

# Dr Mohammed Nasir Imam

## Quality Report

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Date of inspection visit: 23 September 2016

Date of publication: 15/11/2016

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

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 Dr Mohammed Nasir Imam's practice on 23 September 2016. Overall the practice is rated as good.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- We saw evidence to demonstrate that the practice had carried out an analysis of its patient population profile

and developed targeted services and made changes to the way it delivered services as a consequence. For example by offering more in-house services such as diabetes care or 24 hour blood pressure monitoring.

- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- 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 areas where the provider should make improvement are:

# Summary of findings

- Further progress the steps taken to improve appointment access and appointment waiting times.
- Consider the further promotion of national screening programmes in order to support the improvement of uptake.

**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.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at practice meetings. Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information and verbal apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

### Are services effective?

Good



- Our findings at inspection showed that effective 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.
- Data showed patient outcomes were at or above average compared to local and national average with the exception of the number of antibacterial prescription items prescribed. We saw evidence to demonstrate that action had been taken resulting in significant improvements.
- The practice had carried out three clinical audits which had been completed in the last 12 months. Two of these were completed audit cycles where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

### Are services caring?

Good



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.

# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- We found that information for patients about the services available was easy to understand and accessible.
- Patients we spoke with told us 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?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice had engaged with the local citizens' advice bureau (CAB) advisor to provide an in-house service for its patients.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was consistently above local and national averages.
- Patients were able to access appointments and services in a way and at a time that suited them. Patients we spoke with told us there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

Good



- The practice had a strategy to deliver high quality, personalised care in order to improve outcomes for patients. The practice was aware of performance levels and changes had been made where required.
- There was a documented leadership structure and all staff felt supported by management.
- The practice had a number of policies, procedures and systems to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and improvements to the quality of care.
- The practice had sought feedback from patients and the patient participation group was engaged and active.
- All staff that were due an appraisal had received one with clear objectives documented.

# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

# 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

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A facility for online repeat prescriptions and appointments bookings was available.
- There were longer appointments available for older patients.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to book telephone consultations with the GP.
- The consultation rooms were all located on the ground floor. A hearing loop was also available at the practice.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.

### People with long term conditions

Good



- Performance for diabetes related indicators for the practice was 86% which was above the CCG average of 83% and national average of 84%. However, exception reporting for the practice was higher at 14% compared with 11% for the CCG and 12% nationally.
- The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.
- 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

Good



- Same day appointments were available for children and those with serious medical conditions.

# Summary of findings

- Immunisation rates for childhood vaccinations were comparable to CCG averages.
- Weekly midwife clinics were held at the practice as well as fortnightly health visitor clinics.
- The practice's uptake for the cervical screening programme was 81%, which was slightly above the CCG average of 78% and the comparable to the national average of 82%. Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

## 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 offered extended hours on a Saturday from 9am to 11.30am to accommodate working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online. Patients were also able to book telephone consultations with the GP.
- Text message reminders of appointment times were in place to try and reduce non-attendance rates.
- The healthcare assistant conducted the health checks and gave some advice on health promotion as well as making referrals to the health trainer where appropriate.

## People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- Translation services were available.
- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.



# Summary of findings

- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

## People experiencing poor mental health (including people with dementia)

- Performance for mental health related indicators was 88% which was comparable to the CCG and national averages of 87%.
- The practice maintained a mental health register on the clinical system.
- The practice informed patients experiencing poor mental health about how to access various support groups.
- Staff had received training on how to care for people with mental health needs.
- The GP we spoke with had knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing well in most areas compared with local and national averages in most areas. 364 survey forms were distributed and 66 were returned. This represented an 18% survey response rate and 2% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% 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%.

- 79% 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 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards, all of which were highly positive about the standard of care received, although two also commented on difficulties with appointment access. Overall, patients highlighted that they felt listened to, that the practice offered an excellent, accessible service and staff were helpful and attentive.

We spoke with eight patients during the inspection (five of whom were also members of the patient participation group). All the patients we spoke with told us said they were very happy with the care they received and that staff were approachable, committed and caring. However some patients also commented on the difficulties with appointment access.

## Areas for improvement

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

- Further progress the steps taken to improve appointment access and appointment waiting times.
- Consider the promotion of national screening programmes to improve uptake.

# Dr Mohammed Nasir Imam

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

## Background to Dr Mohammed Nasir Imam

- Dr Mohammed Nasir Imam's practice (also known as Gate Medical Centre) is located in Birmingham and has approximately 4000 registered patients.
- The practice is led by one full-time male GP, three regular part-time locum GPs (including one female locum). There is also a female practice nurse, a practice manager, a healthcare assistant (who also undertakes secretarial duties), a data and prescriptions manager and four reception staff at the practice.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 9am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closes at 1pm. Appointments take place from 9am to 12pm and 3pm to 6pm daily (except on Thursdays). The practice offers extended hours on Saturdays from 9am to 11.30am. In addition to pre-bookable appointments that can be booked to any time in advance, urgent appointments are also available for people that need them.
- The practice has opted out of providing out-of-hours services to their own patients and this service is

provided by Primecare. Patients are directed to this service on the practice answer phone message.

Primecare cover is also provided between 8am and 9am.

- The practice is in an area that is within the highest levels of social and economic deprivation.

## 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 23 September 2016. During our visit we:

- Spoke with a range of staff (a GP, a locum GP, the practice manager and a member of the reception staff). We also spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Detailed findings

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

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

We also looked at how well services 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

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

- We saw that staff had access to the significant event recording forms in reception and on the computer. The relevant member of staff completed the form and informed the practice manager or the GP.
- The practice had documented 19 significant events in the past 12 months. We saw evidence to demonstrate that all significant events were thoroughly analysed, discussed at both practice meetings and that learning points were being effectively shared with all practice staff.
- Staff were being proactively encouraged to report on possible significant events and there was a learning culture embedded at the practice.
- We saw that the practice had carried out an overall analysis of significant events to identify any trends and suggestions to prevent reoccurrence.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology. They were also told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, safety alerts and minutes of monthly staff meetings where these were discussed. We saw that learning points were shared to make sure action was taken to improve safety in the practice and we saw evidence that patient safety alerts received had been considered and actioned. The GP we spoke with was able to discuss changes that had been implemented at the practice following a recent alert.

### 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 that reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with

were aware of this. The GP was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. Contact details for safeguarding were seen to be easily accessible for staff in the practice. The GPs provided reports where necessary for other agencies. Relevant safeguarding issues were discussed at practice meetings. The GP told us that there was a system on the computer for highlighting vulnerable patients. We saw evidence to demonstrate that the GP was trained to safeguarding level 3 and the practice nurse was trained to safeguarding level 2.

- We observed that there was a notice displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. The Clinical Commissioning Group (CCG) had completed an infection control audit in January 2016 (resulting in an overall compliance score of 95% for the practice) and we saw evidence that action had been taken to address most of the improvements identified as a result.
- 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). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was securely stored and there were systems in place to monitor the use.

## Are services safe?

- The nurse (not available on the day of the inspection) had recently qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions although this process had not started yet. We saw that the nurse had received mentorship and support from the GP for this extended role.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may be individually identified before presentation for treatment. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed five personnel files (which included a GP, a locum GP, the practice nurse and two members of reception staff). We found that all appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that checks through the Disclosure and Barring Service (DBS) had been carried out for the GP, practice nurse, health care assistant and reception staff who carried out chaperoning. For reception and administrative staff who did not act as chaperones, we saw evidence of risk assessments which demonstrated low risk to support the decision not to carry DBS checks for these staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire

drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- A process was in place for staff to take the appropriate action in case of any emergency. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training.
- 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 staff we spoke with knew of their location. All the medicines we checked were in date.
- 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 the relevant agencies and 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 peoples' needs.
- The practice monitored that these guidelines were followed through audits and we saw evidence of an example where updated NICE guidance that had been used to direct patient care.

### 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 (2014/2015) were 96% of the total number of points available. This was above the CCG and national QOF averages of 94%.

The practice had an 11% exception reporting which was slightly above the CCG and national exception reporting rates of 9%. 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.

The practice was an outlier for one QOF (or other national) clinical target. This was for the number of antibacterial prescription items prescribed which was at a rate of 0.4 for the practice compared with 0.28 for the CCG and 0.27 nationally. We found the practice had taken action to improve and we saw evidence to demonstrate that the practice now had the lowest number of antibacterial prescription items prescribed in the locality.

In other indicators the practice performed either in line with or above national and CCG averages. For example, QOF data from 2014/2015 showed;

- Performance for diabetes related indicators for the practice was 86% which was above the CCG average of 83% and national average of 84%. However, exception reporting for the practice was higher at 14% compared with 11% for the CCG and 12% nationally.
- Performance for mental health related indicators was 88% which was comparable to the CCG and national averages of 87%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- There had been three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken had led to a significant decrease in antibiotic prescribing.

### Effective staffing

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

- We saw evidence to show that the practice had an induction programme for newly appointed non-clinical members of staff. The induction covered such topics as infection prevention and control, fire safety, health and safety and information governance.
- The practice was able to demonstrate via staff training records, how they ensured role-specific training and updates for relevant staff were managed. For example, for those staff reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training.
- 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.
- We found that all staff who were due an appraisal had received one.
- Staff received training including: safeguarding, fire safety, basic life support, chaperoning and complaints handling. We saw that staff had access to and made use of e-learning training modules and in-house training.



# Are services effective?

(for example, treatment is effective)

## Coordinating patient care and information sharing

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

- This included care and risk assessments, 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.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. For example, we saw evidence to demonstrate that end of life care multi-disciplinary team meetings were taking place on a quarterly basis (involving community matrons, district nurses and MacMillan nurses) and that patient records were routinely reviewed and updated. Safeguarding meetings involving health visitors also took place when required.

## Consent to care and treatment

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

- In our discussions with the GP, we found that they 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.
- 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 GP was able to show us how consent was recorded using the electronic patient system.

## Supporting patients to live healthier lives

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

- The practice maintained a variety of registers such as patients with a learning disability, dementia, patients receiving end of life care, carers or patients at high risk of developing diabetes.
- The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- Weekly midwife clinics were held at the practice as well as fortnightly health visitor clinics.
- Monthly substance misuse clinics were held at the practice.
- The practice had established close links with the local citizen advice bureau (CAB) and weekly CAB advisor clinics were held at the practice. These were also open to patients from other practices.
- The healthcare assistant conducted the health checks and gave some advice on health promotion as well as making referrals to the health trainer where appropriate.

The practice's uptake for the cervical screening programme was 81%, which was slightly above the CCG average of 78% and the comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and to work proactively to understand any reasons behind those not attending.

The practice was below average for national screening programmes for bowel cancer screening (practice average 27% compared to CCG average of 51% and national average of 58%) as well as for breast cancer screening (practice average 50% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for under two year olds ranged from 91% to 98% and five year olds from 82% to 97% for the practice which were comparable to the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



# Are services effective?

(for example, treatment is effective)

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 as private area to discuss their needs.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published 7 July 2016 demonstrated that patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 86% 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%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Patients told us they felt highly 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.

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 consistently near or above the local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 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 83% and the national average of 85%.

The practice provided facilities to help patients to 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 also available.

### Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting areas that provided patients with information on how to access a number of support groups and organisations. For example,

## Are services caring?

we saw leaflets on safeguarding or domestic violence support services. A designated 'Carers Corner' in the waiting area provided a range of information and advice for carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 83 patients as carers (2% of the practice list). The practice had been working to actively increase the numbers identified and to ensure they were receiving effective support. We saw that carer's packs were available for patients to take which

contained written information to direct carers to the various avenues of support available to them. One member of staff was also a 'Carer's Champion' who was able to advise and direct relevant patients to the support available.

Staff told us that if families had suffered bereavement, their usual GP contacted them. Information about more specialist support available was also provided and the practice was able to signpost patients to local bereavement services available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had comprehensively reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had analysed the patient population profile and identified that for its patient population, diabetes was particularly prevalent and that numbers of patients diagnosed with diabetes was rising. As a result the practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and provide advice to patients on changes to make in order to prevent diabetes developing.

Additionally, the practice had analysed the areas where it had been previously identified as an outlier for QOF and other clinical targets such as antibiotic prescribing and provided evidence to demonstrate significant improvements in these areas.

The practice had also set up other targeted services such as in-house electrocardiograms (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain), 24 hour blood pressure monitoring, spirometry (a test of how well a patient can breathe and can help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease) services. The practice had provided staff with further training to ensure an effective service in these areas.

The practice participated in a local job centre pilot where an advisor from the job centre attended the practice, to support patients with work related questions and guidance. The citizen advice bureau also held sessions at the practice.

- The practice offered extended hours on Saturdays from 9am to 11.30am to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs such as those with dementia, a learning disability and patients experiencing poor mental health.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were able to book telephone consultations with the GP.
- Text message reminders of appointment times were in place to try and reduce non-attendance rates.
- Same day appointments were available for children, older patients and those patients with medical problems that required same day consultations.
- Translation services were available.
- The premises were suitable for children and babies and baby changing facilities were available.
- A hearing loop was available at the practice and the reception desk had a lowered section for the convenience of patients using wheelchairs.
- There were marked parking bays for the disabled near the practice.
- All consultation took place on the ground floor.
- There were disabled facilities available and the practice had a portable ramp which was used when required at the entrance to the building to enable access for patients with mobility difficulties.

### Access to the service

The practice was open between 9am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closed at 1pm. Appointments were from 9am to 12pm every morning and 3pm to 6pm daily (except on Thursdays). The practice offered extended hours on Saturdays from 9am to 11.30am. In addition to pre-bookable appointments that could be booked to any time in advance, urgent appointments were also available 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 in line with or above local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

The practice was highly aware of the issues regarding appointment access and a number of steps had been taken by the practice to look into this in more detail in order to

# Are services responsive to people's needs?

(for example, to feedback?)

put in place an effective action plan. For example, the practice had commissioned an independent external organisation to conduct a patient satisfaction survey and to analyse the results in detail. This had been carried out by the practice for the last three years (2014 – 2016) and we were able to see improvements in access during this time period. We saw that the most recent survey (conducted July 2016) had received responses from 83 patients. An action plan had been developed as a result with specific deadlines for its completion. Some actions had already been completed such as releasing more appointments for online booking so that phone line use was reduced and promotion of their use. Patients we spoke with on the day of the inspection told us that they had found it easy to book online. Monthly 'did not attend' monitoring of patients had been implemented to reduce the impact of these on appointment access.

The practice action plan detailed further plans to install an upgraded telephone system and had consulted the clinical commissioning group in order to do this. We saw that the practice also had plans to develop a practice-specific mobile application for the use of their patients by September 2017 which patients could use to book and manage appointments. Evidence was provided by the practice to demonstrate that the practice was working closely with their practice participation group (PPG) to improve access issues for patients. PPG members we spoke with on the day of the inspection also confirmed this.

We found that the practice had a system in place to assess:

- whether a home visit was clinically necessary;
- to determine the urgency of the need for medical attention

This was done through gathering of information beforehand to allow for an informed decision to be made

on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that all complaints were treated as significant events.
- The practice manager was designated responsible member of staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a complaints leaflet and poster displayed in reception.

We saw that seven written complaints had been received in the last 12 months and the practice had also logged five verbal complaints during this time. We found that these had been dealt with in a timely way with openness and transparency. In some cases, the complaint had been dealt with as a significant event. We found that complaints reviews took place to identify any trends. Lessons were learnt from individual concerns and complaints which were discussed regularly at practice meetings. We saw that the practice had documented a brief overview of the complaint together with a comment on action taken and learning points established. The practice told us that patients received a verbal or written apology as appropriate.

# 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 to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- This stated that the practice focus was on providing the highest quality, holistic and effective care in a compassionate and professional manner.
- The practice vision was also displayed and was about enhancing the health, well-being and lives of those being cared for.
- Staff we spoke with knew and understood the values that underpinned this and we found staff were committed and motivated.

### 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.
- Policies we viewed were practice specific and were available to all staff members.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audits had been used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection we met with the lead GP. We found that they led very motivated staff with the GP having 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 GP was approachable and always took the time to listen to all members of staff.

We spoke with the GP and one of the locum GPs who were aware of the requirements of the duty of candour and the

provider had systems in place to ensure compliance with its requirements. (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 provider highly encouraged a culture of openness and honesty. The practice had good systems in place to ensure that when things went wrong with care and treatment:

- That practice gave affected people reasonable support and truthful information. The practice told us they offered a verbal or written apology where appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff members informed us that the practice held monthly team meetings and we viewed documentation to support this.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so. Patient complaints and significant events were regularly discussed.
- Staff said they felt respected, valued and supported, and described the close-knit and strong family culture of practice. All staff we spoke with felt involved in discussions about how to run and develop the practice, and the practice 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 had gathered feedback from patients through their active patient participation group (PPG) and complaints received. We spoke with five members of the PPG on the day of the inspection. They were highly complimentary about the practice and informed us that they felt the practice listened to their views about proposals for improvements. For example, as a result of feedback from the PPG about the consistency of information being provided by reception staff (such as information about when to expect results following a

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blood test), the practice had developed a number of 'prompt flow-charts.' This meant that standardised information was provided to patients and helped new staff members to provide consistent and accurate information. The PPG member had noted the improvements with this.

- The practice also undertook annual patient satisfaction surveys. These were carried out independently through an external service commissioned by the practice.
- A 'You said, We did' poster was displayed in the waiting areas to inform patients of how their feedback had made a difference.
- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members informed us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and an open and honest culture within the practice that encouraged learning. The practice had thoroughly analysed its patient population and sought to provide targeted services in-house such as diabetes care and 24 hour blood pressure monitoring. Staff had received additional training in order to do this effectively. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was able to demonstrate that it fully participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices.