

Mirfield Surgery - Sahay

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Mirfield Surgery - Sahay on 21 November 2016. Overall, the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- 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.
- Practice staff reviewed the needs of its local population to secure improvements to services where these were identified.

- 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 with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse.
- There were systems in place for the safe recruitment of staff.
- Systems were in place to risk assess the emergency medicines that should be held at the practice and what actions should be taken to ensure that patients who experienced a medical emergency received appropriate care and treatment.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- QOF results for 2015/16 showed that the practice had achieved 94% of the total number of points available.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.85% of patients on the practice list as carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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.
- Most patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice offered extended opening hours between 6.30pm and 7.30pm on Mondays.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a designated named Practice Support Pharmacist and a designated named Elderly Care Pharmacist from the local CCG who specifically reviewed medicines for their patients in care homes.
- There were disabled facilities, a hearing loop and translation services available
- 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.
- The practice worked with local community support and signposting. For example, the Welcome Charity rehabilitation programmes for drug misuse patients.
- The practice were active participants in the domestic violence local initiative, to raise awareness and to provide support to those affected.
- Access to psychological and counselling services were provided at the practice (Birmingham Healthy Minds).
- The practice hosted a Dementia UK clinic once a month for patients and families, and had offered the service to the whole of the East Birmingham Provider Group (eight local GP practices).

Good



Are services well-led?

The practice is rated as good for being well led.

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had developed a business plan, which aimed to reflect the vision and values of the practice and drive forward changes required. There was ongoing monitoring of the progress of the business plan with actions taken.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people.

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a named accountable GP for patients aged over 75 years with urgent appointments available the same day.
- Patients had access to telephone appointments with the GP or advanced nurse practitioner if requested.
- Care plans were in place and agreed for those patients identified as being at high risk of admission / re-admission.
- The practice provided dedicated telephone lines for community teams, care homes and the ambulance service to access the practice.
- The practice had a designated, named Practice Support Pharmacist and a designated / named Elderly Care Pharmacist from the CCG who specifically reviewed medicines for patients in care homes.
- The practice had ensured there was representation of older patients within the Patient Participation Group.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 77% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 88%, this was slightly below the CCG average and national average of 90%. However, the practice exception reporting rate was 4%. This was much lower than the CCG average of 13% and the national average of 11.5% meaning more patients had been included.

Summary of findings

- Longer appointments and home visits were available when needed.
- 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.

Families, children and young people

The practice is rated as good for the care of families, children and young people.

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way.
- The practice's uptake for the cervical screening programme in 2015/16 was 71.5% with an exception rate of 6.4%, this was an improvement on the 2014/15 data of 64%, which was lower than the CCG average of 78% and national average of 82%. However, the practice had reported no exceptions, when compared with the CCG average of 8% and national average, 6% meaning more patients had been included. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners were aware of these results and the practice was proactive in encouraging patients to attend for screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held bimonthly meetings with the health visitors where they discussed any safeguarding concerns.
- The practice had an effective system in place to follow up children who failed to attend for their immunisations.
- The practice were aware that some immunisation figures were not recorded for two vaccinations, in the five year old age range, namely, Infant Meningitis C and Infant pneumococcal conjugate vaccine (PCV) and the PCV booster. (The PCV vaccine gives protection against 13 types of pneumococcal bacteria that all cause pneumococcal disease). The practice assured us that they would review their vaccine data to establish if there had been any electronic coding issues. Otherwise, the practice had an effective system in place to follow up children who failed to attend for their immunisations.

Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired, students had been identified, and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended opening hours between 6.30pm and 7.30pm on Mondays, which included this group of patients.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including carers and those with a learning disability. The practice provided carer support, sign posting, information packs, completed a carers register, and information on their notice board entitled 'carers' corner.'
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice 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.

People experiencing poor mental health (including people with dementia)

Good



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

- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 85%. This was slightly below the CCG average (88%) and

Summary of findings

national average 89%. However, the practice exception reporting rate was 7%. This was lower than the CCG average of 10% and the national average of 13% meaning more patients had been included.

- 94% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice worked with local community support and signposting. For example, the Welcome Charity rehabilitation programmes for drug misuse patients.
- The practice were active participants in the domestic violence local initiative, to raise awareness and to provide support to those affected.
- Access to psychological and counselling services were provided at the practice (Birmingham Healthy Minds).
- The practice hosted a Dementia UK clinic once a month for patients and families, and had offered the service to the whole of the East Birmingham Provider Group (eight local GP practices).

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Three hundred and sixty-one survey forms were distributed and 66 were returned. This represented an 18% return rate.

- 88% of respondents described their overall experience of this GP practice as good compared to the Clinical Commissioning Group (CCG) average of 83% and the national average of 85%.
- 88% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% national average of 78%.
- 91% of respondents found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.

- 88% of respondents 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%.

As part of our inspection, we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 40 comment cards, which were all positive about the standard of care received. However, five patients gave mixed comments around difficulties in gaining an appointment and about the amount of time spent in the waiting room awaiting their appointment. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect. We spoke with three members of the patient participation group during the inspection. All patients said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations.

Mirfield Surgery - Sahay

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser.

Background to Mirfield Surgery - Sahay

Mirfield Surgery - Sahay is registered with the Care Quality Commission (CQC) as a partnership provider at 287 Kitts Green Road, Kitts Green, Birmingham. The practice area is one of deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection, the practice had 4,800 patients. There is a higher proportion of patients under the age of 18 years old registered with the practice and a lower number of patients aged 75 years plus when compared with the national practice average. For example, 30% of the practice population are under 18 years old when compared with the national average of 21%. The practice population who are aged 75 years or older (5%) was lower when compared with the national average of 8%. The percentage of patients whose working status is described as unemployed is 13%, which is higher than the local CCG average of 9% and the national average of 5%. The percentage of patients with a long-standing health condition is 59% when compared with the local CCG average of 55% and national average, 54%. These statistics could mean an increased demand for GP services.

The practice is open between 8am and 6.30pm Tuesday, Thursday and Friday, from 8.30am to 7.30pm on Mondays and 8.30am to 1pm on Wednesdays. Calls to the practice

on a Wednesday and Thursday after 1pm are taken by the out hours service. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to Badger the out of hours service and NHS111 when the practice is closed. Patients can book appointments in advance and through the practice on-line appointment system.

The practice staffing comprises of:

- Three GP partners (two male one female)
- A male salaried GP
- One female advanced nurse practitioner
- Two female practice nurses
- A practice manager
- One business manager
- An assistant business manager
- Five receptionists and one secretary working a range of hours.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract for the practice to deliver General Medical Services to the local community or communities. They also provide some Directed Enhanced Services, for example, they extended hours and identify patients who are at high risk of avoidable unplanned admissions. The practice provides a number of services, for example long-term condition management including asthma, diabetes and high blood pressure. The practice offers NHS health checks and smoking cessation advice and support.

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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We also spoke with three members of the patient participation group (PPG). We carried out an announced inspection on 21 November 2016. During our inspection we:

- Spoke with a range of staff including GPs, nursing and administrative staff, spoke with three members of the PPG and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 Care Quality Commission 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. Staff we spoke with were aware of their individual responsibility to raise concerns appropriately. On receipt of a significant event, the practice management team investigated the occurrence and shared learning with practice staff through practice meetings.

- We saw that when significant events were raised the occurrence was investigated thoroughly and measures were put in place to minimise the opportunity of less positive events reoccurring. The significant event recording forms used at the practice supported the recording of 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).
- Over a 12 month period the practice had recorded six significant events. The practice had carried out a thorough analysis of these significant events, identified, and acted on common themes. For example, a more effective system had been implemented to ensure that staff completed additional checks for example were patients had similar names and had undergone blood test investigations to ensure results were appropriately filed to the correct patient record.

The practice had a process in place to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw that the practice had systems in place to record the actions they had taken in response to alerts.

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 the risk of abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from the risk of 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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three. Meetings were held bimonthly on the second Thursday between the practice and health visitors to discuss children who had safeguarding needs.

- A notice in the waiting room advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role. Clinical staff 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). Non-clinical staff who chaperoned had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A GP was the infection control clinical lead. There was an infection control protocol in place and staff had received in house training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any 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.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had been effective in reducing their antibiotic prescribing rate and an audit on antibiotic usage between December 2014/15 had been completed. The practice placed 'Antibiotic Guardian' posters in clinical rooms and had been a participant in Public Health England's antibiotic trails.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The advanced nurse practitioner (ANP) had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the medical

Are services safe?

staff for this extended role and attended three yearly updates. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, health assessments and the appropriate DBS checks. There was a system in place for monitoring and checking the professional registration of GPs and nurses.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were carried out and clinical staff were immunised against appropriate vaccine preventable illnesses.

- The practice had a written risk assessment for Legionella. (Legionella is a bacterium, which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- There was a panic button and/or 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.
- The practice had an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen with adult and children's masks and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held in the practice and all the staff we spoke with knew of their location. We saw that all these medicines 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 staff to refer to.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patients' 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 computer searches of patient records. NICE guidelines were discussed at clinical and practice meetings to monitor and evaluate the changes required.

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 results published in October 2016 for 2015/16 showed that the practice had achieved 94% of the total number of points available and had improved upon their 2015/16 results of 90%.

QOF data from 2015/16 showed:

- Performance rates for all of the diabetes related indicators were comparable to local and national averages. For example, 77% of patients with diabetes had received a recent blood test to indicate their longer-term diabetic control was below the highest accepted level, compared with the CCG average of 80% and national average of 78%.
- The percentage of patients with asthma, who had an asthma review in the preceding 12 months, was 80%, which was slightly higher than the CCG average of 75% and national averages of 76%. Clinical exception reporting however was lower at 3.5%, compared with the CCG average of 7% and national average, 8%.
- Performance for mental health related indicators showed for example, the percentage of patients with a diagnosed mental health condition who had a

comprehensive, agreed care plan documented in their record, in the preceding 12 months was 85%. This was slightly below the CCG average (88%) and national average 89%. However, their exception reporting rate was 7%. This was lower than the CCG average of 10% and the national average of 13% meaning more patients had been included.

- 94% of patients diagnosed with dementia had had their care reviewed in a face-to-face meeting in the last 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had had a review in the preceding 12 months was 88%, this was slightly below the CCG average and national average of 90%. However, their exception reporting rate was 4%. This was lower than the CCG average of 13% and the national average of 11.5% meaning more patients had been included.

There was evidence of quality improvement including clinical audit:

- The practice showed us three clinical audits that had been completed in the last two years. These were completed audit cycle where the improvements made were implemented and monitored. Four further audits single cycle clinical audits had been completed with plans for the second cycle audit to take place. There had also been four non-clinical audits completed for example on the practices two-week wait referrals made, A&E attendances for those under 16years old for potential safeguarding concerns.

Findings were used by the practice to improve services to patients both within their practice and included three practices in total within their locality. For example, following audits of patients with Diabetes between 2014 and 2016 they found a significant increase in the number of patients on the diabetes register, across the three practices as a whole, but in particular within their own practice. A number of factors had led to this including: a large number of newly registered patients from a former practice that had closed, proactive updating of blood tests in patients on the prediabetes register and proactive in testing for diabetes in 'at risk' patient groups. Following these audits the practice actions had included:

Are services effective?

(for example, treatment is effective)

- Liaison with Birmingham Community Healthcare (BCHC) to run community diabetes clinics in two practices including Mirfield Surgery-Sahay
- Discussing with BCHC and Diabetes UK about holding diabetes education events for patients at the practice
- Ensuring the practice has a clinician who had recently attended an insulin initiation course, and able to contribute to the care of insulin patients, with regard to adjusting medicines to achieve better control.
- Provide closer care for patients, improved understanding and a better uptake of monitoring and screening for diabetes amongst patients.

The outcome of all the measures taken were to be re audited and reviewed.

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 and a GP locum pack. These covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and patient confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had completed courses for the management of long-term conditions such as diabetes.
- 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 told us they had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings and support for revalidating GPs. All 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.

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, 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.
- The practice provided dedicated telephone line for community teams, nursing home, residential homes and ambulance service to access the service.
- We saw minutes, which demonstrated that the practice had established regular meetings with the health visiting service to share information relating to children with identified safeguarding concerns.
- The practice shared information with the out of hours service for patients nearing the end of their life and if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

Consent to care and treatment

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

- Staff we spoke with 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. Where appropriate, we saw that patients had been referred to an advocacy service to support them in decisions about their care and treatment.

Are services effective?

(for example, treatment is effective)

- There was a policy in place to provide guidance to staff in obtaining consent. We saw that consent forms for minor surgery had been completed which included the benefits and risks of the proposed procedure.

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, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice offered a smoking cessation service and signposted patients to appropriate services.

The practice's uptake for the cervical screening programme in 2014/15 was 64%, which was lower than the CCG average of 78% and national average of 82%. However, the practice had reported no exceptions, when compared with the CCG average of 8% and national average, 6% meaning more patients had been included. QOF data for 2015/16 showed improvement in cervical screening uptake to 71.5%, with an exception rate of 6.4%. There was an effective system in place for recording, monitoring and chasing up of cervical screening results. The GP partners were aware of these results and the practice was proactive in encouraging patients to attend for screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Data from NHS England for the period 1 April 2015– 31 March 2016 showed childhood immunisation rates for the vaccinations given. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 96% and five year olds from 75% to 100%. The practice were aware that some immunisation figures were not recorded for two vaccinations, in the five year old age range, namely, Infant Meningitis C and Infant pneumococcal conjugate vaccine (PCV) and PCV booster. (The PCV vaccine gives protection against 13 types of pneumococcal bacteria that all cause pneumococcal disease). The practice assured us that they would review their vaccine data to establish if there had been any electronic coding issues. Otherwise, the practice had an effective system in place to follow up children who failed to attend for their immunisations.

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 compassionate and very helpful to patients and treated them with dignity and respect.

- Curtains or screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations meaning 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. There was a notice in the reception area informing patients of this facility.

We spoke with three members of the patient participation group (PPG). They told us they felt very valued by the practice who listened and acted on to their concerns and suggestions. All the patients we spoke with said they were satisfied with the care they received and thought staff were friendly, professional, caring, polite and gave them enough time during consultations.

We received 40 Care Quality Commission comment cards, which were also positive about the standard of care received. Patients told us staff were respectful, caring, kind, compassionate and treated them with dignity and respect.

Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The GP results were comparable to the local and national averages for its satisfaction scores on consultations. For example:

- 88% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national average of 89%.
- 92% of respondents said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 88% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.

However, the results were lower for that of the practice nursing staff:

- 81% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%.
- 94% of respondents said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national averages of 97%.

The reception staff results were higher than the CCG and national averages:

- 98% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 83% and 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 published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were for the GPs were in line with local and national averages however; the nurse results were lower than the local and national averages. For example:

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 85% of respondents 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%.

Are services caring?

- 76% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%.

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.
- Information leaflets were available in an easy read format for patients with a learning disability.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 89 patients as carers (1.85% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were encouraged to complete carer's identifications forms to enable the practice to offer support and flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and if appropriate signposted them to the local bereavement service.

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 extended opening hours between 6.30pm and 7.30pm on Mondays.
- There were longer appointments available for patients with a learning disability and patients with several long-term conditions.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Access to telephone appointments with the GP or advanced nurse practitioner.
- The practice had a designated named Practice Support Pharmacist and a designated named Elderly Care Pharmacist from the local CCG who specifically reviewed medicines for their patients in care homes.
- There were disabled facilities, a hearing loop and translation services available and the practice demonstrated their awareness of meeting the Accessible Information Standard (AIS). All organisations that provide NHS care or adult social care are legally required to follow the AIS. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- Car parking was limited.
- The practice had a blood pressure monitoring system in place and they offered 24 hour BP monitoring where indicated.
- The practice had phlebotomy (blood taking) an electrocardiogram (ECG) a simple test used to check the heart's rhythm and electrical activity and spirometry services available at the practice.
- One of the GPs had attended the PREDICT (a specific diabetes course) for diabetes management and insulin initiation (accredited by the Royal College of General Practitioners) to support diabetes patients.

- The practice worked with local community support and signposting. For example, the Welcome Charity rehabilitation programmes for drug misuse patients.
- The practice were active participants in the domestic violence local initiative, to raise awareness and to provide support to those affected.
- Access to psychological and counselling services were provided at the practice (Birmingham Healthy Minds).
- The practice hosted a Dementia UK clinic once a month for patients and families, and had offered the service to the whole of the East Birmingham Provider Group (eight local GP practices).

Access to the service

The practice was open between 8.30am and 6.30pm Tuesday, Thursday and Friday and from 8.30am to 7.30pm on Mondays and 8.30am to 1pm on Wednesdays. Calls to the practice on a Wednesday and Thursday after 1pm were taken by the out hours service. The practice does not routinely provide an out-of-hours service to their own patients but patients were directed to Badger the out of hours service and NHS111 when the practice is closed. Patients can book appointments in advance and through the practice on-line appointment system.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 84% of respondents described their experience of making an appointment as good compared with the CCG average of 66% and the national average of 73%.

We received five mixed comments from patients on the day of the inspection about the difficulty in getting through to the practice on the telephone and the waiting time to see a GP. However, other patients spoke positively about the ease of booking an appointment.

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had an effective 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.
- 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 the practice website and in the practice leaflet.

During 2015/16, the practice had received nine complaints. We looked at three of the complaints received and found they were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 provide a high standard of medical care, to include consultations, examinations, treatment, working with other colleagues and to promote healthy living outcomes for their patients. Staff we spoke with on the day of our inspection knew and understood these values. The practice had a business plan, which outlined their forthcoming plans for a 12-month period and a reflection on the previous 12 months achievements. This included:

- An extension to the practice and the practice now had six clinical rooms, a conference room, medical supplies storage room, records room and an additional patient toilet with an increased waiting room area.
- Staff car park at the rear of the practice.
- Introduction of Birmingham Healthy Minds clinic at the practice.
- Dementia UK clinics monthly.
- New on site services for patients including an electrocardiogram (ECG) which is a simple test that can be used to check the heart's rhythm and electrical activity, 24-hour blood pressure monitoring and blood taking.

Forthcoming plans for example included:

- Potential to affiliate with Aston Medical School to support medical student's dependant on Aston University.
- Expand clinical rooms further due to increasing patient numbers from the closure of two GP practices.
- Recruitment to include independent pharmacy prescriber, potential for three session salaried GP position.
- Improvement to car parking at the front of the practice for patients.

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 comprehensive understanding of the performance of the practice was maintained.
- 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.

Leadership and culture

The GP 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 GP partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support 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 spoke positively about the support provided by the management.

- Staff told us the practice held a variety of regular meetings.
- 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

Are services well-led?

Good 

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

supported in doing so. We saw that practice learning and training away events had been held to encourage staff to share their views and expectations of the practice.

- Staff said they felt respected, valued and supported, particularly by the GP partners and practice manager in the practice. 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 patient participation group (PPG) actively engaged with the practice and met regularly. They were involved with the completion of their own patient survey, 100 questionnaires were sent out and the response rate was 75%. The resultant action plan included the recruitment of another practice nurse and providing feedback to the nurses on the areas for improvement. For example, taking more time to explain procedures to patients. To highlight to patients they can book telephone consultation appointments. The practice had actioned all of these areas including the recruitment of an additional practice nurse.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.