

# Greenridge Healthcare Ltd

## Quality Report

58 – 64 Poplar Road

Birmingham

B14 7AG

Tel: 0121 465 8314

Website: [www.poplarprimarycarecentre.co.uk](http://www.poplarprimarycarecentre.co.uk)

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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 Greenridge Healthcare Ltd (also known as Poplar Primary Care Centre) on 11 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff knew how to and understood the need to raise concerns and report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and acted upon and risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had 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.
- Patients said they found it easy to make an appointment with a named GP and that 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 practice premises were acknowledged as a challenge to providing privacy in the reception area, but the staff were aware of this and acted accordingly.
- The practice held regular clinical meetings, but meetings with all the staff were not organised.

However, there were areas of practice where the provider should make improvements.

# Summary of findings

- Consider how staff are kept informed and up to date with necessary information in the absence of team meetings for non- clinical staff.
- Review how training is managed and updates monitored in the absence of up to date training records.

**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. There was an effective system in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to raise concerns, and were encouraged to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Patients 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 keep patients safe and safeguarded from abuse and risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance and clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment and there was evidence of appraisals and personal development plans for all staff, however we did find training records were not up to date. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs and ensure care plans were in place and regularly reviewed for patients with complex needs. There was evidence that audit was driving improvement in performance to improve patient outcomes.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the national GP patient survey in January 2016 showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Patients we spoke with told us they were satisfied with their care and the comment cards patients had completed prior to our inspection provided positive opinions about staff, their approach and the care provided to them. Information for patients about the services available was easy to understand and accessible and we saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice also reviewed its own services and identified a shortage of appointments on a Wednesday morning and increased the amount of GPs available to improve service for patients. 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. 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.

Good



## 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 were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity 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 knowing about 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 patient participation group was active. There was a strong focus on continuous learning and improvement at all levels and staff told us they were encouraged to do training and there was evidence of staff doing courses to improve their skills for example, receptionists training as phlebotomists.

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. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia, avoidance of unplanned admissions and end of life care. The practice was responsive to the needs of older people, and offered home visits and telephone consultations as required and on the day appointments for those with enhanced needs. Care and treatment of older people reflected current evidence-based practice

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed and all these patients had a named GP and a structured annual review to check their health and medicines needs were being met. The practice maintained registers of patients with long term conditions and all of these patients were offered a review to check that their health and medication needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### 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. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available after school hours and on Saturday mornings, the premises were suitable for children and babies and we saw positive examples of joint working with midwives, health visitors and school nurses.

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). The needs of the working age population, those recently retired and students had been identified. The practice told us they offered extended opening hours with pre bookable appointments. The practice opened on a Saturday morning, minor surgery appointments were also available

Good



# Summary of findings

at this time, although completed at another location. The practice was proactive in offering online services, with patients being able to order repeat prescriptions, book and cancel appointments. NHS health checks were available for patients aged between 40 and 74 years.

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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances and offered longer appointments for patients with a learning disability and had 26 patients on the learning disabilities register. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children and 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. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

**Good**



## **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). 78.6% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. The practice carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and had 73 patients recorded on the practice mental health register. Staff had a good understanding of how to support patients with mental health needs and dementia and one of the GPs had implemented a self-referral information sheet for counselling, which had all the appropriate information the patient would require for example their NHS number. In addition included were contact details for other support groups and services.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 408 survey forms were distributed and 105 were returned. This represented a 26% return rate.

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 90% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 80% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Two people also commented that obtaining appointments could be difficult.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. The patients spoken with told us that they felt fully informed and involved in the decisions about their care and treatment. They 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.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Consider how staff are kept informed and up to date with necessary information in the absence of team meetings for non- clinical staff.
- Review how training is managed and updates monitored in the absence of up to date training records.



# Greenridge Healthcare Ltd

## 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 CQC inspector manager and a practice nurse specialist advisor.

## Background to Greenridge Healthcare Ltd

Greenridge Healthcare Ltd (also known as Poplar Primary Care Centre) is a member of Birmingham Cross City Clinical Commissioning Group (CCG) and provides primary medical services to approximately 4600 patients. The practice is part of a group practice with two sites within the Birmingham area.

There are 5 GPs, 2 male and 3 female and 4 salaried GPs, 1 male and 3 female. The GPs work across both practices within their group. The practice employs a practice pharmacist, one practice nurse and a healthcare assistant. There is a manager for Greenridge Healthcare and a practice manager based at Poplar Primary Care Centre. They are supported by a team of administrative/ reception staff.

The practice has an Alternative Primary Medical Services contract (APMS) with NHS England. APMS contract ensures practices provide essential services for people who are sick as well as having the facility to contract with other organisations to meet the local needs of the population.

The practice is open between 8am and 8pm on Mondays, and 8am to 6.30pm Tuesdays to Fridays. The practice opens at 7.30am till 10.30am on Saturdays. Appointments

are from 8.30am to 11.30am and 3pm to 6.30pm Monday to Friday with the exception of Mondays when appointments were available until 8pm. Appointments were available from 7.30am until 10.30am on Saturdays.

The practice has a website which allows patients to book online appointments and order repeat prescriptions. Details of surgery opening hours and out of hours arrangements are included. The website can be translated into other languages.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. When the practice is closed during out of hours patients can access general medical advice by contacting NHS 111

We reviewed the most recent data available to us from Public Health England which showed that the practice has a higher than average practice population of patients under the age of five in comparison to other practices nationally and a higher percentage of patients over the age between 25 and 40 years.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

# Detailed findings

## 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 11 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, practice nurse, practice manager and reception staff. We also 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 practice carried out a thorough analysis of the significant events and shared learning with the practice team.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The practice had recorded seven significant events in the past 12 months. We saw evidence of learning from significant events and incidents.

There was a system for the management of patient safety alerts which were coordinated by the practice pharmacist who ensure that appropriate action took place.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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 every three months to discuss any issues or concerns and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has

a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). This was not advertised in the waiting room to advise patients this service was available.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead and had received training appropriate to the role. The practice nurse liaised with the local infection prevention teams to keep up to date with best practice. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result also the practice carried out internal audits, the last one had been completed in March 2015.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams and the practice had also recruited their own pharmacist, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references where required, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Are services safe?

- There were failsafe systems in place to ensure results were 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.

### 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. We saw evidence that a health, safety, security and fire inspection had been completed in October 2015 with an action plan. The practice rented their part of the building; the landlord was responsible for a number of the risk assessments and ongoing work. For example, from a fire risk assessment carried out in May 2013 an urgent priority was identified to have the fire alarm tested weekly. This action had been completed and weekly testing was recorded. The practice had up to date fire risk assessments and carried out regular fire drills and all staff were aware of where the emergency exits were and the meeting point if there was an evacuation of the building. We saw evidence of a fire safety and evacuation drill dated October 2015. 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 that enough staff were on duty. Staff worked additional hours to cover holidays and sickness.

### 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. There was an emergency medicines pack for use during home visits. There was a system in place to ensure sufficient quantities were always available. All the medicines we checked were in date and fit for use.
- 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 GPs and nursing staff routinely referred to guidelines from the National Institute for Health and Care Excellence (NICE) when assessing patients' needs and treatments. Protocols were held in an electronic folder and were readily available for clinical staff to access. The practice monitored that these guidelines were followed through weekly clinical meetings and peer support. The practice used a system of coding and alerts within the clinical record system to ensure that patients with specific needs were highlighted to staff on opening the clinical record. For example, patients on the 'at risk' register, learning disabilities and palliative care register. The practice took part in the avoiding unplanned admissions scheme. Care plans had been developed for these patients and were reviewed annually or on change, for example changes to medication.

### 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 93.6% of the total number of points available, with 8.6% exception reporting. (Exception reporting is the removal of patients who do not attend for review or where medication cannot be prescribed due to a contra-indication or side effect. 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. Data from 2014/2015 showed;

- Performance for diabetes related indicators was 90.7% which was similar to the CCG average of 89.3% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% (exception rate was 3.2%), which was similar to the CCG average of 97.5% and national average of 97.8%.
- Performance for mental health related indicators was 88.5% which was below the CCG average of 91.4% and national average 92.8%

The practice pharmacist had a system in place to proactively review and monitor patients prescribed high risk medicines, for example ensuring required blood tests are completed.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We saw examples of clinical audits where the practice was able to demonstrate improved outcomes to patients for example in relation to antibiotic prescribing and asthma. Both of these examples were full audit cycles. We reviewed three clinical audits carried out during the last two years, one of which was a completed audit looking at intranasal steroid prescribing where the improvements made were implemented and monitored. The completed audit related to avoiding chronic use of intranasal steroids prescribed and the first cycle identified nine patients had been prescribed within practice and not secondary care. After review one patient had the medication stopped as they did not require it any longer and the other eight patients were switched to another product.

The practice offered support and undertakes half day review visits weekly to a number of care homes. For example, younger adults care home which provides care for younger adults who have a wide range of conditions including severe disabilities and acquired brain injuries.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.

# Are services effective?

## (for example, treatment is effective)

- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. We noted that for one staff member a clinical update had not been completed, this had not been identified by the practice as it did not have up to date training records in place. All staff had had an appraisal within the last 12 months and staff were encouraged to learn. For example two of the receptionists are starting a phlebotomy course in February 2016.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Patient information posters and leaflets were also available in the waiting area.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The patient information system worked across the two locations run by the GPs at the practice. This allowed patients to be seen at either site if it was necessary.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place every three months and that care plans were routinely reviewed and updated. Any issues identified as being urgent would be discussed at the weekly clinical meeting and appropriate

agencies would attend. We saw minutes of meetings that had been held and in order to share and cascade information and learning between each practice site, one GP from each practice attended both meetings.

### 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. All clinical staff had the appropriate understanding of the competency frameworks, for example Gillick competencies. Gillick competence is used to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.
- 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. Each consulting room displayed guidance on mental capacity assessments.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation for example a dietician was available on the premises and smoking cessation advice was available from a local support group
- The practice's uptake for the cervical screening programme was 81.76%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.



## Are services effective?

(for example, treatment is effective)

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 88.2% to 95.3% and five year olds from 90% to 95.7%.

Flu vaccination rates for the over 65s were 70.12%, and at risk groups 53.99%. These were also comparable to CCG national averages of 73.24% and 49.03%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people 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.

All of the 16 patient Care Quality Commission comment cards we received were 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.

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

Results from the national GP patient survey in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was in line with both the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening this; was in line to the CCG average of 88% and national average of 89%.
- 83% said the GP gave them enough time (CCG average 86%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 84%, national average 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.

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 local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Staff told us that a number of staff were bilingual; translation services were also available for patients who did not have English as a first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. There was a policy to support the identification of carers. The practice's computer system alerted GPs if a patient was also a carer and posters in the waiting area advised patients to inform the practice if they were a carer. Written information was available to direct carers to the various avenues of support available to them and Birmingham Carers Hub ran a clinic in a nearby practice which patients could access either by contacting them directly or via referral from the GP. The practice had 30 patients on the carers register, 0.65% and offered priority appointments if they were required and influenza vaccinations..

Staff told us that if families had suffered bereavement, there was no set procedure within the practice to contact the families or offer support, this was dealt with by each doctor individually, but the practice did offer a counselling service.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The local commissioning group looked at the needs of the local population and with the support of GP practices set up Aspiring to Clinical Excellence ACE to identify patients' needs and review outcomes to improve patient care, for example frail and elderly needs, patients with prediabetes indicators. The Practice Manager and one of the GPs were on the ACE project team.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available. There was no hearing loop, but since the inspection the practice rectified this.
- Due to demand on a Wednesday morning, the practice has increased the amount of doctors to accommodate this.

### Access to the service

The practice was open between 8am and 8pm on Mondays, and 8am to 6.30pm Tuesdays to Fridays. The practice opened at 7.30am till 10.30am on Saturdays. Appointments were from 8.30am to 11.30am and 3pm to 6.30pm Monday to Friday with the exception of Mondays when appointments were available until 8pm. Appointments were available from 7.30am until 10.30am on Saturdays. Details of the practice opening times were included in the practice leaflet.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice had a text messaging service in place to remind patients of appointment times.

Results from the national GP patient survey of January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours (CCG average 73%, national average of 75%).
- 85% of patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).

The practice scored less favourably in relation to seeing or speaking to the GP they preferred. 42% of patients said they always or almost always see or speak to the GP they prefer. This was lower than the CCG average of 56% and national average of 59%. However this had improved on the previous results in July 2015 when 27% patients had responded positively. During the practice presentation we were told how the practice had considered and responded to this score.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information to help patients understand the complaints system were included in the practice leaflet, however there was no information displayed in the waiting area.

We looked at 3 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and showed openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

At the start of the inspection the practice delivered a presentation which demonstrated a clear vision to deliver high quality care and promote good outcomes for patients. 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
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- Regular clinical meetings were held however full staff meetings were not routinely scheduled.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents and was able to demonstrate that safety alerts and incidents were recorded and actioned appropriately.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology; we saw an example of this.
- They 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 clinical team meetings. However there was no formal schedule for full team meetings which would include non-clinical staff.
- Staff told us there was an open culture and staff informed us and they had the opportunity to raise and felt confident in doing so and felt supported if they did.
- 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. Team work was evident and staff said they felt supported by the other practice in the group when it was necessary.

### 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. It had gathered feedback from patients through the patient participation group (PPG), NHS Friends and Family Test and complaints received. There was a Patient Participation Group (PPG) with a small membership. We met with two members of the group who told us that they met quarterly and that minutes were available. PPGs are a way for patients and GP practices to work together to improve the service and to promote and improve the quality of the care. The group were actively trying to recruit new members. Posters in the waiting area informed patients of when the next meeting was and invited them to join the group.

The practice had gathered feedback from staff through appraisals. 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

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involved and engaged to improve how the practice was run for example: two of the receptionists expressed an interest in phlebotomy (collecting blood from patients) and have been registered on the next course in February 2016.

The Practice Manager ran weekly sessions on a Friday morning for patients to come in and discuss concerns or other matters and these appointments were available to book on the practice appointment system by the reception staff.

## Continuous improvement

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

The practice team was forward thinking and part of the local scheme Aspiring to Clinical Excellence (ACE) foundation to improve outcomes for patients. The practice had also employed a pharmacist to review patients with long term conditions and medications and was supporting the GPs with effective prescribing and audits of medicines