

Dr Lumley & Partners

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 Lumley and Partners on 17 January 2017. 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 generally 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 and easy to understand. 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.

We saw one area of outstanding practice:

- A thorough process was used to ensure all staff remained up to date with NICE guidelines action taken and any learning outcomes.

Summary of findings

The areas where the provider should consider making improvements are:-

- Leaflets for patients should be printed in a size suitable for people with visual impairment .
- A risk assessment should be completed regarding the lack of appropriate medicines in the Doctors bags for use in an emergency situation on a home visit.

- Strengthen arrangements for quality improvement by evaluating the impact of clinical audits.
- The patient participation group (PPG) should be developed to represent the voice of patients.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Appropriate emergency medicines and equipment was available in the practice. However Doctors bags did not contain medicines for use in an emergency as recommended in national guidance and there had been no risk assessment completed to support this decision.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were 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 safeguard patients from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were, overall, comparable with local and national averages. For example, 93% of patients with schizophrenia and the England average of 88%.
- Numbers of patients screened for cervical, breast and bowel cancer were below national average. The practice was aware of this was taking steps to encourage attendance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Single cycle clinical audits had been undertaken and identified areas that required improvement. Action had been taken in response however there had not been a re audit to check improvements made were implemented. 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparably with other practices. For example, 86% of respondents rated their overall experience as good which was above the CCG average of 82% and the England average of 85%. 98% of respondents had confidence and trust in the last nurse they saw in comparison with the CCG average of 97% and the England average of 97%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible although the font size of some leaflets was small and would present barriers to patients with visual impairment.
- Translation was readily available for patients who did not speak English as a first language and a number of practice staff were fluent in languages spoken by the local community.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, patient access to appointments had been reviewed. As a result the skill mix of staff had been changed to introduce an advanced nurse practitioner and a pharmacist both of whom could prescribe medicine and see patients on the day.
- Patients said they found it easy to make an appointment with a named GP. Although the waiting time to see their named GP could be up to 2 weeks patients were happy to wait as 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Summary of findings

Are services well-led?

The practice is rated as good for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff was clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a number of individuals who were interested in offering patient participation, however the group was not active.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice 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.
- The practice population included 2% of patients over the age of 85 years. They invited these patients for annual health checks and all had a named GP.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- Community nurse assessments were carried out as part of ACE Plus (Achieving Clinical Excellence) looking at patients' nutrition needs and falls risk in their own home.
- Multidisciplinary meetings were held weekly and included discussions about patients who were at high risk of safeguarding and review of recent deaths.
- GPs provided weekly rounds at local nursing homes which included end of life care planning involving the patient, their family and the care team.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included diabetes, asthma and chronic obstructive pulmonary disease (COPD). There were daily clinical meetings to discuss new referrals.
- Diabetes related indicators were both comparable and lower than the national average. For example, the percentage of patients on the diabetes register with a record of foot examination and risk classification within the period April 2015 to March 2016 was 67% as compared to the CCG average of 88% and national average of 88%, while 95% of patients with diabetes had the influenza immunisation in the preceding August 2015 to March 2016 compared with the CCG average of 93% and the national average of 95%.

Summary of findings

- Practice nurses specialised in diabetes and respiratory conditions so could start patients on insulin, offer personalised management plans and dedicated follow up.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met.
- Patients with a diagnosis of epilepsy were seen in their own home and had management plans.
- Protocols were under review, for example the pharmacist had recently reviewed hypertension and asthma.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations with the practice achieving up to 97% uptake in 2015/16 across all age groups.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 72% of women aged between 25-64 years had received a cervical screening test. This was lower than the CCG average of 79% and a national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. We saw positive examples of joint working with midwives and health visitors such as antenatal sessions provided by the midwife for delivering prenatal care and advice and regular meetings with health visitors.
- The practice provided family planning under the Umbrella sexual health scheme including the insertion of coils and implants.

Good



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).

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services such as appointment booking and ordering of prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours were provided between 7.30-8.00am Monday and Wednesday and one Saturday morning each month for patients who were working. Telephone consultations were available daily.
- Minor surgery was available on Saturdays.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- All practice staff had attended Identification and Referral to Improve Safety training and were approved via Birmingham Women's Aid to help women at risk of abuse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. Discussions about vulnerable adults and children were a standing item agenda in the clinical meetings.

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).

Good



- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was higher than the national average of 88%.

Summary of findings

- 74% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months, which was lower than the national average of 89%..
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice served several nursing homes including a unit for the elderly mentally illpredominantly looking after patients living with dementia. One of the GPs was the designated GP for care homes and provided designated full ward rounds each week to see patients in their own home and support staff in their care.
- The practice staff regularly met with the Community Mental Health Team in the case management of patients experiencing poor mental health and patients were signposted to Mental Health Matters to which they could self-refer.
- There were daily emergency appointments available for people in distress.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with or lower than national averages. 313 survey forms were distributed and 120 were returned. This represented 1.5% of the practice's patient list.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%. 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to 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 24 comment cards which were all positive

about the standard of care received. Patients said that the practice staff were helpful, caring and listened to them. Some commented that it was difficult to contact the surgery by telephone between 8-9am to book appointments. People said they could quickly access appointments with their chosen GP, however they said that telephone contact could often be lost whilst waiting for the call to be answered.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The Friends and Family Test results for 2015/16 indicated that 88% of respondents were highly likely or likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Leaflets for patients should be printed in a size suitable for people with visual impairment.
- A risk assessment should be completed regarding the lack of appropriate medicines in the Doctors bags for use in an emergency situation on a home visit.
- Strengthen arrangements for quality improvement by evaluating the impact of clinical audits.
- The patient participation group (PPG) should be developed to represent the voice of patients

Outstanding practice

- A thorough process was used to ensure all staff remained up to date with NICE guidelines action taken and any learning outcomes.

Dr Lumley & Partners

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.

Background to Dr Lumley & Partners

Dr. Lumley and partners are located in Greenridge Primary Care Centre, Yardley Wood Road, Billesley, Birmingham in the centre of a busy residential area. The large health centre is owned and managed by NHS Property Services. There is easy access to the building and facilities are provided for patients with a disability. There is onsite car parking serving patients with limited parking for people with disabilities closer to the practice entrance. There are approximately 7935 patients of various ages registered.

The practice team consists of 11 GPs. Five of the GPs are partners (two male and three female) and six salaried GPs, (all female). There is also a GP Registrar (female), who are qualified doctors training to be GPs. The team also includes one male advanced nurse practitioner and three practice nurses (one male, two female), a pharmacist and two health care assistants (HCA). There is a practice manager, and a team of administrative staff.

The practice holds a General Medical Services (GMS) contract with NHS England. The practice is part of Birmingham Crosscity Clinical Commissioning Group (CCG).

The practice is open between 8:00am and 6pm Mondays to Fridays. Appointments are available from 8.30am to 11.30am and 3pm to 6pm Monday Friday. There are extended hours services 7.30 to 8am Monday and

Wednesday and on one Saturday morning each month. In addition there are pre-bookable appointments that could be booked up to four weeks in advance and urgent appointments are available for people that needed them.

Patients requiring a GP outside of normal working hours are covered by Prime Care an out of hour's provider. The majority of patients are of white British ethnicity with a small number of Asian, Portuguese and Rumanian patients. Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten, with level one representing the highest level of deprivation.

This practice provides placements for medical students.

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 4th October 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, GP registrars, practice nurses, health care assistant, practice manager, receptionists and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. The practice carried out a thorough analysis of the significant events of which there had been seven in the last six months. For example, the safeguarding team had been consulted regarding a request for travel vaccinations for a female child due to the potential risk of abuse outside the country. Lessons were discussed at the weekly clinical meeting and then shared with the Achieving Clinical Excellence (ACE) provider group to ensure wider learning.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an alert received about a family planning device staff had checked stocks and identified any patients that were affected by this alert. All stocks were returned and patients involved were asked to attend for a review.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection and adult safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 protocol in place and staff had received up to date training. Regular infection control audits were undertaken and we saw evidence that following the most recent audit in November 2016 action was taken to address any improvements identified.
- Most of the arrangements for managing medicines, and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Staff told us the list of emergency medicines kept in the practice were checked monthly and we saw that all items were in place. However we noted that the log was unclear about when medicines were used and when they were restocked.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to

Are services safe?

allow nurses and pharmacist to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice manager told us they had checked photographic identification during the process required for DBS checks, however these were not routinely kept on file.

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult masks. Children's masks were ordered and available following the inspection. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in secure areas of the practice and all staff knew of their location. All the medicines we checked were in date and stored safely. However Doctors bags did not contain the appropriate medicines for use in an emergency and there had been no risk assessment completed to support this decision.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available which was comparable with the national average. Clinical exception reporting of 7% was below the CCG average (10%) and the national average (10%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets.

- The percentage of patients with diabetes in whom the last blood pressure reading was 140/80 mmHg or less was 64%, compared to the CCG average of 75% and national average of 78%.
- The percentage of patients with diabetes who had influenza immunisation in the period August 2015 to March 2016 was 95% compared to the CCG average of 93% and the national average of 94%.
- Performance for mental health related indicators were mixed in comparison to the national average. For example, the percentage of patients with schizophrenia,

bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 93% compared with the CCG average of 88% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits completed in the last two years. These were single cycle audits which had identified areas that needed improvement and action had been taken in response. However there had not been a re-audit to check actions were implemented and patient care improved accordingly.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research via both the GP Improvement Programme and ACE.
- Findings were used by the practice to improve services. For example the practice nurses had set up a Diabetic Nurse Forum for educational purposes and peer support across the locality. This group shared good practice and any learning experienced by the members. A community nurse had been commissioned by the ACE provider group to visit patients with long term conditions who were not frequent attenders to assess physical and social needs, which were then actioned by the GPs.
- Each month NICE guidelines were researched and presented to a GP by a member of the administrative team. The GP decided whether they were appropriate for the practice and if so allocated action to another GP who summarised the guidelines for learning purposes and presented to the weekly clinical meeting. The Pharmacist then created a spreadsheet which recorded the date the NICE guideline was circulated, who summarised it and the date it was presented. The learning summary was placed on the shared computer drive for reference.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff which was available on the website using a secure password. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurses attended regular updates on respiratory disease and diabetes. The HCA had attended ear care and spirometry training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and confidentiality. Staff had access to and made use of e-learning training modules and in-house training. All staff had undertaken training on domestic violence to help them identify possible abuse.

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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The consent form which was in use for patients providing consent for minor surgery was practice specific however it was in need of updating, for example providing potential side effects to specific interventions.
- The practice had developed a leaflet for patients about medical students. This included answers to frequently asked questions such as when they might see students and whether they could choose to refuse to see students. Patients were asked to sign a consent form to be seen by students.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service. Patients were also referred to health trainers for help with their exercise regime.

The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 79% and the national average of 81%. In response to this the practice had initiated a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were

Are services effective?

(for example, treatment is effective)

received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Practice staff ensured a female sample taker was available.

Patients were encouraged to attend national screening programmes for bowel and breast cancer screening. 43% of patients aged 60-69 years had attended screening for bowel cancer in the last 30 months compared with the CCG average of 50% and national average of 58%. 65% of females aged 50-70 years had attended breast screening in the last 36 months compared with the CCG average of 68% and the national average of 73%. The practice were aware of the need to encourage attendance for screening and we saw promotional material in the waiting room to encourage this. Practice staff told us they encouraged attendance when they saw patients at consultations for other conditions.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 97% which was higher than the CCG average. The practice had achieved 90% of their target which matched national expectation. Immunisation rates for five year olds ranged from 77% to 96% which was comparable to the CCG average of 88% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 24 Care Quality Commission comment cards we received from patients were all 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. They told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Comment cards also highlighted that staff responded compassionately when patients needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). Whilst there were a number of patients interested in offering their participation to the practice they had not met together for some time. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 90% 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%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 98% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.
- 87% 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 we spoke with told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to 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. A number of practice staff spoke languages used by the local community, interpreters were booked in advance for consultations and staff used a computer based programme for on the spot translation. However we did not see notices in the reception areas informing patients this service was available.
- Information leaflets were available in an easy read format, although the patient information leaflet was printed in a font size which did not enable patients with visual impairment to read it.

Are services caring?

- There were alerts on the records of patients who were vulnerable and had communication difficulties which meant that staff could plan ahead for their consultation and use methods most appropriate to their needs. Sign language interpreters were available for patients with a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 94 patients as carers (1.2% of the practice list). Written information was available in the waiting room to direct carers to the various avenues of support available to them including Birmingham Carers Hub. Carers were given packs of material with useful advice and information and were offered vaccination against influenza.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Early morning appointments were available from 7.30am on Monday and Wednesday and from 8am on Tuesday, Thursday and Friday. There were also evening appointments up to 6pm every day and on one Saturday morning each month. This benefited working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits including assessment of nutritional needs and risk of falls were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. There were disabled facilities and a hearing loop.
- Staff told us they wanted to improve access to appointments. The CQC comments cards demonstrated seven patients referred to problems accessing the practice by telephone and the delay in seeing a GP of choice. All patients reported good access to urgent appointments. The skill mix of staff had been reviewed with an advanced nurse practitioner (ANP) and a pharmacist (both able to prescribe medicine) added to the team. The ANP saw "on the day" patients which increased access to routine appointments with the preferred GP. Consideration was being given to having a third clinic session each day and introducing clinics of shorter duration with longer appointment times so that patients would benefit from contact with a less pressured GP.
- The practice served several nursing homes including a unit for the elderly mentally ill predominantly looking after patients living with dementia. One GP took the lead

on providing medical and health care for older people and as part of this did weekly "ward" rounds of care homes and those considered vulnerable older people who lived at home.

Access to the service

The practice was open between 8:00am and 6pm Monday to Friday. Appointments were available from 8.30am to 11.30am and 3pm to 6pm Monday to Friday. There were extended hours services 7.30 to 8am Monday and Wednesday and on one Saturday morning each month. In addition there were pre-bookable appointments that could be booked up to four weeks in advance and urgent appointments were 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 better than national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 82% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice was ambitious to continue to make improvements to access. The phone system was being upgraded to allow queuing and there were three receptionists manning telephones from 7.30-9am. The practice was open earlier to allow more face to face booking. Online booking was available and was being actively promoted. The number of consultations available for consultation with the ANP had increased and the amount of surgery times for appointments with GPs had been lengthened. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

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

Are services responsive to people's needs?

(for example, to feedback?)

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system within the patient information leaflet including posters on display.

We looked at eight written and verbal complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints discussed comprehensively at staff meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas. A practice reference group made up of clinicians, administrative and reception staff had developed a set of practice values which included compassion, optimism and equality.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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. Staff had lead roles such as GP leads for safeguarding, end of life care, QOF, education and training. There was also an ANP lead for acute medicine, the pharmacist led on hypertension and asthma and there were practice nurse leads for respiratory disease and diabetes.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and discussed at partners meetings.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. Following the many changes to the team a staff survey had been undertaken to identify levels of stress and the results of this were under discussion.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. There was a weekly clinical meeting, a daily meeting regarding immediate and ongoing action required, the partners had a monthly business meeting and the nursing team met every two months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- The practice took part in improvement programmes such as the GP Improvement plan to raise effectiveness and ACE, a local provider group developing new initiatives and sharing learning.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had a small number of members, and these had been

Are services well-led?

Good 

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

consulted by email about the result of patient surveys. They had also been involved in discussions with the practice manager about telephone access and staffing. PPG members were aware that their contribution could be strengthened in terms of wider representation of the community and more regular meetings so that the patient voice could be heard.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. An away day had been held in early 2016 to consider appointments and access issues and this event had led to the changes in skill mix and proposals for the telephone system. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in improving how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area such as the ACE provider group on which GPs and the practice manager sat as executive board members.
- The practice was part of Our Health Partnership (OHP), a super partnership of 40 practices who were sharing resources such as payroll and delivering a locum service using their own GPs. OHP intended to register as one provider in the future to develop clinical services for the patients in their area.
- Practice staff were active in working through modules on the GP Improvement Programme such as reorganising office space for increased effectiveness and ensuring the NICE guidelines are fully integrated into practice procedures.
- Staff engaged with the CCG medicines management team to monitor and improve prescribing and representatives attended CCG meetings to discuss local needs and improvements.