6.30pm to 8.30pm Wednesday at Grove Surgery. The practice also offered an easy access surgery for patients with minor illnesses or acute problems. These appointments were offered with a GP and advanced nurse practitioner. These sessions were available four times a week between 8.30am and 12.30pm. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available each day for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.



Are services responsive to people's needs?

(for example, to feedback?)

- 70% of patients said they could get through easily to the practice by phone, compared to the CCG average of 68% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them, The practice used an in-house survey to receive patient feedback on the current phone system and had invested in a new phone system to improve patient experience on telephone access.

Patients we spoke with on the day of our inspection and comment cards received commented that appointments didn't always run to time, however results from the national GP patient survey highlighted that the practice was in line with the local and national averages for these areas:

- 64% usually wait 15 minutes or less after their appointment time to be seen compared with the CCG average of 61% and the national average of 65%.

- 56% of patients felt they did not normally have to wait too long to be seen, compared to the CCG average of 55% and the national average of 58%.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system on display in the waiting room and complaints procedure was available from the reception staff.
- We looked at 20 complaints received in the last 12 months between both sites and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and shared with staff at practice meetings.

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 a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff spoke positively about the team and about working at the practice and the practice vision was clearly displayed on staff noticeboards.

- The practice had a strategy and business plans to reflect the vision and values.
- The practice had identified a plot of land to build new premises and increase the range of services for the local population.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice had a clinical chair and administration lead at each site to co-ordinate practice strategy and shared practice approach.

Leadership and culture

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice participation group (PPG) was started in 1995 and was well established with 30 patients in the group. The group met four times a year and produced a practice newsletter regularly. The PPG organised guest speakers at their meetings with the support of the practice to discuss various topics, for example podiatry and local counselling services. The PPG supported the practice to encourage patients to complete questionnaires and we were told that complaints were discussed with the PPG. The PPG informed us that they were well received and supported by the practice.

Regular surveys were held by the practice to gain patient feedback on the current services offered. We saw evidence to show that the practice had asked patients with long term

Are services well-led?

Good 

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

conditions their views on the current service. Thirty seven questionnaires were distributed and the practice achieved a 100% response rate with patients rating the time spent with the nurse as very good to excellent.

The practice also gathered feedback from staff through appraisals and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

We found there was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example,

- The practice had worked closely with the CCG to develop a develop vein thrombosis (DVT) service which was being used by the local practices for the whole population.
- The partners had developed a local improvement scheme with the support of the Solihull Clinical Commissioning Group for a prostate cancer service this was now being used by Pan Birmingham Cancer Network (PBCN).
- From discussions at clinical meetings and through appraisals, the GPs had set up clinical pathways to identify rare conditions and support the GPs with examination and diagnosis.
- Two of the GP partners had successfully completed NHS England Leadership course after being selected by Solihull CCG.