

# Ejaz Medical Centre

## 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 inspected this service on 29 June 2015 as part of our new comprehensive inspection programme.

The overall rating for this service is good. We found the practice to be good in the safe, effective, caring, responsive and well-led domains. The practice was good at providing services for older people, people with long term conditions, families, children and young people, the working age population and those recently retired people in vulnerable circumstances and people experiencing poor mental health.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- There were systems in place to keep patients safe from the risk and spread of infection.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available for patients should they wish to make a complaint.
- The Quality and Outcomes Framework (QOF) data showed the practice was performing highly compared with local and national averages, achieving an overall score of 98.5% in the 2014 to 2015 year.
- The practice held regular multidisciplinary clinical team meetings to discuss the needs of complex patients, for example those with end of life care needs or children who were considered to be at risk of harm.
- The practice had an open culture that was effective and encouraged staff to share their views through staff meetings and practice meetings.

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

Importantly the provider should:

- Establish a system for logging verbal complaints received by the practice so that patterns and trends can be identified.

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- Review their recruitment policy and procedures to ensure that all checks required under current legislation are carried out when staff are recruited.
- Establish a system to ensure that minutes of all meetings accurately record discussions that take place to provide an audit trail of information sharing, learning and outcomes.
- Ensure all staff are aware of their role and responsibilities when carrying out chaperone duties.

**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. Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Staff told us that lessons were learned and communicated widely to support improvement, although the minutes of meetings we saw did not fully evidence this. Risks to patients were assessed and well managed.

There were safeguarding measures in place to help protect children and vulnerable adults, although not all staff were aware of their role and responsibilities when carrying out chaperone duties. Systems were in place that ensured the safe storage and use of medicines and vaccines within the practice. There was a designated lead to oversee the hygiene standards within the practice to prevent infections. There was enough staff employed to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. 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.

Staff had received training appropriate to their roles. Any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams internally and externally to deliver positive health outcomes for patients.

Good



### Are services caring?

The practice is rated as good for providing caring services. Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We observed a patient-centred culture and saw that staff treated patients with kindness and respect, and maintained confidentiality.

The practice supported patients to have a forum where they could learn and share ideas that promoted their health. There was an active patient participation group (PPG) at the practice that directed its own agenda and focused on topics that mattered to patients.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice understood the needs of the population groups registered with them and were proactive in planning services to meet their needs.

The practice had acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG) and patient surveys. The practice reviewed the needs of its local population and engaged with the NHS England area team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

There were a larger number of younger patients registered with the practice and services were provided to meet the needs of younger people. A range of clinics were provided including immunisations, baby checks, and contraception advice. Patients were offered flexibility in that they could attend drop-in clinics or book appointments. The practice also worked closely with local schools and health visitors when younger patients experienced difficulties.

The practice offered proactive, personalised care to meet the needs of the older people within its population and offered a range of enhanced services, for example, in dementia and end of life care. Nationally reported data showed that the practice performed well against indicators relating to the care of older people.

Patients told us they were able to get an appointment with a named GP or a GP of choice, with continuity of care and urgent appointments available the same day.

The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. The practice told us that they had not received any written complaints during the last year although they said they had acted upon verbal complaints that had been made. There were no records of these. Patients we spoke with said that they had not needed to make a complaint at all.

Good



## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear vision to provide high quality medical care for their patients. Staff told us they were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management.

The practice had a number of policies and procedures to govern activity. Governance and performance management arrangements had been proactively reviewed and took account of current models

Good



# Summary of findings

of best practice. There was good and constructive engagement with staff and staff told us they enjoyed working at the practice and felt well supported in their work. The practice gathered feedback from patients and it had an active patient participation group (PPG).

# 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. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. Nationally reported data showed that the practice performed well against indicators relating to the care of older people. For example, the practice maintained a register of patients in need of palliative care. The practice held regular multidisciplinary integrated care meetings where all patients on the palliative care register were discussed.

The practice offered home visits and rapid access appointments for those patients with complex healthcare needs. Patients over 75 years of age were offered annual health reviews.

Good



### People with long term conditions

The practice is rated as good for the care of people with long term conditions. The GPs and nursing staff worked together in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. Practice staff held a register of patients who had long term conditions and carried out regular reviews. For patients with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. Appointments were available outside of school hours and the premises suitable for children and babies. All consultation rooms were on the ground floor which made the practice accessible for pushchairs. The practice offered appointments at other practices within their group and requesting repeat medicines could be ordered online. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The clinical team offered immunisations to children in line with the national immunisation programme. Immunisation rates were comparable to local and national averages.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example,

Good



# Summary of findings

children and young people who had a high number of attendances at the accident and emergency (A&E) department of the local hospital. The practice also worked closely with local schools and health visitors when younger patients were experiencing difficulties.

## **Working age people (including those recently retired and students)**

The practice is rated as good for the care of working age people (including those recently retired and students). The practice offered services that were accessible, flexible and provided continuity of care. Patients were able to access appointments at times suitable to them at any of the practices within the Heathford Group. Extended hours were offered through early morning and late evening appointments.

The practice was proactive in offering a number of online services, including booking and cancelling appointments, requesting repeat medicines and updating patient details. They also provided a full range of health promotion and screening clinics that reflected the needs of this age group. The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. The healthcare assistants led the smoking cessation clinic in the practice.

Good



## **People whose circumstances may make them vulnerable**

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 people with a learning disability. The practice was committed to meeting the needs of vulnerable people and provided a caring and responsive service for them. Alerts were placed on these patients' records so that staff were aware they may need to be prioritised for appointments and offered additional attention such as longer appointments.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It confirmed that vulnerable patients were informed about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff demonstrated to us they were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in both normal working hours and out-of-hours.

Good



# Summary of findings

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice carried out annual health checks for patients with poor mental health and all of these patients had received a follow-up. Longer appointments were available for these patients if they needed them.

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had a system in place to follow up patients who had attended accident and emergency (A&E) including those that may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

We reviewed 27 patient comments cards from our Care Quality Commission (CQC) comments box that we had asked to be placed in the practice prior to our inspection. We saw that all of the comments recorded were extremely positive. Patients commented that they were very happy with the GPs at the practice; that staff were polite, patient and helpful; that they were given excellent care by everyone at the practice; and that the GPs were the very best.

We spoke with five patients during our inspection including the chair of the patient participation group (PPG). These patients told us that they found the practice very good and that they were always involved in decisions about their care and treatment. They also commented that they could always see a GP when they needed to and could always ask questions if they were unsure about anything. They were also confident that should they have any complaints they would feel able to make one without any comeback.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP Patient Survey

published in January 2015 and a survey of patients undertaken by the practice during January 2015. Overall the results of the different surveys were mixed and showed variations in the findings.

Information from the national GP Patient Survey dated for 2014 showed mixed results:

- 60% of patients were satisfied with opening hours compared to the national average of 76%.
- 72% of patients described their overall experience of the practice as good compared with the national average of 85%.
- 89% of patients said they were able to get an appointment when they needed one compared with the national average of 85%.

The results of the practice patient survey carried out in January 2015 showed significant improvements on the national survey results:

- 88% of patients were satisfied with their consultation.
- 94% of patients said they were able to see a doctor when they needed one.
- 85% of patients were fairly satisfied with opening hours.

## Areas for improvement

### Action the service SHOULD take to improve

- Establish a system for logging verbal complaints received by the practice to enable identification of themes or trends.
- Review their recruitment policy and procedures to ensure that all checks required under current legislation are carried out when staff are recruited.
- Establish a system to ensure that minutes of all meetings accurately record discussions that take place to provide an audit trail of information sharing, learning and outcomes.
- Ensure all staff are aware of their role and responsibilities when carrying out chaperone duties.

# Ejaz Medical Centre

## 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 advisor and a second CQC inspector.

## Background to Ejaz Medical Centre

Ejaz Medical Centre is located in the Winson Green area of Birmingham and provides primary medical services to patients. The practice is part of a group of four practices known as the Heathford Group which operates across the city of Birmingham. The practice has four GP partners and a salaried GP (all male), and a female trainee GP, a practice manager, nursing staff including one practice nurse and five health care assistants (HCAs), administrative and reception staff. There were 3244 patients registered with the practice at the time of the inspection.

The practice is open from 9am to 1pm and 3pm to 6pm on Mondays, Tuesdays, Thursdays and Fridays. The practice opens for half a day from 9am to 12pm on Wednesdays and is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments. Ejaz medical Centre operates a walk in service during these times and appointments are available between 12pm and 1pm and 5pm till 6pm. Patients can also attend for appointments at any of the four practices within the Heathford Group and information about appointment times is given in the practice leaflet and on the group website. GPs have access to patient records through their electronic system at any of these practices to

support this. The practice does not currently have its own individual website but patients can order prescriptions online through the practice group website. Details for this website are given on the practice leaflet.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service is provided to patients and is available on the practice leaflet or on the practice group website.

The practice treats patients of all ages and provides a range of medical services. The practice provides a number of clinics such as disease management clinics which includes asthma, diabetes, heart disease and lung diseases known as chronic obstructive pulmonary disease (COPD). Other clinics include minor surgery, mental health, wound management and smoking cessation.

Ejaz Medical Centre has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Ejaz Medical Centre is an approved training practice for trainee GPs. The practice has three qualified GP trainers who provide training to newly qualified doctors at the practice. The practice also provides medical education for Foundation Year Two (FY2) doctors. FY2 doctors are on a two-year, general postgraduate medical training programme which forms the bridge between medical school and specialist and general practice training. The practice also provides training opportunities for student nurses wanting to gain experience of general practice.

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that 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.

## How we carried out this inspection

Before our inspection of Ejaz Medical Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted Birmingham Cross City Clinical Commissioning Group (CCG) and NHS England area team to consider any information they held about the practice. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 29 June 2015. During our inspection we spoke with a variety of staff that included three GPs, the practice manager, three nurses, administration and reception staff. We also spoke with the local visiting pharmacist. We also looked at procedures and systems used by the practice.

We observed how staff interacted with patients who visited the practice. We spoke with five patients during the inspection. We reviewed 27 comment cards where patients and members of the public shared their views and experiences of the practice.

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

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

We also looked at how well services are provided for specific groups of patients and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People whose circumstances may make them vulnerable
- People experiencing poor mental health

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and verbal complaints received from patients. The records showed the practice had managed these consistently and showed us evidence of a safe track record over the year. We reviewed safety records, incident reports and minutes of meetings where these were discussed. We found however, that minutes of meetings had not accurately reflected the topics that had been discussed. The practice told us they would address this for future meetings to make sure that they provided a detailed account of discussions that took place.

### Learning and improvement from safety incidents

The practice had system in place for recording and responding to significant events. We looked at the significant events that had been recorded for the past year. We saw that a template was used by the practice to ensure that answers to key questions were recorded. This included for example, what happened, why it happened and the learning identified from the event that led to changes in practise.

We tracked three incidents recorded in the last 12 months and saw records had been completed in a comprehensive and prompt manner. For example, we saw where changes had been made to a patient's medicine prescription on discharge from hospital. The practice had not followed the written instruction from the hospital and continued to prescribe the medicine. The error was discovered when the practice had reviewed the patient's notes. An investigation had been carried out and revised protocols were put in place to ensure there were no future recurrences of similar incidents. The practice informed the patient and gave them an apology. Learning from this event was clearly recorded.

We saw from this event that a meeting had been held with partners and health care assistants on 26 January 2015, with details of the meeting recorded. We noted however that it was unclear who had been present at the meeting as details of individual attendees had not been recorded in the minutes. The practice told us that minutes of meetings

was an area where improvements were needed. Following the inspection the practice sent us amended copies of the minutes to show details of staff in attendance at the meeting had been recorded.

Staff confirmed they attended weekly practice meetings where significant events were discussed. Staff, including receptionists and nursing staff knew how to raise an issue for consideration at the meetings and they felt encouraged to do so. We saw evidence that showed patients were told about significant events on an individual basis.

The practice had a safety alert protocol and procedure in place which we saw had been reviewed in April 2015. National patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with gave us examples of recent alerts that were relevant to the care they were responsible for, such as a recent alert which concerned specific medicine prescribing. They also told us that alerts were discussed at the practice meetings to make sure all staff were aware of any that were relevant to the practice and any action that was to be taken.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. There were safeguarding policies in place for both adults and children and both had been reviewed this year. We looked at training records which showed that all staff had received relevant role specific training in safeguarding adults and children. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record documentation of safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were easily accessible for staff.

The practice had a dedicated GP as the safeguarding lead for vulnerable adults and children. They had been trained and could demonstrate they had the knowledge and understanding to enable them to fulfil this role. All staff we spoke with told us they were aware who the lead was and who to speak within the practice if they had a safeguarding concern. For example, we saw that information had been shared with other agencies such as safeguarding teams,

## Are services safe?

health visitors and the school nurse where children were considered to be at risk of harm. We saw that the practice's procedures had been followed and staff told us they would have no hesitation in sharing any concerns if they had any.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments, for example children who were known to be at risk of harm or who were in the care of the local authority. Records demonstrated good liaison with partner agencies such as health visitors, school nurses and social services. We saw minutes of the monthly multi-disciplinary meetings (MDT) held at the practice where vulnerable patients had been discussed and monitored.

There was a chaperone policy available to all staff on the practice computer. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. We noted that the policy had not provided guidance for staff on where they should stand when they chaperoned patients. We looked at staff training records which indicated that not all staff at the practice had completed chaperone training. Some of the staff we spoke with were unclear about their responsibilities, for example knowing where to stand when intimate examinations took place. The practice manager and registered manager told us they would ensure that all staff who acted as chaperones completed the appropriate training as a priority.

Information about a chaperone service was provided for patients in reception and in the waiting room. GPs told us they offered a chaperone service to patients and details were recorded on patient records when chaperones had been used. GPs had also recorded when a chaperone service had been offered but declined.

### Medicines management

The practice had a medicines management policy in place which had been reviewed and updated in April 2015. We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. The completed temperature monitoring charts showed us that practice staff followed the policy.

Processes were in place to check medicines were within their expiry date and suitable for use. We saw that logs were kept of checks carried out, that included the quantity of the medicines held and their expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

There was a cold chain protocol in place which provided guidance on ordering, storage and handling of vaccines. One of the GPs at the practice was the vaccines lead. Nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of both sets of directions and evidence that nurses had received appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. We saw that a log of the prescription pads was kept to ensure that all prescriptions could be accounted for.

### Cleanliness and infection control

We observed the premises to be visibly clean and tidy. The practice employed staff to carry out the cleaning of the premises. Cleaning schedules were in place and cleaning records were kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. Patients told us on the comment cards that they found the practice to be clean, tidy and that it was a safe environment.

The practice nurse was the lead for infection control and we saw training records that showed all staff had had received infection control training. An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings for examination couches were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy.

We saw evidence that regular infection control audits had been carried out. The most recent audit had been carried out on 1 April 2015. This audit showed that no issues of

## Are services safe?

concern had been identified. Interior refurbishment and updating of equipment had been carried out during the last three years. We noted however there were two tears to the couches in the waiting room that were in need of repair. The practice told us they were looking to establish a repair and maintenance system to respond to damage to these couches.

We checked the records that were kept by the practice to show the hepatitis status for staff working at the practice. Records for clinical and non clinical staff were kept and all records were up to date.

There was also a policy and guidance in place for needle stick injury and staff knew the procedure to follow in the event of an injury. The policy was available for staff online and guidance for staff was also clearly displayed in treatment rooms. Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy in place for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). We saw written confirmation that a company had been employed by the practice to carry out a comprehensive legionella risk assessment. This had been arranged for the day after our inspection. The practice sent us confirmation that the risk assessment had been completed and that the practice would receive a full written report from the company within four weeks.

We saw a cleaning checklist in place for the room where minor surgery was carried out. We saw that separate infection control audits were carried out for this room, with the most recent done in June 2015. No concerns had been found.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested by a company that was employed by the practice. We saw labels that indicated the last testing date of 25 June 2015 on equipment such as printers, telephones, table lamps and computer monitors.

Records confirmed that measuring equipment used in the practice was checked and calibrated each year to ensure they were in good working order. For example, we saw that annual calibration (testing for accuracy) of relevant equipment such as weighing scales, ear syringes, nebulisers and blood pressure monitoring machines had been carried out during 2014.

### Staffing and recruitment

We saw the recruitment policy and procedure for the practice dated April 2015. The policy stated that checks would be made prior to staff working at the practice. It did not however, differentiate between clinical and non-clinical staff on the types of checks made. For example, checks such as proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). The policy had not specified whether DBS checks were to be carried out routinely for clinical and non-clinical staff, or that risk assessments for non-clinical staff roles would be completed to determine the need for DBS checks. We spoke with the registered manager and the practice manager who told us they would review their policy to address this. We saw records of the DBS status for all staff which showed that DBS applications had been submitted on 23 June 2015 for the majority of the staff at the practice. Risk assessments had been completed for those staff where DBS applications had not been submitted to show how the practice had reached this decision. The practice manager assured us that non-clinical staff without current DBS checks in place would not act as chaperones until these checks had been completed.

We saw that the practice had a policy in place for the pre-employment checks on overseas doctors, dated April 2015. For example, the policy was clear about the checks that should be made by the practice about immigration status, qualifications and permits to enable applicants to work in the UK.

We looked at a sample of records for five staff which included both clinical and non-clinical staff. We found that not all of the records we looked at contained sufficient evidence that appropriate recruitment checks had been undertaken prior to employment, as required under

## Are services safe?

current legislation such as references. We were told by the practice that they usually obtained verbal references for staff over the telephone but no records had been made of these calls.

The practice had a staffing levels assessment protocol in place. We spoke with staff about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe. They told us they were flexible and covered for each other and would work additional hours if required. The practice manager told us that staff were also trained and flexible and they were able to work across the four practices within the Heathford group. This ensured that all practices were adequately staffed at all times.

### Monitoring safety and responding to risk

The practice had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. These included regular checks of the environment, medicines management and dealing with emergencies and equipment. The practice also had a health and safety policy. Health and safety information was displayed for staff to see and the practice manager was the identified health and safety representative.

The GPs and practice manager told us there were sufficient appointments available for high risk patients, such as patients with long term conditions, older patients and babies and young children. Patients were able to access GPs through walk in clinics or through bookable appointments with their choice of GP.

Staff told us they were able to identify and respond to changing risks to patients including deteriorating health and well-being or medical emergencies. For example, staff explained how they would respond to patients if they became unwell in the waiting room, including supporting them to access emergency care and treatment.

There was a system in place that ensured patients with long term conditions were invited for regular health and medicine reviews and contact was made to follow up on patients where they failed to attend. The practice told us that patients were offered extended appointments with an appropriate clinician. Patients with long term conditions such as asthma and diabetes were given annual health and medicine reviews to ensure all opportunities to help the

patient manage their conditions were taken. Data for the practice showed that 61% of patients with diabetes and 72% of patients with asthma had been given a health review during the year 2014 to 2015.

Patients were encouraged to take an active role in managing their condition by staff at the practice. Clinical staff told us they promoted patient self-management of their conditions and provided patients with information to assist them in doing so. Information about lifestyle changes, wellness and weight management were provided by clinical staff and supported with leaflets made available in the reception area of the practice.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. We saw evidence that basic life support training had been completed by all staff including reception staff. Emergency equipment was available including access to oxygen and an automated external defibrillator (a machine used to attempt to restart a person's heart in an emergency). The practice had devised a system of warning labels to guide staff in accessing equipment in an emergency. For example, the door to the room where all emergency equipment was stored was colour coded. As staff entered the room they would continue to follow the trail of colour coded labels to access relevant equipment. Staff we spoke with all knew the location of this equipment and said the labelling used was useful to them to quickly find what was needed. Records confirmed that the equipment was checked regularly so that it was suitable for use.

Emergency medicines were available in a secure area of the practice and staff spoken with knew of their location. These included those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, loss of telephone system, loss of computer system, GP sickness and annual leave and loss of clinical supplies. The document also contained relevant contact details for staff to refer to which ensured the service would be maintained

## Are services safe?

during any emergency or major incident. For example, details of local suppliers to contact in the event of failure, such as heating and water suppliers. We saw there was a procedure in place to protect computerised information and records should there be a computer systems failure. The practice manager and GPs confirmed that copies of this plan were held off site with designated management staff.

We saw that fire safety procedures were in place. A risk assessment had been completed on 25 June 2015 and

identified some issues that needed to be addressed. For example, rubbish was stored too close to the building and posed a fire risk, and there were no signs displayed on the premises to indicate that smoking was not allowed. The practice had acted on these to ensure they met fire regulations. Records also showed that staff were up to date with fire training and that they practised regular fire drills, with the most recent drill carried out 26 June 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw that guidance from local commissioners was readily accessible in all the clinical and consulting rooms.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective. For example, patients with diabetes received regular health checks and were referred to other services when required. Feedback from patients confirmed this.

GPs at the practice each led in specialist clinical areas such as diabetes, palliative care, mental health, dermatology (skin), dementia, lung diseases such as asthma, and minor surgery. The GPs attended educational meetings facilitated by the Clinical Commissioning Group (CCG) and engaged in annual appraisal and other educational support. The annual appraisal process required GPs to demonstrate that they had kept up to date with current practice, evaluated the quality of their work and gained feedback from their peers. Staff we spoke with told us that GPs were very approachable and that they felt able to ask for support or advice if they felt they needed it.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with GPs showed that they encouraged a culture in the practice of patients cared for and treated based on need. The practice took account of patients' age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

The practice routinely gathered information about people's care and treatment and monitored this in order to improve patient care. Staff across the practice had key roles in monitoring and improving outcomes for patients such as data input, scheduling clinical reviews, managing child protection alerts, medicines management, prescriptions management and infection prevention and control.

The practice had a system in place for completing clinical audits. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change. It includes an assessment of clinical practice against best practice such as clinical guidance, to measure whether agreed standards were being achieved. The process requires that recommendations and actions are taken where it is found that standards are not being met.

The practice showed us four clinical audits that they had completed recently. Following each clinical audit, changes to treatment or care were made where needed to ensure outcomes for patients had improved. For example, one of the audits we looked at had been completed because the practice had become aware that they had been over prescribing for a particular medicine. The first audit was carried out for the period October 2013 to March 2014 and found there were variances in prescribing, with both under and over prescribing evident. The audit also identified that there was a possibility that patients were undiagnosed within the practice population according to national data incidence reporting.

A re-audit was carried out for the period October 2014 to March 2015. This audit showed improvements following the initial audit. For example, the number of diagnosed patients had increased from 22 to 31 patients, and of these patients none were found to be over prescribed with this medicine.

We looked at a more recent audit (2015) that had been carried out for patients with chronic obstructive pulmonary disorder (COPD), a term to describe lung diseases. The rationale for the audit had been to review the management of patients with COPD in line with NICE guidance, and as part of a medicines management review which was a component of the CCG's Aspiring to Clinical Excellence (ACE) foundation scheme. (Birmingham Cross City CCG ran a programme called ACE, which enabled them to work with GPs to develop practices and deliver improved health outcomes for patients). The audit highlighted examples of good practice such as 90% of annual reviews of patients had been carried out by Ejaz Medical Centre. The audit also identified areas where improvements were required, such as recording immunisation refusal and assessing patients' inhaler technique. An action plan had been put in place with a timescale of six to nine months for a follow up audit to measure improved outcomes for patients.

# Are services effective?

(for example, treatment is effective)

The practice also 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 national performance monitoring tool. In most areas the practice had reached performance levels that were slightly higher than the national average. For example, the number of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 88% which compared with the national average of 83%. The practice had achieved 98.5% for their total QOF points compared with a national average of 94%.

The practice also kept a register of patients identified as being at high risk of admission to hospital and of those vulnerable patients such as patients with a learning disability. The practice carried out structured annual reviews for patients with long term conditions.

The team was making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. Staff we spoke with discussed how, as a group, they reflected on the outcomes being achieved and areas where this could be improved. Staff spoke positively about the culture in the practice around audit and quality improvement, noting that there was an expectation that all clinical staff should undertake at least one audit a year. For example, an audit on the prescribing of antibiotic medicines had highlighted the need to reduce prescribing rates by GPs at the practice and improve outcomes for patients. The rationale for the audit stated that over prescribing of antibiotic medicines could leave patients susceptible to antibiotic resistant harmful bacteria. The original audit in March 2014 had shown that the prescribing rates for the practice at 12% were higher than the local and national averages. Three monthly re-audits were carried out and these showed a gradual decline in prescribing rates. By February 2015 the prescribing rate of 7% had been achieved, which was below the CCG level of 7.5% and the national level of 9.8%.

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for patients with long-term conditions, such as diabetes and that the latest prescribing guidance was being used. The computer system used at the practice flagged up relevant medicine alerts when the GP

prescribed some medicines. We saw evidence to confirm that, after receiving an alert the GPs had reviewed the use of the medicine in question and, where they continued to prescribe these outlined the reason why they had decided this was necessary. The evidence we saw confirmed that the GPs had oversight and a good understanding of best treatment for each patient's needs.

The practice held regular meetings with multi-disciplinary teams in the management of patients' end of life care, together with the management of all patients who were considered to be vulnerable. Staff told us that bereaved relatives were contacted to provide on-going support. Staff told us that an alert was added to the notes of any bereaved relatives to ensure all staff were aware.

## Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff training records and saw that staff were up to date with training such as annual basic life support. We noted a good skill mix among the GPs who collectively had specialist interests as medical education trainers, in dermatology (skin), sexual health and minor surgery. GPs were up to date with their yearly continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

Staff undertook annual appraisals that identified learning needs from which action plans were documented. Our interviews with staff confirmed that the practice was proactive in providing training and funding for relevant courses.

The practice nurse and health care assistants (HCAs) had job descriptions outlining their roles and responsibilities and provided evidence that they were trained appropriately to fulfil these duties. For example, on administration of vaccines, cervical cytology, vaccines, ear syringing, quit smoking programme and lifestyle advice. Staff told us they also accessed training opportunities at a local hospital to develop and keep up to date with their clinical skills.

Ejaz Medical Centre was a training practice. The practice considered the provision of medical education to be one of

# Are services effective?

(for example, treatment is effective)

their strengths. The practice had qualified GP trainers who provided educational support to trainee GPs at the practice. Trainee GPs were offered extended appointments and had access to a GP throughout the day for support.

Medical education was also provided to fourth year, final year medical students and Foundation Year two doctors (FY2). This scheme supported newly qualified doctors onto a programme structure of diagnosis and management of patients not only in hospitals but also in mental health and general practice. These doctors have had at least 12 months of experience in hospital medicine after qualifying before they moved to general practice. FY2 Doctors were placed with a practice for four months and would have their own clinics when they saw patients. They were supervised by the practice's GP trainers during their experience of working in general practice.

## Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. It received blood test results, x-ray results and letters from the local hospital including discharge summaries and the out-of-hours GP services both electronically and by post.

The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system in place worked well.

The practice held multidisciplinary team meetings monthly (or sooner if required) to discuss the needs of complex patients, for example those with end of life care needs or children considered to be at risk of harm. These meetings were attended by health visitors and palliative care nurses. Decisions about care planning were documented in the patient's record. GPs told us that they worked closely with the team to make sure patients' needs were met and that important information was shared. Staff also told us that members of the community team such as health visitors, district nurses, mental health nurse and the community matron were accessible should there be information they wanted to share or had concerns they wanted to raise ahead of the usual meetings.

## Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP extended hours provider to enable patient data to be shared in a secure and timely manner. We saw evidence there was a system for sharing appropriate information for patients with complex needs with the ambulance and out-of-hours services.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system and told us that the system was safe and easy to use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. The practice used the same system across all four sites within their group which enabled them to access information in any of these locations as necessary.

Notes from GPs attending to patients out-of-hours were faxed or emailed through to the practice the following morning. The practice made referrals directly and through the Choose and Book system. Choose and Book 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 reported that this system was easy to use and worked well.

The practice held meetings with other agencies to share information. For example, regular monthly meetings were held with the multi-disciplinary teams (MDTs) to review care for patients.

## Consent to care and treatment

We saw that the practice had a policy for documenting consent. Clinical staff we spoke with were aware of the Mental Capacity Act 2005 and their duties in fulfilling it. GPs told us they recorded decisions about consent and capacity in patient records and showed us an anonymised example to demonstrate this. GPs we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance. They confirmed they accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners.

Care plans were in place for patients with learning disabilities and patients with dementia. Patients were involved in agreeing these care plans and a section was

# Are services effective?

(for example, treatment is effective)

available of the plan included an option to record the patient's preferences for treatment and decisions. When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. The GPs also demonstrated a clear understanding of Gillick competence. The 'Gillick Test' helps clinicians to identify children under 16 years of age who have the legal capacity to consent to medical examination and treatment.

There was a practice policy for documenting consent for specific interventions which had been reviewed in April 2015. For example, written consent was required for all minor surgical procedures and included an explanation of the relevant risks, benefits and complications of the procedure where applicable. GPs confirmed that this document was scanned into the electronic patient notes accordingly. Clinical staff we spoke with understood the key parts of the legislation and they were able to describe to us how they implemented it in their practice. For example, clinical staff told us consent was sought prior to the administering of immunisations and was documented in the patient's record.

We saw from training records that clinical staff had completed training in consent. The practice had not needed to use restraint but staff told us they were aware of the distinction between lawful and unlawful restraint.

## Health promotion and prevention

It was practice policy to offer a health check with one of the nurses for all new patients registering with the practice. If any health concerns were detected during the health checks the GP would be informed and these would be followed up in a timely way. We noted a culture among the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

Staff told us they aimed to provide good chronic disease management, with patient education as key to improvements in patient health. They told us that giving patients adequate guidance and education helped them to manage their own health. An extensive range of information leaflets were made available for patients in the practice reception and waiting areas. For example, leaflets were available for Macmillan support cancer support, for patients with hearing difficulties, self help leaflets for

disease prevention, counselling services, carers support, advice for help with health costs, and advice leaflets for managing child illnesses. We saw that these leaflets were also available in alternative languages.

Clinical staff discussed health issues such as smoking, drinking and diet with patients when they carried out routine checks with patients. A lifestyle advisor also held weekly clinics at the practice. Staff told us that patients could also take part in the local health programme in conjunction with the local gym. This was available free of charge for a period of 12 weeks to train with health trainers.

The practice had numerous ways of identifying patients who needed additional support and it was pro-active in offering help. For example, the practice kept registers of patients with various needs such as patients with a learning disability, dementia and mental health concerns. GPs told us that patients were given the time they needed for their appointments whether they used the walk in sessions or scheduled appointments. They said that longer appointments were available when required.

The practice offered a full range of immunisations for children and flu vaccinations in line with current national guidance. Clinical staff described the policy and procedure in place for following up patients who failed to attend by either the practice nurse or the GP. The practice offered flu vaccinations to patients over the age of 65 and to patients with chronic diseases such as asthma, diabetes, heart disease, and kidney disease. For example, last year's performance for patients with diabetes who had received the flu vaccine at 96% was higher than the national average of 93%.

The practice also offered NHS Health Checks to all its patients aged 40-75 years of age. The NHS Health Check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. GPs and clinical staff showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations. Up to date care plans were in place that were shared with other providers such as the out-of-hours provider and with multidisciplinary case management teams. Patients aged 75 years or over and patients with long term conditions were provided with a named GP.

## Are services effective? (for example, treatment is effective)

Last year's performance for cervical smear uptake was 83%, which was slightly higher than the national average of 82%. There was a policy to offer telephone reminders for patients who had not attended for cervical smears and the practice carried out annual audits for patients who failed to attend. We saw that cytology update training had been completed in April 2015 by the practice nurse who carried out cervical smear tests.

Staff confirmed that patients were given information to access other services as was needed, such as the bereavement service Cruse. We saw that the practice had access to a range of support organisations that they were able to signpost patients to for further information.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction, taken from the national patient survey for the year 2014 to 2015 and complaints and compliments received by the practice. We also looked at the 27 Care Quality Commission (CQC) comment cards patients were invited to complete to provide us with feedback on the practice. We spoke with five patients who attended the practice during our inspection. The evidence from all these sources showed that patients were generally satisfied with how they were treated and confirmed that this was with respect, dignity and compassion. Patients commented that they were very happy with the doctors at the practice, that staff were polite, patient and helpful, that they were given excellent care by everyone at the practice.

Information from the 2014 and 2015 national patient surveys we reviewed showed mixed results. Some results were lower than the national averages such as 78% found the receptionists helpful compared with the national average of 87%; 78% said the last GP they saw or spoke with was good at treating them with care and concern compared with the national average of 85%. However, other results were higher than the national average such as 98% said the last GP they saw or spoke with was good at giving them enough time compared with the national average of 87%; and 100% said the nurse was good at treating them with care and concern compared with national average of 90%.

We saw from the results of a follow up survey carried out by the practice that improvements had been made. The PPG report gave details of the action the practice had taken following the results of the national patient surveys, such as ensuring all GPs made patient satisfaction a priority during consultations, that patients were given enough time during their appointments and that patients were treated with dignity, care and concern. For example, 87% of patients were satisfied with the care they received compared with the previous survey result of 84%.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. We saw the rooms had appropriate couches for examinations and curtains to maintain privacy and dignity

during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private. Staff told us that if patients wanted to speak to the receptionist or practice manager privately they would be taken to a private room. Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Observation of and discussions with staff showed that they were compassionate and treated patients in a sensitive manner. There was information in the practice information leaflet about the practice's zero tolerance for abusive behaviour. Staff told us that they had not needed to refer to this but knew what to do in the event it became necessary.

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

We reviewed the results of the national patient survey for 2014 and 2015 which showed patients were generally satisfied about their involvement in planning and making decisions about their care and treatment. Data from the national patient survey showed that 78% of practice respondents said the GP involved them in care decisions and 84% felt the GP was good at treating them with care and concern. These results were slightly below the national averages. The practice had consulted with their PPG to look at ways to improve on the survey results, such as GPs and nursing staff ensuring that all patients were involved in their care and consultation, that patients were listened to, and explanations of treatment options were given to patients. The practice carried out a survey during January 2015. The results showed improvements in that 88% of patients were satisfied with the care they received and 93% of patients were satisfied with their consultations.

Patients we spoke with on the day of our inspection told us that health issues were discussed with them and 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. Patient feedback on the comment cards

## Are services caring?

we received was also positive and aligned with these views. Patients' commented that the GPs at the practice took the time to listen to them during their appointment and talked to them in a way that made sure they fully understood their treatment options.

We saw evidence that patients with a learning disability, patients who were diagnosed with asthma, dementia and mental health concerns all had individual care plans. GPs told us that patients were always given the time they needed for their appointments including reviews of their care plans. Staff demonstrated knowledge regarding best interest decisions for patients who lacked capacity. Staff told us that they always encouraged patients to make their own decisions. They told us that they would always speak with the patient and obtain their agreement for any treatment or intervention even if they were with a carer or relative. Clinical staff told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

The practice was able to evidence joint working arrangements with other appropriate agencies and professionals. For example, palliative care was carried out in an integrated way. This was done using a Multidisciplinary Team (MDT) approach with district nurses, palliative care nurses and hospitals.

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

Feedback from patients showed that they were positive about the emotional support provided by the practice. For example, patients wrote in the comment cards that they thought the practice was excellent; that staff treated patients well; they found staff to be polite, caring and helpful. They commented that everyone at the practice was caring and supportive throughout appointments. Comments from other patients we spoke with on the day of our inspection were consistent with this feedback.

Leaflets in the patient waiting room advised patients how to access a number of support groups and organisations. Leaflets included details about benefits and useful contacts for all carers. Patients who were also carers were coded on the practice's computer system so that this was kept under consideration during consultations.

Staff told us that where families had suffered bereavement, they were given advice on how to find a support service, for example CRUSE the national bereavement charity. The practice had a policy of following up on families where they had experienced a bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs of patients in the way services were delivered. The practice told us their patient population consisted of a higher number of younger patients. For example, national patient data showed that the number of patients in the five to 14 years of age group registered with the practice was 17% compared with the national average of 11%. The population group of patients who were under 18 years of age registered with the practice was 21% compared with the national average of 15%.

The practice looked to meet the needs of this population group by making appointments available outside of school hours and the premises suitable for children and babies. All consultation rooms were on the ground floor which made the practice accessible for pushchairs. The practice offered appointments at other practices within their group and requesting repeat medicines could be ordered online. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The clinical team offered immunisations to children in line with the national immunisation programme. Immunisation rates were comparable to local and national averages.

The practice offered contraception services as well as advice on using alternative devices including implants and injections. As part of the service condoms were available free from the practice. The practice also worked closely with local schools and health visitors when children and young people had difficulties.

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 attendances at the accident and emergency (A&E) department of the local hospital. The practice also worked closely with local schools and health visitors when younger patients were experiencing difficulties.

The data showed that the number of elderly patients registered with the practice was below national average.

For example, the number of patients over the age of 65 years was 8% compared with the national average of 17%, and those patients aged 75 years and over the number was 4% compared with the national average of 8%.

The practice delivered core services to meet the needs of the patient population they treated. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and lung disease. The practice told us they also used these sessions to give dietary advice and support for patients on how to manage their conditions.

The practice had a palliative care register and regular monthly multidisciplinary team meetings (MDTs) were held to discuss patients and their families care and support needs. GPs told us that the MDTs worked very well as a team to provide care for all patients.

The NHS area team and Clinical Commissioning Group (CCG) told us that the practice regularly engaged with them and other practices to discuss local needs and service improvements that needed to be prioritised. GPs told us they attended these quarterly meetings and shared information with practice staff where actions had been agreed to implement service improvements and manage delivery challenges to its population. The practice had its quality and delivery appraisal as part of the CCG's Aspiring to Clinical Excellence (ACE) foundation scheme in March 2015. Birmingham Cross City CCG had a programme in place called ACE, which enabled them to work with GPs to develop practices and deliver improved health outcomes for patients. The practice was successful in demonstrating that all components of the ACE foundation were being delivered and they received a certificate from the CCG to confirm this. Elements of the appraisal included long term conditions management, shared care and proactive care.

### Tackling inequity and promoting equality

The practice proactively removed any barriers that some patients faced in accessing or using the service. The practice worked with visiting specialist nurses to engage with patients with for example, dementia or a learning disability in a positive way to help them manage their conditions.

A female GP worked at the practice and could support patients who preferred to have a female doctor. This also

# Are services responsive to people's needs?

(for example, to feedback?)

reduced any barriers to care and supported the equality and diversity needs of the patients. Information about access times for this GP was made available to patients in the reception area and in the practice leaflet.

There were arrangements in place to ensure that care and treatment was provided to patients with regard to their disability. For example, the practice building was on ground floor level and patients had ease of access to various areas of the practice building. Doors were wide enough for patients in wheelchairs to gain access. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. There was provision for patients with a hearing impairment at the practice. We saw a sign within the waiting area to inform patients a hearing loop was available and there was a screen which provided visual prompts for patients to be aware that they were being called for their appointment. All patients with a hearing impairment or any other condition were given the time they needed.

The practice had recognised the needs of different groups in the planning of its services such as carers and vulnerable patients who were at risk of harm. The computer system used by the practice alerted GPs if patients had a learning disability, or if a patient was also a carer so that additional appointment time could be made available. Where patients were also identified as carers we saw that information was provided to ensure they understood the support that was available when needed.

Staff told us that translation services were available for patients who did not have English as a first language. This service could be arranged to take place either by telephone or in person.

The practice was signed up to the learning disability direct enhanced service (DES) to provide annual health checks for their patients with a learning disability. The service is intended to reduce the incidence of the presence of one or more additional disorders and premature deaths for people with learning disabilities. The DES encouraged practices to identify patients aged 14 and over with the most complex needs and offer them an annual health check as well as a health action plan. As part of this service,

the practice maintained a register of patients with learning disabilities. For the 2014 to 2015 year there were 118 patients on the register and an annual health check had been completed with 64 patients (54%).

The practice had an equality and diversity policy in place. The practice provided equality and diversity training for staff and those staff we spoke with confirmed that they had completed this training. We saw training records that confirmed this.

## Access to the service

Comprehensive information was available to patients about appointments in the practice leaflet. This included details on how to arrange urgent appointments and home visits. The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. There was an answerphone message which gave the telephone number patients should ring depending on their circumstances. Information about the out-of-hours service was provided to patients in leaflets, on the website and through information available in the waiting room. The practice did not have its own individual website but shared the Heathford Group website.

The practice was open from 9am to 1pm and from 3pm to 6pm Mondays to Fridays, except Wednesdays when they closed at 12pm. The practice was closed at weekends. Home visits were available for patients who were too ill to attend the practice for appointments. More appointments were made available, particularly for working people. Patients could access any of the four practices within the Heathford group either through walk-in services or through pre-booked appointments.

Patients confirmed on the comment cards that they could see a GP on the same day if they needed to and they could see another GP if there was a wait to see the GP of their choice. Patients commented that they had always been able to see a GP when they were in urgent need of treatment on the same day of contacting the practice.

## Listening and learning from concerns and complaints

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

## Are services responsive to people's needs? (for example, to feedback?)

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.

There was an open approach towards complaints. Accessible information was provided to help patients understand the complaints system in a complaints leaflet available at the practice. We were told that no written complaints had been received during 2014 and 2015 although the practice had received verbal complaints which had been responded to immediately. The details of the verbal complaints had not been recorded. The practice was therefore unable to evidence that complaints had been dealt with, and was unable to review these to identify any possible themes or trends that may have occurred. The practice manager told us they and the senior partners had

face to face meetings with patients who made a complaint. They felt it had been a more effective way to deal with complaints and ensured that patients felt that they had listened to them. The practice told us they would record all verbal complaints they received in future to provide a record of all topics and the action taken, if any.

Patients recorded on comment cards that they were aware of the process to follow should they wish to make a complaint. None of the patients had ever needed to make a complaint about the practice. Staff told us that they were aware of what action they would take if a patient complained. Staff confirmed that they would be made aware of any complaints that had been received during practice meetings, although they told us there had not been any complaints made for some time.

# 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 sent us a copy of their statement of purpose prior to the inspection of the service. This told us that the aims of the practice was to provide personalised, effective and high quality services, committed to the health needs of all of their patients; to work in partnership with their patients, their families and carers, involving them in decision making about their treatment and care; to encourage them to participate fully by listening and supporting them to express their needs and wants; and to enable patients to maintain the maximum possible level of independence, choice and control.

The practice had undergone some significant changes during the last three years in which they had taken on Ejaz Medical Centre. The practice was one of four within the Heathford group and benefitted from the flexibility of the ability for all staff to work across all practices, the ability to access all patient information within any of the four sites, and for patients the provision of access to appointments and services at any of the four practices within the group.

The practice told us about the improvements they had made to the practice in this time and their plans for the future which included consolidation of the changes that had occurred at the practice.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on their computer desktop within the practice. We looked at 14 of these policies and saw that these had been reviewed and dated. For example, the policy on dignity and respect had been reviewed in April 2015.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing above or in line with national standards. We saw that QOF data was regularly discussed at weekly meetings and action taken to maintain or improve outcomes. The practice had achieved a QOF total of 98.5% which was higher than the national average of 94%.

We saw that regular practice meetings were held that enabled decisions to be made about issues affecting the general business of the practice. All staff were encouraged

to attend these meetings. Minutes of these meetings had been recorded although the detail of the discussions that took place to ensure an accurate audit trail had not been included. Staff told us they could make suggestions for improvements and that they were treated as equals by senior staff.

The practice had arrangements for identifying, recording and managing risks. We saw evidence where risk assessments had been carried out which identified key risks, with action plans in place to manage and minimise these risks. These included the risk of fire and risks associated with health and safety at work.

### Leadership, openness and transparency

At the start of the inspection the practice gave us a presentation on the services they provided. The practice group had taken over Ejaz Medical Centre approximately three years ago and had made significant changes to the way the practice operated. This had included a refurbishment of the building, installation of new equipment and systems, and focussed training for staff.

GPs told us there were positive relationships between the partners and the management to deliver patient centred quality care. There was a clear, visible leadership and management structure in place with responsibility for different areas shared amongst GP partners. For example, all the partners had various lead responsibilities such as safeguarding, sexual health, long term conditions and minor surgery leads. Clinical staff also had lead roles such as the lead nurse for infection control. We spoke with six members of staff and they were all clear about their own roles and responsibilities. Staff told us they felt valued and knew who to go to in the practice with any concerns. Staff told us they were very well supported by everyone at the practice.

We found the practice to be open and transparent and prepared to learn from incidents and near misses. Weekly practice meetings were held where these were discussed. GPs and staff told us that lessons learned from these discussions were shared with the team, although the minutes of meetings had not reflected these discussions. The practice manager told us that they met with the GPs each week and information from those meetings was shared with staff. Staff confirmed that information was shared with them.

# Are services well-led?

Good 

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

Staff told us that the practice was well led. We saw that there was strong leadership within the practice and that the GP partners were visible and accessible. Staff told us that they enjoyed working at the practice and that they were a very good team. Staff told us that the GPs and practice manager were very supportive and that they were involved in all aspects of the practice. GPs also confirmed that there was an open and transparent culture of leadership and encouragement of team working.

The practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example the induction policy and bullying and harassment which were in place to support staff. Staff we spoke with knew where to find these policies if required.

## **Practice seeks and acts on feedback from its patients, the public and staff**

Ejaz Medical Centre told us they were committed to continually improve their services by learning from and listening to their patients. The practice had a patient participation group (PPG), which was made up of patients from all the practices within the Heathford group, who worked to improve services and the quality of care across the four practices. We saw that the practice had information about joining the PPG available to patients in the reception area of the practice. This included posters about activities and recommendations from the PPG.

The practice had acted on feedback from the PPG. We saw meeting minutes and action plans that showed the issues raised and what work had been completed as a result of this. For example, the PPG considered the practice was in need of painting and new flooring fitted. The practice had acted on this and redecoration had been done and new flooring had been laid accordingly. The PPG had identified

the need for dementia screening for patients. This was publicised by posters in the waiting area of the practice and opportunistic screening was carried out during the influenza clinic. The result of this screening identified a number of patients considered to be at risk, and referrals were made to memory clinics for these patients to the dementia support. The PPG had identified that there was a need for more appointments at Ejaz Medical Centre. Another GP was employed to work six sessions at the practice.

## **Management lead through learning and improvement**

The practice held regular meetings that ensured continued learning and improvements for all staff. This included significant events, complaints and palliative care for patients, with actions to be completed where appropriate. We saw minutes of staff meetings and management team meetings that showed discussions had taken place on a range of topics, although there was a lack of information recorded about the discussion that had taken place.

The practice was able to evidence through discussion with the GPs and via documentation that there was a clear understanding among staff of safety and learning from incidents. Concerns, near misses and significant events were appropriately logged, investigated and actioned.

Staff told us that the practice supported them to maintain their clinical professional development through training, clinical supervision and mentoring. Staff told us that the practice was very supportive with training and that regular protected time was provided for learning. Staff told us that information and learning was shared with all staff at practice meetings, although this was not always evident in the minutes that had been recorded.