

Dr Manoj Prasad

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 Dr Manoj Prasad's practice on 13 September 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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 management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Implement planned actions to ensure care plans are in place for patients with poor mental health.
- Take action to improve the disabled facilities and premises access for patients with mobility difficulties.

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?

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

Good



Are services effective?

- Our findings at inspection showed that effective systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Data showed patient outcomes were at or above average compared to local and national average with the exception of percentage of patients on the mental health register who had a comprehensive, agreed care plan. The practice planned to target this area to ensure these were completed for all patients on the mental health register. All clinical staff we spoke with were aware that this was an area that they would be focusing on and we saw minutes of meetings where areas of underperformance had been discussed.
- The practice had carried out five clinical audits in the last 12 months. Two of these were completed audit cycles where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



Summary of findings

Are services caring?

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data from the national GP patient survey showed patients consistently rated the practice higher than others for most aspects of care.
- Views of external stakeholders were positive and aligned with our findings.
- We found that information for patients about the services available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had engaged with the Clinical Commissioning Group (CCG) to provide relevant targeted in-house services for its patients.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was consistently above local and national averages.
- Patients were able to access appointments and services in a way and at a time that suited them. Patients we spoke with 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 was equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was aware of practice performance levels and changes had been made where required.

Good



Summary of findings

- There was a documented leadership structure and all staff felt supported by management. The practice had policies and procedures to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- There was a proactive engagement with staff and staff we spoke with were highly motivated. The patient participation group was very engaged and active.
- There was a strong focus on continuous learning and development at all levels. Staff had received regular performance reviews and had clear objectives.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were able to book telephone consultations with the GP.
- There were longer appointments available for older patients.
- The practice had a level access and the consultation rooms were all located on the ground floor. A hearing loop was also available at the practice.
- An equality assessment had been carried out by the practice which had identified that improvements were required with disabled access of toilets and as well as access to the premises.
- There were marked parking bays for the disabled near the practice.

People with long term conditions

Good



- Performance for diabetes related indicators for the practice was 92% which was above both the CCG average of 83% and national average of 84%.The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients attending for annual reviews were allocated extended appointment times of 30 minutes to allow full discussion of their long term condition.

Families, children and young people

Good



- Same day appointments were available for all children under 16 years of age and those patients with medical problems that require same day consultation.

Summary of findings

- Immunisation rates for childhood vaccinations were above CCG averages.
- A self-check appointment service screen was available for the convenience of patients and allowed reception staff more time to deal with other queries.
- Fortnightly antenatal and postnatal clinics were held by a midwife at the practice.
- The practice's uptake for the cervical screening programme was 82%, which was slightly above the CCG average of 78% and the same as the national average.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing facilities were available.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Mondays and Tuesdays from 6pm to 7.30pm to accommodate working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online. Patients were also able to book telephone consultations with the GP.
- A text service to both mobiles and landlines had been implemented by the practice to communicate with patients unavailable to answer calls such as those at work.
- Weekly phlebotomy clinics were held at the practice for the convenience of patients.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- Translation services were available.

Summary of findings

- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

- There were longer appointments available for patients with complex needs such as those with dementia, a learning disability and patients experiencing poor mental health.
- The practice was an outlier for the percentage of patients on the mental health register who had a comprehensive, agreed care plan documented which was 63% for the practice compared to 89% CCG and 88% nationally. The practice told us that a plan was being developed to target this in order to ensure care plans was in place for all patients on the mental health register. All clinical staff we spoke with were aware that this was an area that they would be focusing on and we saw minutes of meetings where areas of underperformance had been discussed.
- The practice had informed patients experiencing poor mental health about how to access various support groups.
- Weekly sessions by the Healthy Minds Counselling service were offered at the practice.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GP had completed mental capacity training.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing well compared with local and national averages in most areas. 341 survey forms were distributed and 113 were returned. This represented a 33% survey response rate and 5% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards, all of which were highly positive about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent, accessible service and staff were helpful and attentive.

We spoke with 12 patients during the inspection (10 of whom were also members of the patient participation group). All the patients we spoke with told us said they were very happy with the care they received and that staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- Implement planned actions to ensure care plans are in place for patients with poor mental health.
- Take action to improve the disabled facilities and premises access for patients with mobility difficulties.

Dr Manoj Prasad

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Manoj Prasad

- Dr Manoj Prasad's practice (also known as Apollo Surgery) is located in Great Barr, Birmingham and has approximately 2300 registered patients.
- The practice is led by one full-time male GP, one part-time salaried female GP. There are also two female practice nurses, a practice manager, an assistant practice manager and three receptionists at the practice.
- Dr Manoj Prasad's practice is also a teaching and training practice and takes on both medical students and GP registrars periodically. There were two GP registrars, one foundation year 2 (undertaking postgraduate medical training programme) and one medical student at the practice at the time of the inspection.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8.30am and 7.30pm on Mondays and Tuesdays, 8.30am 2pm on Wednesdays, 8.30am to 1pm on Thursdays and from 8.30am to

6.30pm on Fridays. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them.

- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service on the practice answer phone message. BADGER cover was also provided between 8am and 8.30am.
- The practice is located in an area with average levels of social and economic deprivation.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with

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

- We observed that there was a notice displayed in the waiting room advising patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. The Clinical Commissioning Group (CCG) had completed an infection control audit in June 2016 (resulting in an overall compliance score of 99% for the practice) and we saw evidence that action had been taken to address the one improvement identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was securely stored and there were systems in place to monitor the use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow

Are services safe?

nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may be individually identified before presentation for treatment.

- We reviewed five personnel files (which included a GP, a practice nurse, practice manager, assistant practice manager and a receptionist). We found that all appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications and registration with the appropriate professional body. We saw evidence that all staff at the practice had undergone appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (although this was completed during the inspection) and infection control. Additionally we saw evidence that an external company had recently completed a legionella risk assessment

and that the practice were awaiting the final report regarding this. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required. The practice told us that if the GP was on annual leave, a locum GP was used.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The GP told us that new and amended guidelines were disseminated and discussed at in-house NICE meetings.
- The practice monitored that these guidelines were followed through risk assessments, and audits. The GP provided an example of a recent change implemented as a direct result of updated NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 95% of the total number of points available. This was comparable to the CCG and national QOF averages of 94%.

The practice had an 11% exception reporting which was slightly higher than the CCG and national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for one QOF (or other national) clinical target. This was for the percentage of patients on the mental health register who had a comprehensive, agreed care plan documented (01/04/2014 to 31/03/2015) which was 63% for the practice compared to 89% CCG and 88% nationally.

- We found the practice was aware of this area of improvement. The practice told us that a plan was being developed to target this in order to ensure care plans was in place for all patients on the mental health

register. All clinical staff we spoke with were aware that this was an area that they would be focusing on and we saw minutes of meetings where areas of underperformance had been discussed.

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

- Performance for diabetes related indicators for the practice was 92% which was above both the CCG average of 83% and national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded was 88% for the practice which was comparable to the CCG and national averages of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review was 75% for the practice which was lower than the CCG average of 82% and national average of 84%.
- The hypnotics prescribing rate for the practice was at 0.2 compared to 0.28 for the CCG and 0.26 nationally.

There was evidence of quality improvement including clinical audit.

- We viewed five clinical audits which had completed in the last 12 months. Two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and national benchmarking.
- We saw that findings had been used by the practice to improve services. For example, action taken as a result included discouraging the use of hypnotics for new patients and reviewing those currently on hypnotics which had led to an overall decrease of hypnotic prescribing.

Effective staffing

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

- We saw evidence to show that the practice had an induction programme for newly appointed non-clinical members of staff. The induction covered such topics as infection prevention and control, fire safety, health and safety and information governance.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions such as diabetes by the practice nurse. Staff administering vaccinations and taking samples for the cervical screening programme had also received specific training.
- The learning needs of staff were identified through a system of appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This also included robust arrangements for coaching and mentoring, clinical supervision and on-going support for GP trainees. Staff files reviewed identified that all staff had had an appraisal within the last 12 months.
- Staff received training including: safeguarding, fire safety, basic life support, chaperoning and complaints handling. We saw that staff had access to and made use of both 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.
- We saw that there was a form to record information for out-of-hours services.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, the practice informed us that monthly end of life care multi-disciplinary team meetings involving health visitors, district nurses and community matrons were taking place.

Consent to care and treatment

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

- In our discussions with the GP, we found that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw evidence that staff had completed mental capacity act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Verbal consent was noted on the patient computer records and written consent was also obtained with the consent form scanned and attached to patient notes.

Supporting patients to live healthier lives

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

- The practice maintained a register of patients with a learning disability, dementia, patients receiving end of life care, carers, those at risk of developing a long-term condition (such as pre-diabetics), housebound patients and patients at high risk of hospital admissions.
- The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- Fortnightly antenatal and postnatal clinics were held by a midwife at the practice.
- Weekly clinics by hearing services were held at the practice.
- Weekly phlebotomy clinics were held at the practice for the convenience of patients.
- Weekly sessions by the Healthy Minds Counselling service were offered at the practice.

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

The practice was in line with the average for national screening programmes for bowel cancer screening

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

(practice average 47% compared to CCG average of 51% and national average of 58%) although below average for breast cancer screening (practice average 57% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were high for the practice compared with the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 68% to 100% and five year olds from 91% to 100% for the practice which were above the CCG rates of 80% to 95% and 86% to 96% respectively. The practice provided evidence to demonstrate that the 68%

was due to one under two year old patient whose parents refused the child immunisation requests. All other childhood immunisation rates for under two year olds were at 100% for the practice.

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. We saw evidence to demonstrate that a very high proportion of eligible patients had received a health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A room had been allocated for this purpose.

All of the 20 patient Care Quality Commission comment cards we received were highly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 10 members of the patient participation group (PPG). They also told us they were very happy with the care being provided by the practice and said their dignity and privacy was respected. Comment cards consistently highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published 7 July 2016 demonstrated that patients felt they were treated with compassion, dignity and respect. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients 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.

Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting areas that provided patients with information on how to access a number of support groups and organisations. For example, we saw leaflets on safeguarding, carers support and mental health support services. Information about support groups was also available on the practice website.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (1.3% of the practice list). The practice told us that carers were offered health checks, reviews and flu vaccinations. The practice was actively trying to increase both the number of carers identified and to ensure they were receiving effective support. We saw that information was available for carers to take which contained written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice nurse contacted them and sent them a sympathy card. Information about more specialist support available was also provided and the practice was able to signpost patients to local bereavement services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.

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

- The practice offered extended hours on Mondays and Tuesdays from 6pm to 7.30pm to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs such as those with dementia, a learning disability and patients experiencing poor mental health.
- Patients attending for annual reviews were allocated extended appointment times of 30 minutes to allow full discussion of their long term condition.
- Patients whose circumstances may make them vulnerable were also offered longer appointments and had alerts placed on the patient record system.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A facility for online repeat prescriptions and appointments bookings was available.
- A text service to both mobiles and landlines had been implemented by the practice to communicate with patients unavailable to answer calls such as those at work.

- A self-check appointment service screen was available for the convenience of patients and allowed reception staff more time to deal with other queries.
- Patients were able to book telephone consultations with the GP.
- Same day appointments were available for all children under 16 years of age and those patients with medical problems that require same day consultation.
- Translation services were available.
- The premises were suitable for children and babies and baby changing facilities were available.
- A hearing loop was available at the practice.
- An equality assessment had been carried out by the practice which had identified that improvements were required with disabled access of toilets and as well as access to the premises.

Access to the service

The practice was open between 8.30am and 7.30pm on Mondays and Tuesdays, 8.30am 2pm on Wednesdays, 8.30am to 1pm on Thursdays and from 8.30am to 6.30pm on Fridays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 75%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. We saw evidence to demonstrate that the practice had carried out a thorough analysis of these results to identify area of further improvement. An action plan to ensure further increases in patient satisfaction had been developed.

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

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

Are services responsive to people's needs?

(for example, to feedback?)

This was done through either gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need by the GP or when available, putting the patient directly through to speak with a GP. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that all complaints were treated as significant events.

- The practice manager was designated responsible member of staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a complaints leaflet and poster displayed in reception.

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

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- This stated that the practice focus was on achievement, teamwork and to ensure patients best interests at all times.
- The practice vision was also displayed and was about ensuring all staff were committed to the provision of high quality patient care and best practice through the delivery of timely, considerate and responsive services.
- Staff we spoke with knew and understood the values that underpinned this and we found staff were committed and motivated.

Governance arrangements

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

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

Leadership and culture

On the day of inspection we met with the lead GP. We found that they led very motivated staff with the GP having the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

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

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

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

- Staff members informed us that the practice held monthly team meetings and we viewed documentation to support this.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so. Patient complaints and significant events were regularly discussed.
- Staff said they felt respected, valued and supported, and described the close-knit and strong family culture of practice. All staff we spoke with felt involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through their active patient participation group (PPG) and complaints received. We spoke with 10 members of the PPG on the day of the inspection. They were highly complimentary about the practice and informed us that they felt the practice listened to their views about proposals for improvements. For example, as a result of

Are services well-led?

Good 

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

feedback from the PPG, the practice had installed a self check-in appointment screen in the waiting area for the convenience of patients. We saw evidence to demonstrate that this had been agreed with the PPG and implemented.

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members informed us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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