

# Griffins Brook Medical Centre

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Griffins Brook Medical Centre (BG Health) and the branch practice, Bunbury Road Surgery on 9 January 2017. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded. Significant events were investigated, acted on when necessary and learning shared with staff.
- Risks to patients were assessed and well managed. There were safe systems for prescribing medicines.
- Staffing levels were monitored to ensure they reflected patients' needs. Effective staff recruitment procedures ensured that only suitable staff were employed.
- The practice worked closely with other health and social care organisations and with the local community in planning how services were provided

to ensure that they met patients' needs. For example, clinical staff had identified patients who were frail and their needs discussed with other participating health professionals to assess and plan on-going care and treatment.

- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and any further training had been identified and planned.
- Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. They said they were satisfied with standards of care they received.
- The latest data published showed that patient satisfaction in respect of access to the service and the standard of care were rated above the local and national averages. Patients said they found it easy to make appointments and there was continuity of care, with urgent appointments available the same day.
- Information about how to make a complaint was readily available and easy to understand. Complaints were dealt with in a timely appropriate way.

# Summary of findings

- There was a clear leadership structure and staff told us they felt well supported by senior staff. Management sought feedback from patients and staff, which it acted on. The governance system monitored the quality of care and the overall

performance across the practice. There was a written business plan that was regularly updated and took into account changes and developments such as, as increase in registered 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 for reporting and recording significant events. Staff knew of the incident reporting system and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- Risks to patients were assessed, reviewed and well managed.
- There was an infection control protocol and infection control audits were regularly undertaken to prevent unnecessary infections.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines. These guidelines were used routinely when delivering patient care and treatment.
- Patient's needs were assessed and care was planned, delivered and appropriately recorded in line with current legislation.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Clinical audits demonstrated that quality improvements were implemented.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Further training to develop staff skills and knowledge was encouraged.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- The latest data from the national GP patient survey showed that patients rated the practice higher than others for almost all aspects of care.
- All patients we spoke with told us they were satisfied with their care and some described the standard of care as high.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- Information for patients about the services available was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice participated in the ambulance triage scheme in which the GPs provided advice to paramedics and considered the best option for individual patients. This sometimes meant that patients were supported in primary care as an alternative to unnecessary attendance to accident and emergency departments.
- Patients said they found it easy to get through to the practice by telephone and to make an appointment. Requests for urgent appointments were accommodated.
- The practice provided enhanced services. For example, clinical staff had systems in place to identify and assess patients who were at high risk of admission to hospital.
- 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.

Good



## Are services well-led?

The practice is rated as good for providing well-led services.

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to the vision.
- There was a clear leadership structure and a strong focus on openness and transparency between staff. Staff told us they felt supported by management.
- The practice had a range 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 practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active in working with staff in making improvements.

# 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 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. Patients with enhanced needs had priority access to appointments.
- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- The care of older people was managed in a holistic way. Regular multidisciplinary meetings were held that promoted the provision of seamless and up to date care.
- The practice was responsive to the needs of older people, and offered home visits including health checks and vaccinations.
- Practice staff worked with other agencies and health providers to provide patient support. For example, Age UK.

### People with long term conditions

The practice is rated 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.
- Data for 2015-2016 showed the percentage of patients with chronic obstructive pulmonary disease (COPD) who had received a review was 100%, comparable with the CCG average of 77% and the national average of 96%. The practice exception rating was 14%, compared with the CCG average of 13% and the national average of 12%. The practice exception rating was higher than average because some patients had refused the spirometry (breathing) test.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan in place and they were regularly reviewed.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Childhood vaccinations were above or in line with local and national averages.
- Alerts were put onto the patient's electronic record when safeguarding concerns were raised.
- There was regular liaison and meetings with the health visitor to review those children who were considered to be at risk of harm.
- All children up to the age of 12 years were triaged and if necessary seen the same day.
- Patients and their children told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Pre-bookable appointments were available outside of school hours. Griffins Brook Medical Centre held a GP clinical session from 9am until 11.30am every Saturday. Bunbury Road Surgery offered appointments from 6.30pm until 7.30pm every Monday when patients could be seen by a GP or a practice nurse.

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

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

Good



- Extended opening hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment.
- Online services were available for booking appointments and ordering repeat prescriptions.
- The practice encouraged and provided a full range of health promotion and screening that reflects the needs for this age group.
- Clinical staff provided smoking cessation advice and made referrals to clinics. External professionals held weekly substance misuse clinics at both sites with a GP in attendance.

## 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





# Summary of findings

- 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.
- There was a process to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children based at each site.
- The practice had identified 2% of their patients as carers and maintained a register. Clinical staff offered them guidance, signposted them to support groups and offered them the influenza vaccination each year.

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

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

- Patients who experienced poor mental health were offered an annual physical health check.
- There was a lead GP for patients who experienced poor mental health.
- Data for 2015-2016 showed that 100% (both sites) of patients who experienced poor mental health had agreed care plans in place;
- The practice had told patients experiencing poor mental health about how to access various support groups and organisations such as, Birmingham Healthy Minds.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had received training in this field.

Good



# Summary of findings

## What people who use the service say

The latest National GP Patient Survey results published showed how the practice was performing above local and national averages. Although the two practices had merged NHS data were not amalgamated.

For Griffins Brook Medical Centre a total of 300 surveys had been distributed and there had been 101 responses, this equated to a 34% response rate and 2% of the practice total population.

For Bunbury Road Surgery (branch surgery) a total of 241 surveys had been distributed and there had been 104 responses, this equated to a 43% response rate and 3% of the practice total population.

Data for Griffins Brook Medical Centre (GBMC) and Bunbury Road Surgery (BRS) showed the practices were in line or above local and national averages:

- 97% of GBMC and 71% of BRS patients said they found it easy to get through to this surgery by telephone compared with the CCG average of 60% and the national average of 73%.
- 95% of GBMC patients and 90% of BRS patients said they found the receptionists at this surgery helpful compared with the CCG average of 84% and the national average of 87%.

- 94% of GBMC patients and 93% of BRS patients said the last appointment they got was convenient compared with the CCG average of 91% and the national average of 92%.
- 62% of GBMC patients and 64% of BRS patients felt they did not normally have to wait too long to be seen compared with the CCG average of 53% and the national average of 58%.
- 87% of GBMC patients and 88% of BRS patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

We spoke with seven patients from both sites who described their care as good or excellent.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards (both sites) all were positive about the standard of care they received.

We also spoke with five members of the Patient Participation Group (PPG) who were also registered patients. A PPG is a group of patients registered with a practice who work with the practice via email to improve services and the quality of care. They told us they were very satisfied with the care they received.

# Griffins Brook Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, specialist advisor a second CQC inspector.

## Background to Griffins Brook Medical Centre

Griffins Brook Medical Centre (BG Health) is located in Bournville, a suburb of Birmingham. The practice holds a General Medical Services (GMS) contract, this is a nationally agreed contract commissioned by NHS England. There are 7,700 registered patients. The practice has a branch surgery; Bunbury Road Surgery, 108 Bunbury Road, Birmingham, B31 2DN. Telephone 0121 4751050.

The number of older patients registered with the practice was steadily increasing due to the nearby Bournville Extra Care scheme. An 80 bedded care home was due to be completed and the plan is for the practice to take on responsibility for the care of those patients.

The practice is managed by five GP partners (one male, four female). There is one nurse prescriber who assesses patients with minor illnesses and two practice nurses who carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening and contraceptive services. There are two healthcare assistants (HCAs) who carry out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations. There is a practice manager who is supported by a senior receptionist and nine receptionists who also carry out administration duties.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, joint injections and vaccinations.

Weekly clinics are held at both practices for substance misuse by external professionals. These clinics are supported by a GP from the practice.

Patients can telephone the main practice or the branch practice to make an appointment. There are arrangements for the installation of a new joint telephone system so that patients will only need to dial one number.

Both sites have dedicated parking areas for patients including patients with a disability. Both have step free and are suitable for access by wheelchair users. There is a toilet that is adapted for use by people who have restricted mobility. Each site has a total of five clinical rooms.

The practice is a designated training practice for trainee GPs. These are qualified doctors who are learning the role of a GP.

Both practice sites are open from 8.30am until 6.30pm every weekday and telephone lines are open at 8am. Griffins Brook Medical Centre Closes at 12.30pm every Wednesday and Bunbury Road Surgery closes at 12.30pm every Thursday. We visited both sites during our inspection.

Appointments times at Griffins Brook Medical Centre are:

- From 9am until 11.30am and patients who need an urgent appointment, telephone calls and triaging and if necessary appointments are offered.
- From 3pm until 5.30pm.
- Extended hours are by appointment from 9am until 11.30am every Saturday.

Appointments times at Bunbury Road Surgery are:

# Detailed findings

- From 9am until 11.30am and patients who need an urgent appointment, telephone calls and triaging and if necessary appointments are offered.
- From 3.30pm until 5.50pm.
- Extended opening hours are by appointment from 6.30pm until 7.30pm every Monday when patients can be seen by a GP or a practice nurse.

Requests for home visits may be contacted by telephone to enable GPs to prioritise which patients should be visited first.

The practice has opted out of providing GP services to patients out of hours. When the practice is closed, there is a recorded message providing details of the out of hours' provider, Primecare. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information was also on the practice website.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

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

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 9 January 2017. During our inspection we spoke with a range of staff including four GP partners, the nurse prescriber and a healthcare assistant (HCA). We also spoke with the practice manager, the senior receptionist, and three receptionists/administrators. We spoke with seven patients and five Patient Participation Group (PPG) members who were also registered patients. We observed how people were talked with and reviewed relevant records. We received 27 comment cards where patients shared their views and experiences of the service.

# 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, 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.

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, an issue concerning a high risk medicine had been noted. The issue had been discussed during a practice meeting and changes made to the way that letters received from the hospital were dealt with. The practice had recorded and investigated 15 significant events during the last 12 months. Significant events were a routine agenda item during clinical meetings and reviewed in order to identify trends.

### Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management. This included:

- Arrangements for safeguarding adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of
- staff for safeguarding at each site and all GPs had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw documentation which confirmed that appropriate action had been taken.
- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Clinical and non-clinical staff were permitted to act as chaperones when they had received training. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse at both sites were the infection control leads and they were supported by the practice manager. They liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection control protocol for staff to follow. An infection control audit was carried out annually and we saw reports for Griffins Brook Medical Centre and two for Bunbury Road Surgery for the last 12 months. Where actions were identified they had been addressed. Patients informed us that clinical staff washed their hands and wore personal protective equipment (PPE) prior to commencing some procedures.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patients who received high risk medicines were monitored at recommended intervals by blood test

## Are services safe?

results and had health reviews to check that the medicine dosage remained appropriate. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice also had Patient Specific Directives (PSDs) that permitted health care assistants (HCAs) to administer medicines by injection and vaccinations.

- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- A clinical pharmacist worked at the practice (both sites) once every two weeks. They carried out a range of audits, gave GPs guidance to promote appropriate prescribing and reviews of patients who were receiving repeat medicines.
- We reviewed three personnel files including the most recent staff member employed and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

### 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. 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).

- There were arrangements 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. Staff had commenced working across both sites to provide cover. Locum GPs were used to cover GP partners when they were on leave. We were shown a list of locum GPs who regularly worked at the practices to promote continuity of patient care.

### Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked at both sites were in date and stored securely. There were appropriate emergency medicines available to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises of both sites and oxygen with adult and children's masks.
- 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. A copy of this was kept off site for eventualities such as; loss of computer and essential utilities.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Staff 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.

- There were systems 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. Clinical staff regularly checked NICE guidelines for when they were updated.
- 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

- Patients who had an unplanned hospital admission were reviewed within three days of discharge and where necessary care plans put in place to reduce the risk of re-admission.
- Weekly clinics were held at both sites for substance misuse by external professionals. These were supported by lead a GP from the practice.
- Patients who experienced poor mental health could be referred to Birmingham Healthy Minds (BHM). This is an NHS primary care service where patients are given advice, information and psychological therapies. Patients could also self-refer to this service.
- Clinical staff had identified the most frail patients and these were discussed during multidisciplinary meetings.
- The practice had developed a personalised care plan for patients who had asthma and also assessment templates for patients receiving palliative (end of life) care and treatment for substance misuse.

GPs participated in the local Ambulance Triage Scheme. This involved paramedics contacting the practice for advice when they were called to a patient's home and had assessed that the patient did not require unnecessary admission to hospital. During approximately nine months

GPs had taken nine telephone enquiries from ambulance staff. As a result nine patients who might have gone to A&E were treated in their own home/were not admitted unnecessarily

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 for Griffins Brook Medical Centre (GBMC) were 100% of the total number of points available and 99% for Bunbury Road Surgery (BRS). The overall exception rating for 2015-2016 was 12% for Griffins Brook Medical Centre and 11% for Bunbury Road Surgery; these were comparable with 10% for both the CCG and national averages. (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).

Although the two practices had merged the NHS QOF data had not been amalgamated. Other clinical results were:

- The review rate for atrial fibrillation (irregular heart beat) was 100% (both sites) which were comparable with the CCG average of 97% and the national average of 97%. The practice exception reporting rate was 8% for GBMC and was 5% for BRS compared with 5% for the CCG and 5% nationally.
- The review rate for patients who experienced poor mental health who had agreed care plans was 93% for GBMC and 97% for BRS, which was comparable with the CCG average of 89% and the national average of 89%. The practice exception reporting rate was 10% for GBMC and was 2% and for BRS compared with 10% for the CCG and 13% nationally.
- Performance for dementia patients who had a face to face and an agreed care plan was 90% for GBMC and 92% for BRS, which was comparable with the CCG average of 84% and the national average of 84%. The practice exception reporting rate was 6% for GBMC and was 5% for BRS compared with 7% for the CCG and 7% nationally.
- The review rate of patients with hypertension was 88% for GRMC and 83% for BRS, which was comparable with

# Are services effective?

## (for example, treatment is effective)

the CCG average of 83% and the national average of 83%. The practice exception reporting rate was 5% for GBMC and was 3% for BRS compared with 4% for the CCG and 4% nationally.

- The percentage of patients with diabetes who had received a review was 83% for GBMC and 83% for BRS, which was comparable with the CCG average of 76% and the national average of 77%. The practice exception reporting rate was 9% for GBMC and was 8% for BRS compared with 9% for the CCG and 9% nationally.

There was evidence of quality improvement including clinical audits. The practice had carried out 12 clinical audits within the last 12 months. They included:

- An audit dated 2015-2016 regarding prescribing of a specific range of medicines. The audit had been repeated in June 2016 and this demonstrated that effective changes had been made to patient care.
- An audit relating to the number of hospital admissions and as a result of the findings monitoring systems that had been implemented. Statistics showed that between November 2015 and October 2016 the hospital admission rate for the practice was below the average compared with other local practices.
- On-going audits regarding GP prescribing were carried out by the visiting pharmacist and changes were recommended where necessary. For example, prescribing of antibiotics.

### 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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a dedicated induction programme for locum GPs and trainee GPs.
- 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 staff had completed relevant training. The health care assistant (HCA) we spoke with said they had recently completed a refresher course in basic dressings.
- The learning needs of staff were identified through a system of 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 on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation. There was support for revalidating GPs and nurses. Staff told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had introduced weekly training sessions and all clinical staff were invited to attend.

### 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, investigations and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services and sharing of test results.
- Patients who had complex needs had care plans and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that these patients were discussed during the multi-disciplinary team meetings.
- Letters received from external health professionals were dealt with on the day of arrival. Non-clinical staff were informed of when a clinician was not available and directed letters to another GP.
- There were systems in place to ensure test results were received for all samples sent for analysis and the practice followed up patients who were referred as a result of abnormal results.

### Consent to care and treatment

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



# Are services effective?

## (for example, treatment is effective)

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. 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.
  - GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
    - Written consent was obtained before each minor surgery procedure commenced. 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. Patients were signposted to the relevant service.
  - The uptake for the cervical screening programme (2015-2016) was 92% for Griffins Brook Medical Centre (GBMC) and 71% for Bunbury Road Surgery (BRS), compared with the CCG average of 79% and the national average of 82%.
  - Patients who had not attended their reviews were contacted and given the opportunity to make another appointment.
  - The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:
  - Data showed us that 68% of GBMC and 75% of BRS eligible female patients had attended for breast screening during a 36 month period, compared with the CCG average of 69% and the national average of 73%.
  - 59% of GBMC eligible patients had undergone bowel screening in the last 30 month period and 54% for BRS, compared with the CCG average of 50% and the national average of 58%.
  - The childhood immunisation results for both sites for children aged 2 and five years during the last 12 months were 90% which met the target set by the CCG.
  - NHS health checks for patients aged between 40 and 70 years were encouraged. Since April 2017 84 had been carried out across both sites. We were informed by clinical staff that efforts were made to increase the number of patients who attended for health checks.
  - Newly registered patients received health checks. Their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed. 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 throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff explained how they responded when patients wanted to discuss sensitive issues or appeared distressed, patients were offered a private room to discuss their needs.
- The five patients we spoke with who were members of the Patient Participation Group (PPG) were complimentary about the way in which all staff communicated with them.
- All of the 27 patient comment cards we received were positive about the service they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.
- The seven patients we spoke with described their care as good or excellent.

Results from the latest national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with CCG and national averages for its satisfaction scores on consultations with GPs and nurses.

Griffins Brook Medical Centre (GBMC) and Bunbury Road Surgery (BRS):

- 89% of GBMC patients and 90% of BRS patients said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 89% of GBMC patients and 88% of BRS patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 96% of GBMC patients and 95% of BRS patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 89% of GBMC patients and 86% of BRS patients said the last GP they saw or spoke with was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 95% of GBMC patients and 90% of BRS patients said they found the receptionists 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 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 saw that care plans were personalised.

Results from the latest 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 local and national averages.

Griffins Brook Medical Centre (GBMC) and Bunbury Road Surgery (BRS):

- 88% of GBMC patients and 89% of BRS patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 84% of GBMC patients and 87% of BRS patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.
- 93% of GBMC patients and 80% of BRS patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- We saw a range of health promotion advice and information leaflets about long-term conditions in the waiting area that provided patients with details of support services.

### **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.

Following a bereavement a GP contacted the family/carers and offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 187 carers on the register which equated to 2% of registered patients. There was a notice board and the practice leaflet asked patients to identify themselves if they were carers. Clinical staff signposted carers to various support groups and offered them annual influenza vaccinations. There was a named volunteer from the carers hub attached to the practice who could be contacted for advice.

# 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.

- Providing they were urgent; all patients who requested same day appointments were seen on the same day.
- There were longer appointments available for people with a learning disability and patients with other long-term or complex conditions.
- There were extended opening hours available to improve patient access.
- Home visits requests were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored and reviewed following discharge.
- Practice nurses had received specialist training and saw patients with a range of conditions such as; wound care, diabetes and asthma.
- Practice nurses and health care assistants made home visits and carried out health checks, reviews of long-term conditions and administered vaccinations.
- The emergency ambulance triage scheme prevented unnecessary attendances at the Accident and Emergency department of the local hospital.
- A GP provided shared care to the weekly substance misuse clinic that was hosted weekly at each practice site.

### Access to the service

Both practices opened from 8.30am until 6.30pm every weekday and telephone lines were open at 8am. Griffins Brook Medical Centre closed at 12.30pm every Wednesday and Bunbury Road Surgery closed at 12.30pm every Thursday.

Appointments times at Griffins Brook Medical Centre were:

- From 9am until 11.30am and patients who needed an urgent appointment, telephone calls and triaging and if necessary appointments were offered.
- From 3pm until 5.30pm.
- Extended hours were by appointment from 9am until 11.30am every Saturday.

Appointments times at Bunbury Road Surgery were:

- From 9am until 11.30am and patients who needed an urgent appointment, telephone calls and triaging and if necessary appointments were offered.
- From 3.30pm until 5.50pm.
- Extended hours were by appointment from 6.30pm until 7.30pm when patients could be seen by a GP or a practice nurse.

Latest results from the national GP patient survey showed the level of patients' satisfaction with how they could access care and treatment were above the CCG and national averages.

Griffins Brook Medical Centre (GBMC) and Bunbury Road Surgery (BRS):

- 93% of GBMC patients and 91% of BRS patients said they were able to get an appointment to see or speak with someone last time they tried compared to the CCG average of 81% and the national average of 85%.
- 88% of GBMC patients and 81% of BRS patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 86% of GBMC patients and 83% of BRS patients reported they were satisfied with the opening hours compared to the CCG average of 74% and national average of 76%.

All seven patients we spoke with on the day of the inspection that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

- The complaints policy was in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- There was a 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. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area. Complaint forms were available in the waiting areas for patients to help themselves.
- There had been 17 formal complaints received during 2016. We saw that complaints had been dealt with in an

effective and timely way with openness and transparency. Complaints were discussed with staff to enable them to reflect upon them and consider any actions that had been taken to reduce the likelihood of future incidents. For example, additional training was provided for scanning documents received at the practice. Complaints had been reviewed by senior staff for the purpose of identifying trends or whether further action was needed.

# 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 GP partners had a vision to deliver quality care and promote positive outcomes for patients. The practice had a written business plan covering the future changes and developments at the practices and it was periodically updated. It took into account:

- Methods of fully integrating the two practice sites.
- The needs of the gradual increase of older patients who were registered at the practice and how their care would be delivered.
- How the care needs of patients would be provided for when the 80 bedded care home opened.
- The successful bid to move the practice into new purpose built premises and how that how that could be managed.

### 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 staff were aware of their own roles and responsibilities.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Staff worked as a team and supported each other in achieving appropriate patient care.
- There were clear methods of communication that involved the whole staff team and other healthcare professionals. Best practice guidelines and other information were disseminated to other staff to improve patient outcomes.
- All staff attended quarterly practice meetings to discuss operational issues, patient care and how to further develop the practice.
- Registrars were monitored after each clinical session and worked jointly once a week with a GP. They were invited to attend clinical meetings and weekly training sessions.

- Practice specific policies were implemented and were available to all staff.

### 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.

The provider was aware of and had systems 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 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 to help ensure that when things went wrong with care and treatment:

- Practice staff gave affected people reasonable support, truthful information and a verbal and written apology.
- Staff 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 prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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.

# Are services well-led?

Good 

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

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

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

- Practice staff had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. Joint meetings had been arranged for the PPGs from both sites. The PPG submitted proposals for improvements to the practice management team. For example, one PPG member possessed relevant experience in provision of advice about benefit funding. They provided one half day session every two weeks and saw patients who were referred by GPs. Feedback from patients about this service was positive.

- The practice had gathered feedback from staff during one to one discussions, through staff away days and generally from staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team were considering ways of maximising the knowledge and skills that clinical staff from each practice site possessed.