

Eden Court Medical Practice

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?

Requires improvement 

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 Eden Court Medical Practice on 14 October 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 among partners towards reporting significant events which had been thoroughly investigated and where patients had received an apology. However, we identified a lack of evidence to demonstrate effective sharing of learning among all staff.
- Risks to patients were not consistently well managed, we found weaknesses in the management of risks relating the premises (including fire and legionella). However, the practice has since undertaken fire and legionella risk assessments. The practice was also unable to demonstrate that issues arising from recruitment checks had been appropriately risk assessed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The national GP patient survey showed the practice among the highest in the West Midlands for patient satisfaction. For example, 100% of patients said they had confidence and trust in the last GP they saw. The practice was rated first in the CCG and tenth in the West Midlands as a result of survey feedback.
- The practice received few complaints. However, at the time of inspection information about how to complain was not easily accessible to patients. The practice told us that they had acted on this following the inspection.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which was consistently positive.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review systems for the routine identification and management of risks relating to the practice, patient and staff safety

The areas where the provider should make improvement are:

- Review systems for reporting all significant events and incidents and ensuring that learning is shared with all staff.
- Establish effective systems for monitoring the use of prescription stationery.
- Introduce systems for the routine checking of the oxygen available for use in an emergency.
- Ensure issues identified from recruitment checks are appropriately risk assessed.

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 requires improvement for providing safe services.

Requires improvement



- The practice had systems for reporting and recording significant events. We saw some positive examples of thorough investigations and action taken to address incidents including an apology to patients.
- However, the practice did not have clear systems to ensure lessons learned were communicated widely to all staff groups to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe. For example we found weaknesses in the systems for managing risks relating to the premises (including fire and legionella) and repeat prescribing. The practice was also unable to demonstrate that issues arising from recruitment checks had been appropriately risk assessed.
- However, following the inspection the practice took immediate action to rectify issues raised and forwarded to us fire and legionella risk assessment and electrical safety checks for equipment used. The premises also appeared well maintained and had received a local award for the gardens.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- We saw examples of effective working to improve outcomes relating to children in which flu vaccinations were taken to a local nursery to increase uptake.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice significantly higher than others for many aspects of care. For example, 100% of patients said they had confidence and trust in the last GP they saw. The practice was rated first in the CCG and tenth in the West Midlands as a result of this feedback.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Results from the national patient survey showed 90% of patients said the last GP they saw was good at involving them in decisions about their care.
- Information for patients about the services available was easy to understand and accessible.
- Practice staff were able to issue social prescriptions.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. Results from the national GP patient survey showed that 95% of patients found the receptionists at the practice helpful.
- The practice was very supportive of the local community and worked with third sector providers in the provision of social support to patients. Practice staff also participated in charitable work which included various fund raising events for Cancer Research UK.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice participated in the CCG led Aspiring to Clinical Excellence scheme.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a range of services from the premises to support some of their most vulnerable patients. For example the practice hosted services and support from third sector organisations such as the Alzheimer's Society, Women's Aid and the Citizens Advice Bureau.

Summary of findings

- At the time of inspection information about how to complain was not readily available. The practice did not have any written complaints. However there was evidence of verbal complaints that had been responded to appropriately.

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.
- 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 service. While this included arrangements to monitor and improve quality it did not always adequately support the identification and management of risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- The practice sought feedback from staff and patients through a virtual patient group. Patients feedback was consistently positive about the service provided.
- There was a focus on continuous learning and improvement within the practice.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Those over 75 years had a named GP to co-ordinate their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was participating in the enhanced service for unplanned admissions. Where discharge notifications were received from hospital, clinical staff aimed to review the patients within 48 hours of discharge in order to review their care needs.
- The practice undertook twice weekly ward rounds of two local care homes as part of a local enhanced scheme. They received positive feedback in relation to the support provided.
- The practice was accessible to patients with mobility difficulties and had a hearing loop for those who were hard of hearing.
- Health checks were offered to patients over 75 years who had not received any other form of review within the previous 12 months.
- Social prescriptions were provided to patients who would benefit from additional support provided by local schemes and community groups.
- The practice held regular multidisciplinary team meetings to discuss the care of those with end of life care needs.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Both GPs and nurses had undertaken additional qualifications in the management of conditions such as diabetes and respiratory conditions. Rescue packs were provided to patients as appropriate with respiratory conditions to enable them to manage any worsening of their condition.

Summary of findings

- Performance for diabetes related indicators was 100% which was higher than the CCG average and national average of 89%. (Exception reporting for diabetes related indicators was 16% which was slightly higher than the CCG average of 10% and national average 11%).
- The practice staff worked alongside the specialist community teams in supporting patients with diabetes and heart failure.
- Newly diagnosed patients with diabetes were referred for structured education sessions.
- Patients with long term conditions had a named GP and were offered regular reviews to check their health and medicines needs were being met. For those patients with the most complex needs the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered some in-house diagnostic and monitoring services to support patients with long term conditions. For example, phlebotomy, spirometry and electrocardiographs. Weekly anticoagulation monitoring was also provided from the premises for patient convenience.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were in line with practices locally and nationally for standard childhood immunisations.
- During 2015 flu season the practice had taken flu vaccinations to a local nursery to increase up take. They had attended early so as to get parents' consent and were able to vaccinate 21 children in this way.
- The premises were suitable for families, children and young people. The practice was accessible for those with push chairs. There was a children's' area in the waiting room and baby changing facilities. Staff told us that they would provide a room for breast feeding if requested.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours. Staff told us that they would always see a child under 5 years the same day.

Good



Summary of findings

- Services provided at the practice for this population group included, weekly child health surveillance sessions which ran concurrently with child immunisations to provide a one-stop clinic and weekly midwife clinics.

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 and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. For example, NHS health checks. Telephone consultations were also available.
- The practice made use of Facebook and Twitter for relaying information to patients and in obtaining patient feedback, for example, flu clinics. Text messaging was used to remind patients of appointments and for ease of cancelling appointments no longer required.
- The practice provided additional services to its population including minor surgery, travel vaccinations on the NHS and enhanced sexual health services (including contraceptive implants and intra uterine devices) to registered and non-registered patients. The practice nurse and two of the GP partners had undertaken additional training in this area and the senior partner was a trainer for family planning.

Good



People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances for example, patients with a learning disability.
- Patients with a learning disability were offered the opportunity of a health review in the last 12 months 34 out of 49 (66%) of patients on the learning disability register had received a health review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



Summary of findings

- The practice provided social prescriptions for a local community hub to patients who were lonely or needed lifestyle support. The citizens Advice Bureau also offered weekly sessions from the premises providing advice on wide range of matters including legal, housing and benefits advice.
- Other services provided from the premises for this population group included vision assessments through Focus a charity which provides support for people with sight loss, hearing tests and shared care substance misuse clinics.
- Staff informed vulnerable patients about how to access various support groups and voluntary organisations. Information was also displayed which signposted patients to various sources of help and support including Women's Aid and the Samaritans.
- The practice had participated in 'Pride in Practice' a scheme which supports practices to effectively meet the needs and positively promotes the lesbian, gay and bisexual community.
- Although they did not have anyone registered with no fixed abode, staff told us that they would register them using the practice address if needed. They also told us that they regularly saw travellers from a nearby site.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- Nationally reported data for 2014/15 showed 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 82% and national average of 84%.
- National reported data for 2014/15 showed 91% of patients with poor mental health had comprehensive, agreed care plan documented, in the preceding 12 months which was above the CCG average of 89% and national average of 88%.
- Alzheimer's Society provided monthly sessions to provide social support and advice to patients diagnosed with dementia and their carers. These sessions ran alongside the dementia reviews.
- Weekly sessions are held by Birmingham Health Minds, providing counselling and cognitive behavioural therapy for those with depression and anxiety.

Good



Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing consistently well above local and national averages in most areas. 359 survey forms were distributed and 108 (30%) were returned. This represented approximately 1.5% of the practice's patient list.

- 74% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.

- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and compared to the national average of 85%.
- 95% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. Patients told us that the practice was welcoming, staff took the time to listen to them and that they were treated with dignity and respect. They described staff as friendly, helpful and caring.

Eden Court Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Eden Court Medical Practice

Eden Court Medical Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an urban area of Birmingham with a list size of approximately 7400 patients. The premises are purpose built for providing primary medical services and have recently been extended.

Based on data available from Public Health England, the practice has higher levels of deprivation than the national average. It is within the top 10% of the most deprived areas nationally.

Practice staff consist of four partners (one male and three female). Other practice staff consist of two nurses, one health care assistant, a practice manager and a team of administrative staff.

Eden Court is open from 8.30am to 6.30pm Monday to Friday, except Wednesday when it closes at 1.30pm. Appointment times are between 8.30am to 11.30pm and between 3pm and 5pm. Patients were seen after morning and afternoon sessions based on a triage assessment. When the practice is closed (including during core hours) services are provided by an out of hours provider (BADGER). The practice does not provide any extended opening.

The practice has not previously been inspected by CQC.

The practice was a training practice for qualified doctors training as GPs and medical students.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 October 2016.

During our visit we:

Detailed findings

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with a member of the practice's virtual patient group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

The practice had systems in place reporting and recording significant events and in most cases we saw this worked well. We saw there were 14 reported incidents from the last 12 months.

- Significant events and new cancer referrals were routinely discussed at the fortnightly practice meetings attended by the GPs and the practice manager. Those reported were relevant to the practice and showed evidence of a thorough analysis. We discussed three of the reported incidents with one of the partners. They were able to tell us in detail how these had been managed and learning that had taken place.
- The practice shared significant events with other practices through the locality meetings.
- We saw examples of incidents that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, were given an explanation and apology and were told about any actions taken.

However,

- There were no clear channels of communication for ensuring learning from incidents were shared with all staff groups. Staff told us that they were told about them informally and were very positive about the practice's open culture in which issues were discussed.

There was a lead clinician for the management of safety alerts received including Medicines and Healthcare Products Regulatory Agency (MHRA) alerts. We saw examples of two recent alerts that had been acted upon as appropriate.

Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However we also identified weaknesses in areas relating to medicines management and staff recruitment.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies and contact for further guidance if staff had

concerns about a patient's welfare were accessible to all staff. There were lead clinicians for adult and child safeguarding that staff could go to if they had concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. An alert on the patient record system ensured clinical staff were aware at the point of contact if a patient was at risk.

- Notices displayed throughout the practice advised patients that chaperones were available if required. Only nurses and healthcare assistants acted as chaperones. They had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Staff had access to appropriate hand washing facilities and personal protective equipment. Cleaning schedules were in place and signed by cleaning staff so that it was clear what they did. There were also systems for ensuring clinical equipment was cleaned regularly. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The CCG infection control team had carried out an infection control audit within the last 12 months. We saw evidence that action was taken to address any improvements identified as a result. The practice held records of staff immunisation status in case of sharps injury.
- We reviewed the arrangements for managing medicines, including emergency medicines and vaccines, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We checked random medicines and vaccines stored at the practice. We found these to be in date and stored appropriately. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions had been adopted by the practice to

Are services safe?

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

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed records for nine patient on three different high risk medicines that required regular monitoring and review. In most cases we found checks were up to date although we found two patients whose routine blood tests were overdue.
- We found the systems in place for repeat prescribing Methotrexate (a high risk medicine) had the potential for error due to the number of staff involved. For example, for this medicine patients were prescribed a two month supply authorised up to six months. The system allowed receptionists to print a prescription within the reauthorisation period and the GP to sign the prescription based on the assumption tests had been performed and were satisfactory. Although test results were seen and reviewed by GPs in the usual way on receipt there was no direct check and the GPs relied on the practice nurse to monitor if a patient was overdue for their blood test. However, we did not identify any concerns in relation to this medicine.
- Blank prescription forms and pads were securely stored. Records were maintained for monitoring the use of hand written prescription pads and those used for prescribing medicines such as methadone. However, there were no systems for monitoring the use of prescriptions used in printers to ensure there was a clear audit trail should one go missing. Following our inspection the practice forwarded to us a revised prescription security protocol which set out clear monitoring arrangements for prescriptions used.
- We reviewed staff personnel files and found recruitment checks were in place but where issues were identified there was no evidence that these had been appropriately followed up and risk assessments undertaken to identify any potential risks to patients and the service. Staff told us that they had discussed the issues but not formally documented them. We saw evidence of checks undertaken for locum staff.

Monitoring risks to patients

Risks to patients and staff safety were not always adequately assessed and well managed.

- The premises which opened in 2000 appeared visibly well maintained and were owned by the partners. The practice had received local recognition for the gardens and patients commented on the pleasant and relaxing environment of the surgery. However, with the exception of risks relating to the control of substances hazardous to health and infection control there was little evidence of effective risk management in relation to the premises. The practice manager told us they dealt with maintenance issues as they arose.
- At the time of inspection the practice did not have an appropriate fire risk assessment in place to identify actions required to ensure patients were kept safe in the event of fire. We did however see evidence that fire equipment was serviced regularly and alarms tested. There was also evidence that regular fire drills were carried out. Following the inspection the practice arranged for a fire risk assessment to be completed and forwarded to us a copy.
- There was evidence of calibration checks on clinical equipment which had been undertaken in the last 12 months. However we noticed that not all electrical equipment was checked to ensure it was safe to use. Staff told us that they thought this had been included as part of the calibration checks. Shortly following the inspection the practice sent evidence that electrical safety testing had been completed for equipment used at the practice.
- At the time of inspection the practice had not undertaken legionella risk assessments but told us that they had sought advice from the CCG and were flushing taps twice weekly (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Following the inspection the practice arranged for a legionella risk assessment to be completed and forwarded to us a copy.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff managed their leave to ensure there were enough staff on duty and rarely needed to use locums. Rota systems were in place for administrative staff. Administrative staff were trained to carry out a range of duties to make it easier for them to cover each other.

Arrangements to deal with emergencies and major incidents

Are services safe?

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

- Staff received basic life support training.
- The practice had a defibrillator available on the premises and oxygen. We saw that routine checks were undertaken to ensure the defibrillator was in working order and ready for use when needed. However, there was no evidence of routine checks of the oxygen, staff told us this was carried out when used. We noted the oxygen cylinder was full and had adult and paediatric masks. Appropriate signage was in place to indicate where the oxygen was stored.

- Emergency medicines were accessible to staff in a secure area of the practice and staff we spoke with knew of their location. Records seen showed that the medicines were checked regularly and in date. Those we saw were in date and stored securely.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for partners and the practice manager and services that may need to be contacted. Emergency contact numbers were also stored in the back office behind reception. Copies of the plan were held off site should the premises become inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep 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 demonstrated knowledge of recent guidelines and there was evidence that NICE guidelines had been incorporated in the management of patients with atrial fibrillation, primary prevention of coronary heart disease, hypertension and diabetes.
- Local antibiotic prescribing guidance was available to GPs in their rooms for instant reference.
- The practice was supported by specialist nurse and consultant in the management of complex diabetic cases.
- Nursing staff told us that they regularly discussed patients with the GPs prior to long term condition clinics.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2014/15. This showed the practice had achieved 100% of the total number of points available, which was higher than the CCG average of 94% and national average of 95%. Overall exception reporting by the practice was 13% which was slightly above the CCG and national average of 9%.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 100% which was higher than the CCG average and national average of 89%. Exception reporting was slightly higher at 16% compared to the CCG average of 10% and national average of 11%.

- Performance for mental health related indicators was 100% compared to the CCG average of 92% and national average of 93%. Exception reporting at 11% was similar to the CCG average of 10% and national average of 11%.

The practice was identified as an outlier for antibiotic prescribing (2014/15). We saw that the practice had participated in a CCG led antibiotic audit during July 2015 and July 2016. The audit showed a reduction in antibiotic prescribing over the 12 months and against all standards identified. For example, the choice of antibiotic based on local guidance had improved from 33% to 72% at reaudit. Broad spectrum antibiotic prescribing at the practice for 2015/16 was below other practices locally and nationally.

There was evidence of quality improvement including clinical audit.

- In addition to the antibiotic audit the practice was also participating in a hypnotic prescribing audit. This had yet to complete full cycle to demonstrate any improvements to changes that had been implemented.
- The practice had completed an audit for minor surgery undertaken at the practice during 2015 which identified clinical accuracy of diagnosis at 91%.
- We saw evidence of audits undertaken in response to a significant event in relation to the monitoring of thyroid function.

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. The induction process included a buddy system with shadowing opportunities and an overview of health and safety at the practice. We spoke with one new member of staff who told us that they felt well supported during their induction.
- There was a comprehensive new doctor information pack for trainee GPs and GPs working on a locum basis.
- 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. We saw that practice nurses had undertaken additional training in areas such as diabetes, asthma and in sexual and reproductive health. Staff administering vaccines and taking samples for the

Are services effective?

(for example, treatment is effective)

cervical screening programme had also received specific training which had included an assessment of competence. Staff we spoke with told us that they found the partners supportive of training.

- The learning needs of staff were identified through a system of appraisals. We saw that all staff had received an appraisal within the last year in which their learning needs were identified and discussed. Nursing staff told us that they had opportunities to discuss the management of patients with GPs. For example, prior to the diabetes clinic.
- Staff had access to a range of on-line and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance.

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. Staff told us that they processed information received such as hospital discharge letters and test results the same day.

The practice was participating in the enhanced service for unplanned admissions. Where hospital discharge notifications were received practice staff told us that they aimed to follow up and review the patients care needs within 48 hours of discharge. They also undertook twice weekly ward rounds at two local care homes in order to help reduce the need for hospital admissions. We spoke with staff at one of the homes who was very complimentary about the support received from the practice.

Staff told us that they shared information with the out of hours service to support the continuation of care for patients who may need to use the service for example, those with end of life care needs.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice held multidisciplinary team meetings to discuss and review the needs of patients with complex and end of life care needs. The practice also regularly met with the health visitor to discuss the needs of vulnerable children.

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. We saw that the Mental Capacity Act had been discussed during a staff meeting.
- Staff also understood relevant guidance in relation to capacity to consent when providing care and treatment for children and young people.
- The practice told us how they undertook twice weekly ward rounds at two local care homes and used these opportunities to discuss do not resuscitation orders with patients, families and staff.
- We saw evidence that appropriate consent was sought for patients undergoing minor surgery and contraceptive implants at the practice. Written information was given to patients about the procedure.

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 with or at risk of developing long-term conditions and those requiring advice and support in relation to their lifestyle.

- The practice was proactive in its approach to identifying and monitoring patients at risk of developing diabetes. There were twenty four patients identified with potential for developing diabetes receiving an annual review and lifestyle support.
- The practice provided support for patients to lead healthier lifestyles. In house smoking cessation and weight management advice was provided in-house and patients were signposted to health trainers who could provide additional lifestyle support where needed.
- A drug and alcohol support worker ran sessions from the practice on a weekly basis. The practice was also able to write social prescriptions for its patients where they could receive additional support through local community groups and support services.
- There was a wealth of health promotion and prevention information available in the practice. We saw information relating to national screening programmes, HIV testing, the use of antibiotics and flu vaccinations.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of

Are services effective?

(for example, treatment is effective)

78% and the national average of 82%. There were systems in place to follow up patients who did not attend for their cervical screening test and for ensuring results were received for samples sent for the cervical screening programme.

The practice's uptake of breast cancer screening was comparable to the CCG and national averages but below average for bowel cancer screening.

- 70% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 46% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 50% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89%

to 96% compared to the CCG average of 88% to 94% and national average of 73% to 95%, and five year olds from 78% to 96% compared to the CCG average of 83% to 96% and national average of 87% to 95%.

During 2015 flu season the practice had taken flu vaccinations to a local nursery to increase up take. They had attended early so as to get parents' consent and were able to vaccinate 21 patients.

Patients with a learning disability were offered the opportunity of an annual health review. In the last 12 months 34 out of 49 (66%) of patients on the learning disability register had received one. The practice reviewed the register three monthly to identify and contact those who had not been seen.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. The practice told us that 200 patients had received a health check during the last 12 months. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had protocols in place to follow in this event.

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.
- Staff wore uniforms including the doctors and name badges so that it was clear who patients were speaking with.

All of the 34 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients spoke highly of all staff without exception. They told us that the practice was welcoming and that staff were friendly helpful and caring. They said they were treated with kindness, dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had been ranked first in the CCG and tenth in the West Midlands based on the latest GP and national patient survey scores. The practice was significantly higher than CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 98% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and compared to the national average of 85%.

- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had also participated in 'Pride in Practice' a scheme which supports practices to effectively meet the needs and positively promotes the lesbian, gay and bisexual community.

The practice was very much part of the local community. A recent extension to the premises provided additional space for services that would benefit patients. For example, patients with poor mental health meeting with the community team and women's aid. The practice had been nominated for an unsung hero award by local residents. Staff had organised events to raise funds for cancer research; for example over £17,000 had been raised through organising two summer fetes and participation in fun runs. A certificate of appreciation was displayed from Cancer Research charity in the waiting area.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received told us that they felt listened to and were given time to be involved in decision making about the care and treatment they received. We saw that care plans were personalised. We saw comprehensive information held for patients at end of life which included their wishes regarding place of death, as well as evidence of discussions with families. Staff from a local care home confirmed that the GPs would take the time to discuss care and treatment with patients, their families and staff.

Results from the national GP patient survey (published in July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly higher than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.

Are services caring?

- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and compared to the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language to help them be involved in decisions about their care.

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 such as dementia, cancer support, healthy minds counselling and support services and women's aid. Practice staff also told us that they were able to refer patients to the Sanctuary (a community based hub) through a social prescription where

they could access a wide range of support services locally for example, if they were isolated or for specific support and community groups such as for patients with disabilities or substance misuse.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and to encourage them to identify themselves to the practice. They also offered flexibility with appointments where it might be difficult for a patient to leave the person they were caring for.

Staff told us that if families had suffered bereavement, the GPs would use their discretion in contacting families. Practice staff were able to signpost to bereavement counselling services available locally. There was a practice protocol for when a death occurred and systems in place for ensuring appropriate agencies were informed to minimise the risk of upset to the family.

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 practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- Practice staff told us that if patients had specific needs they would be flexible in meeting them. They gave examples of patients with poor mental health who did not like to visit the surgery who were given home visits and of longer appointments available for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice was accessible to patients with mobility difficulties and we saw two patients who used wheelchairs moving with ease around the practice. The practice had disabled facilities, ramp access and automatic door. All consulting and treatment rooms were situated on the ground floor.
- Translation services were available to those who needed them.
- The practice provided additional services to its population including minor surgery and enhanced sexual health services (including contraceptive implants and intra uterine devices) to registered and non-registered patients. The practice nurse and two of the GP partners had undertaken additional training in this area and the senior partner was a trainer for family planning.
- The practice provided various services from the premises to support some of their more vulnerable patients. These services included: weekly drug and alcohol misuse clinics; monthly sessions with the Alzheimer's Society support workers who provided social support and advice to patients diagnosed with dementia and their carers; women's aid service; Healthy

Minds counselling services for those who suffered with anxiety and depression; support for people with sight loss through the charity Focus who provided low vision assessments; monthly hearing test sessions and sessions with the citizens advice bureau.

- The practice had recently started to take part in a CCG led initiative for ambulance triage. A scheme in which the GPs provide advice to paramedics and facilitate support for patients within primary care as an alternative to accident and emergency.

Access to the service

The practice was open between 8:30am and 6:30pm Monday to Friday with the exception of Wednesday when it closed at 1.30pm. Appointments were usually available between 8.30am and 11.30am every morning and between 3pm and 5pm in the afternoon. In addition to pre-bookable appointments that could be booked up to two weeks in advance, the practice offered same day appointments that were released in the morning. Once these were full a triage service ran in the morning and afternoon and any patients who needed to be seen were booked after the morning session (from 11.30am) and afternoon session (from 5pm) which helped ensure those with urgent needs were seen.

When the practice was closed (during core hours and the out of hours period) services were provided by another provider (BADGER). Although, the practice did not offer extended opening hours staff told us that they would use the triage appointments and GPs would be able to discuss when they could make an appointment.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and compared to the national average of 79%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and compared to the national average of 73%.

Feedback from patients told us that they were able to get appointments when they needed them and that they found reception staff as supportive and helpful when arranging an appointment. The practice did not offer any extended opening times but told us that they had tried it for four months but there had been a low uptake.

Are services responsive to people's needs?

(for example, to feedback?)

During the inspection we asked staff when the next appointment was available. They told us that although they did not have any appointments left for the day they could offer a triage call after 3pm on the same day. The next bookable routine appointment was within two working days. For a longer appointment with a nurse the next available appointment was within five working days and for a blood test three working days.

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.

- The practice manager was the designated responsible person who handled all complaints in the practice.
- We did not see any information on display to help patients understand the complaints system. Staff we spoke with referred us to the practice leaflet which advised patients to direct concerns and comments to the practice manager. The practice leaflet also referred to the complaints procedure which was available on request. This was not readily available at reception. Following the inspection the practice told us that they had acted on this.

The practice manager told us that they had not received any formal written complaints within the last 12 months. However they did record verbal complaints of which there had been four in the last 12 months. These had been well documented with actions taken to address concerns.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice was very much part of the local community and regarded highly by patients. A recent extension to the practice had meant they could offer rooms to services that would benefit their patients further.
- The practice performed well in relation to achieving good outcomes for patients.
- The practice list size had also increased recently following nearby practice closures.
- The practice has signed up to taken part in a GP improvement programme by NHS England with the first visit arranged for November 2016.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice staff had an understanding of the performance of the practice and had systems in place to ensure patients received regular reviews of their conditions. The practice performed well nationally in terms of QOF and patient satisfaction.
- There was evidence of clinical audits to monitor quality and support improvements.
- Practice specific policies were implemented and were available to all staff from their computers.

However,

- During the inspection we found weaknesses in the arrangements for identifying recording and managing risks, issues and implementing mitigating actions. For example, in relation to the premises (including fire and legionella), repeat prescribing, recruitment and staff immunity. Following our inspection the practice took action to address some of the issues raised and forwarded evidence of risk assessments completed including fire and legionella.

Leadership and culture

On the day of inspection we found a caring culture focused on patient outcomes. We received consistently positive

feedback about the culture of the practice from practice staff, community health and care professionals and patients. Staff told us the partners were approachable and always took the time to listen to all members of staff.

There was a low turnover of staff with many staff having worked at the practice in excess of ten years. Within the last four years there had been only two new members of staff employed, both were additional staff as opposed to replacement.

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

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

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

- Staff told us the practice held regular team meetings. This included quarterly whole practice meetings, which also included members of the community team as well as monthly administrative 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.
- All practice staff participated in and supported community events to raise money for charity.
- Staff said they felt respected, valued and supported, particularly by the partners and senior staff in the practice.

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

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

- The practice was proud of the positive feedback it received from patients. The practice sought feedback

Are services well-led?

Good 

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

from patients via a virtual patient group of approximately twenty patients. We spoke with one member of this group who told us that it was difficult to improve on something that was already excellent. They confirmed that they occasionally received emails asking for comments from the practice. The practice also made use of Facebook as a way of obtaining feedback from patients. In one example they told us how a patient had commented on a flickering light which they addressed immediately. They used Facebook to promote the CQC inspection and encouraged patients to provide feedback.

- Staff told us they felt involved and engaged to improve how the practice was run. Although information was not

always formally documented they told us they felt the whole staff team worked well together and frequently discussed matters on an informal basis as a way of sharing information.

Continuous improvement

The practice was a training practice for qualified doctors training as GPs and a teaching practice for medical students. All partners were qualified GP trainers.

The practice engaged in local research with Birmingham University for example to identify early symptoms of cancer. The practice had also participated in a pilot for using their clinical system remotely.

One partner told us that they had participated in Chinese Primary Care development which enabled them to question the way in which they worked.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice had not assessed risks arising from staff immunisation information. Repeat prescribing processes for high risk medicines had the potential for error.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have effective and embedded systems for managing and monitoring risks to patients and staff safety. At the time of inspection: There were no risk assessments in place relating to the environment including legionella and fire. There was a lack of clear systems for ensuring learning from safety incidents were shared with all staff.