

Oakleaf Medical Practice

Quality Report

Washwood Heath Health Centre
Clodeshall Road
Birmingham
B8 3SW

Tel: 0121 270 0015

Website: <http://www.oakleafmedicalpractice.com>

Date of inspection visit: 30 March 2016

Date of publication: 10/05/2016

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?

Requires improvement



Are services well-led?

Good



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	11

Detailed findings from this inspection

Our inspection team	12
Background to Oakleaf Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	26

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oakleaf Medical Practice on 30 March 2016. Overall the practice is rated as good.

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

- 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.
- Risks to patients were assessed and well managed.
- Most patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local

providers to share best practice. For example, the practice was a member of the Birmingham Integrated General Practice (BIG Practice) in order to share good practice and to be able to offer enhanced services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had collaborated with specialist burial services which targeted the special needs of its majority practice patient population.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. For example, we saw that there was an information leaflet available in the Romanian, Urdu and Somalian language as there were a large number of these patients on the practice list.
- Patients did not always find it easy to make an appointment with a named GP although urgent appointments were usually available the same day.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had carried out clinical audits to improve and maintain patient outcomes.
- There was a clear leadership structure and staff felt supported by management. The practice had sought feedback from staff and patients.

We saw some areas of outstanding practice including:

- We saw evidence to demonstrate that the practice had carried out a comprehensive analysis of its patient population profile and developed targeted services and made changes to the way it delivered services as a consequence. For example, weekly 'Romanian Open Surgeries' with interpreters to accommodate the growing Romanian population.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice demonstrated collaboration with a local funeral service that was sensitive to the majority patient population which required prompt burials. This had also allowed patients more effective end-of-life care planning and more involvement in key decisions together with family members.

- The practice had participated in a large number of outreach projects. It had worked in partnership with the local police teams, neighbourhood watch, faith groups and others to collaboratively inform patients about health and social care issues and reduce barriers to access.

However, there was an area where the provider must make improvement:

- Ensure that there is an effective system to record, handle and respond to complaints and that evidence is always available to demonstrate that the provider had responded to the complaints made.

In addition the provider should:

- Improve the effective management of long-term conditions.
- Review the practice processes to ensure completion and future monitoring of infection control action plans.

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?

Good



- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed regularly at relevant practice meetings (clinical or practice meetings as appropriate).
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and verbal or written apology where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead and deputy members of staff for safeguarding children and vulnerable adults. The practice held regular multi-disciplinary safeguarding meetings.
- Risks to patients were assessed, embedded and well managed.

Are services effective?

Good



- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Data from the Quality and Outcomes Framework showed patient outcomes were comparable for the locality for most areas with the exception . We saw evidence to demonstrate that improvements had been made.
- We viewed three clinical audits that had been completed in the last two years. Two of these were completed audit cycles where the improvements made were implemented and monitored.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and planned appraisals for staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Summary of findings

Are services caring?

Good



- The national GP patient survey published on 7 January 2016 showed that the practice performance was mixed with most areas of patient experience being above average whilst some aspects were rated below local and national averages. For example the practice was lower for its satisfaction scores relating to nurse consultations and appointment waiting times but higher than average with regards to GP consultations.
- We found that information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect. Feedback from patients during the inspection about their care and treatment was positive.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

Requires improvement



- 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 worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was limited evidence that learning opportunities from complaints had been fully maximised and that all complaints had been responded to.

Are services well-led?

Good



- The practice had a clear vision to deliver high quality care and good access for patients. Staff members we spoke with 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.

Summary of findings

- The practice carried out proactive succession planning.
- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- There was a focus on continuous learning and development. Staff told us they had received regular performance reviews and had clear objectives.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The leadership of the practice had engaged with this patient group to look at further options to improve services for them. For example, the practice had collaborated with Alzheimer's Society to raise dementia awareness and a Dementia Support Manager was scheduled to start sessions at the practice from April 2016.
- There were longer appointments available for those that required them.
- Patients were able to book appointments and order repeat prescriptions online.
- Home visits were available for older patients and patients who would benefit from these.
- The consultation rooms were all located on the second floor but a lift was in place to ensure access for those with mobility problems.
- The practice had a level access and automatic doors for the front entrance.
- There were marked parking bays for the disabled near the practice.

People with long term conditions

Good



- Performance for diabetes related indicators was comparable to the national average (practice average of 82% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was slightly below the national average (practice average of 79% compared to a national average of 84%).
- Longer appointments and home visits were available when needed.
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- For those patients with more complex needs, we found that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good



- Immunisation rates for childhood vaccinations were comparable to CCG averages.
- The practice ran weekly child health clinics.
- Appointments were available outside of school hours and same day appointments were available for children and those with serious medical conditions.
- The practice had developed its own smartphone application to provide relevant practice information in an interactive way and allowed younger patients multiple ways of contacting GPs. The practice also maintained an up-to-date website.
- The practice had healthcare assistants who offered a range of health promotion services and treatments.
- We saw positive examples of joint working with midwives, health visitors and schools.

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Mondays and Thursdays from 6.30pm to 8pm to accommodate working patients who could not attend during normal opening hours. The practice also opened during the weekends from 9am and 2pm on a Saturday and from 9am to 1pm on a Sunday.
- The practice's uptake for the cervical screening programme was 62% which was below the CCG average of 79% and the national average of 82%. Exception reporting was high at 14% (6% above the CCG average and 7.5% above the national average).
- We saw evidence to demonstrate that the practice had taken a number of significant steps to increase and promote the uptake of cervical screening and the practice had a dedicated nurse to carry out cervical screening clinics.
- 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.

People whose circumstances may make them vulnerable

Outstanding



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

Summary of findings

- The practice worked with health visitors to identify children who may be vulnerable.
- Weekly 'Romanian Open Surgeries' with interpreters to accommodate the growing Romanian population had been set up. The practice was also in the process of recruiting a permanent Romanian practice nurse.
- The practice had collaborated with bereavement and burial services that were sensitive to the special needs of its majority practice patient population which required prompt burials. This had also allowed patients more effective end-of-life care planning and more involvement in key decisions together with family members.
- The practice had participated in a large number of outreach projects. It had worked in partnership with the local police teams, neighbourhood watch, faith groups and others to collaboratively inform patients about health and social care issues and reduce barriers to access.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead and deputy staff members for safeguarding and staff had received relevant training. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

- Performance for mental health related indicators was slightly higher than the national average (practice average of 93% compared to a national average of 89%). The exception reporting rates were lower for the practice (4%) compared to the CCG (10%) and national (11%) reporting rate.
- The practice carried out advance care planning for patients with dementia. For example, the practice had collaborated with the Alzheimer's Society to raise dementia awareness.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GP had completed online mental capacity training.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

Results from the national GP patient survey published 7 January 2016 showed patient responses were mixed compared with local and national averages. The practice was in line with or above CCG and national averages with regards to patient satisfaction with appointment access and overall experiences. However, the practice was below average for appointment waiting times and being able to see their preferred GP. Four hundred and nine survey forms were distributed and 66 were returned. This represented 16% response rate.

The practice was above or in line with CCG and national averages for the following:

- 84% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 85% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 84% 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%).
- 88% patients said the last appointment they got was convenient (CCG average 91%, national average 92%).

However, the practice was below CCG and national averages for the following:

- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).
- 36% patients said they usually only waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).
- 28% patients said they didn't normally have to wait too long to be seen (CCG average 55%, national average 58%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards of which 40 were all positive about the standard of care received and a further seven comments cards were also mostly positive although they highlighted issues with appointment access and long appointment waiting times.

We spoke with ten patients during the inspection, one of whom was a member of the patient participation group (PPG). Most of the patients we spoke with said they were satisfied with the care they received whilst some patients again highlighted issues with appointment waiting times and access.

We found that the practice had taken a number of practical steps to improve access and reduce waiting times. For example by increasing and promoting online appointments, offering telephone consultations and allocating more staff to take telephone appointment bookings.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there is an effective system to record, handle and respond to complaints and that evidence is always available to demonstrate that the provider had responded to the complaints made.

Action the service **SHOULD** take to improve

- Improve the effective management of long-term conditions.
- Review the practice processes to ensure completion and future monitoring of infection control action plans.

Summary of findings

Outstanding practice

- We saw evidence to demonstrate that the practice had carried out a comprehensive analysis of its patient population profile and developed targeted services and made changes to the way it delivered services as a consequence. For example, weekly 'Romanian Open Surgeries' with interpreters to accommodate the growing Romanian population.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, the practice demonstrated collaboration with a local funeral service that was sensitive to the majority patient population which required prompt burials. This had also allowed patients more effective end-of-life care planning and more involvement in key decisions together with family members.
- The practice had participated in a large number of outreach projects. It had worked in partnership with the local police teams, neighbourhood watch, faith groups and others to collaboratively inform patients about health and social care issues and reduce barriers to access.

Oakleaf Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Oakleaf Medical Practice

- Oakleaf Medical Practice is located within purpose-built premises at Washwood Heath Health Centre on Clodeshall Road, Birmingham, West Midlands, B8 3SW.
- It provides care and treatment for just over 7500 patients. The practice patient list is within an area which has one of the youngest populations in Birmingham.
- There are four male GP partners and two salaried female GPs as well as a number of locums who work at the practice. The practice also has a practice nurses, one locum practice nurse, four healthcare assistants, one practice manager and a team of administrative and reception staff.
- The practice has an Alternative Provider Medical Services (APMS) contract. An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers.
- The practice is open between 8am and 6.30pm Monday to Friday. The practice offers extended hours on a Mondays and Thursdays from 6.30pm to 8pm. Appointments take place from 9am with the last appointment taking place an hour before the practice closes. The practice is also open from 9am and 2pm on a Saturday and from 9am to 1pm on a Sunday. In

addition to pre-bookable appointments that can be booked up to two days in advance, urgent appointments are also available for people that need them.

- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are directed to this service on the practice answer phone message.
- The practice is located in purpose built premises in an area with high levels of deprivation and is among one of the most deprived areas nationally. There is a very high population average of younger patients aged between 0 - 34 years at the practice compared to the national average and a much lower number of patients over 35 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 30 March 2016. During our visit we:

- Spoke with a range of staff (including GP's, practice nurse, practice manager, reception and administrative staff) and spoke with patients who used the service.
- 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.

- We saw that staff had access to the significant forms both on the computer and paper copies.
- The relevant member of staff completed the form and informed the practice manager and one of the GPs.
- The practice had documented eight significant events on a significant event form in the past 12 months. We saw evidence to demonstrate that significant events were regularly discussed and that learning points had been shared.
- One of the GP partners told us that they had attended Locality Network Meetings where recent significant events were shared externally for wider learning.

We reviewed safety records, incident reports, safety alerts and minutes of monthly staff meetings where these were discussed. We saw that learning points were shared to make sure action was taken to improve safety in the practice and we saw evidence that alerts received had been considered and actioned.

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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP's was the lead member of staff for safeguarding with another as a deputy. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. Contact details were seen to be easily accessible for staff in the practice. The GPs provided reports where necessary for other agencies. The practice held regular safeguarding meetings which involved GP's, practice manager, midwife (when

required) and health visitors. Relevant safeguarding issues were regularly discussed at practice meetings. The GP told us that there was a system on the computer for highlighting vulnerable patients.

- The healthcare assistants carried out chaperone duties. A notice in the waiting room advised patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams. There was an infection control policy in place and staff had received up to date training. The CCG had completed an infection control audit in June 2015 resulting in 81% compliance and an action plan had been developed as a result. However we noted that this did not detail who would be responsible for the action, the date for implementation or if the action had been completed. Post-inspection we were sent an infection control re-audit completed internally by the practice which demonstrated that the practice was now 98% compliant. This had also been sent to the CCG who confirmed that they would also be conducting a re-audit in April 2016 to compare to the practice re-audit.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The emergency medicines were readily accessible to staff in the event of an emergency. Prescriptions were securely stored and there were systems in place to monitor their use. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- 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 healthcare assistants to administer vaccinations after specific training when a doctor or nurse were on the premises

Are services safe?

- We reviewed six personnel files (which included the practice nurse) and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 and we saw evidence to demonstrate that health and safety issues were regularly discussed at practice meetings. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required.

Arrangements to deal with emergencies and major incidents

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

- We saw that an alert button had been set-up on the clinical system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for the relevant agencies.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE on their computer desktop and used this information to deliver care and treatment that met peoples' needs.
- We saw evidence that these guidelines were being used to direct patient care. We also viewed evidence that demonstrated that NICE guidance was discussed at clinical meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 92% of the total number of points available. This was slightly lower than the CCG QOF average of 94% and the national QOF average of 95%. However, the practice had a 6% exception reporting which was lower than the CCG & national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was an outlier for QOF (or other national) clinical targets for asthma reviews, antibacterial (a type of antibiotic) prescribing and cervical screening. For example, QOF data from 2014/2015 showed;

- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 63% compared to a CCG average of 74% and a national average of 75%. Exception reporting was 3% below the CCG and national average.
 - The practice was aware that this was lower and felt there were a number of issues that had impacted on this. The previous practice nurse who had been the lead in asthma reviews had been on long-term leave

for over 12 months and a new practice nurse had to be recruited. This had impacted on the numbers of asthma reviews completed during that time although the practice believed these would now improve.

- The antibacterial prescribing rate for the practice was higher at 0.39 compared to 0.27 nationally.
 - The practice had recognised that this was an issue and we saw evidence of a completed audit cycle on antibiotic prescribing. We saw that the audit had identified some reasons behind the higher prescribing and action had been taken to ensure this improved. The re-audit identified that the changes made had resulted in significantly lower prescribing rates and the practice was now in line with national prescribing rates.
- Performance for diabetes related indicators was comparable to the national average (practice average of 82% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was slightly below the national average (practice average of 79% compared to a national average of 84%).
- Performance for mental health related indicators was slightly higher than the national average (practice average of 93% compared to a national average of 89%). The exception reporting rates were lower for the practice (4%) compared to the CCG (10%) and national (11%) reporting rate.

Clinical audits demonstrated quality improvement.

- The practice participated in local audits and national benchmarking.
- We viewed three clinical audits which had completed in the last two years. Two of these were completed audits (chronic obstructive pulmonary disease (COPD) and antibiotic audits) where the improvements made were implemented and monitored.
- We saw that findings had been used by the practice to improve services. We saw that findings had been used by the practice to improve services. For example, recent action taken had resulted in reduced levels of antibiotic prescribing. The improvements made had also been shared externally at the Locality Network meetings.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. However, we were told that a previous practice had gone on long-term leave for over 12 months and a new practice nurse had to be recruited. This had impacted on service delivery for example on the numbers of asthma reviews completed during that time although the practice believed these would now improve. We also saw evidence that attempts were being made to recruit an additional practice nurse due to an increasing workload.

- We saw evidence to show that the practice had an induction programme for newly appointed members of staff. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A 'locum pack' was also available for the benefit of locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions such as diabetes. Staff administering vaccinations and taking samples for the cervical screening programme had also received specific training.
- The learning needs of staff were identified through a system of annual appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. We reviewed six staff files and found that four of the six had received an appraisal within the last 12 months and two were due one soon.
- Staff received training that included: safeguarding, fire procedures, basic life support infection control 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 medical summaries and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice had made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, a midwife was present on the day of the inspection and told us about the collaborative work with the practice. We also saw evidence that end of life care multidisciplinary team meetings took place on a quarterly basis and that care plans were reviewed and updated. We saw that GPs, palliative care nurses and district nurses attended these meetings.

Consent to care and treatment

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

- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We also saw evidence that the GP partners had completed online training on this.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We found that the practice used consent forms for recording written consent when appropriate and was in the process of conducting a consent audit.

Supporting patients to live healthier lives

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

- The practice maintained a register of patients with a learning disability, carers or those that required palliative care.
- Two of the three healthcare assistants provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 62% which was below the CCG average of 79% and the national average of 82%. Exception reporting was very high at 14% (6% above the CCG average and 7.5% above the national average).

As a result of the lower cervical screening uptake, the practice had put in place an action plan to improve rates. This included:

- Offering targeted cervical screening sessions every Saturday through the use of a locum practice nurse.
- Negotiating additional consulting rooms in anticipation of recruiting a permanent practice nurse to lead on cervical screening.
- We saw evidence to demonstrate recruitment of a permanent practice nurse was in progress. The practice informed that they hoped to recruit a Romanian-speaking practice nurse that could target the increasing Romanian patient list population.
- Plans to host a 'Health Promotion' event in-house to raise awareness of the importance of screening.

The practice was also below average for national screening programmes for bowel cancer screening (practice average 22% compared to CCG average of 51% and national average of 58%) and breast cancer screening (practice average 55% compared to CCG average of 69% and national average of 72%).

The practice was aware of the lower uptake of bowel cancer screening and although they felt that the large increases in patient list size each month had also contributed to the lower percentages, the practice had now

put in place a process to ensure each patient was telephoned to ensure attendance. To improve breast cancer screening, significant collaborative work had been undertaken by the practice with the breast screening coordinator who was available at the inspection. They informed us that they were very positive about the collaboration work with the practice and had already started to see an increase in breast cancer screening uptake.

The practice was also in the process of setting up monthly clinical sessions for a prostate cancer nurse at the practice which were due to start by May 2016 and we met with the prostate cancer nurse on the day of the inspection. We saw evidence to demonstrate that a pilot study to screen the over 45 male population was planned.

A 'Health Promotion' event in-house was also planned to raise awareness of the importance of all types of screening with involvement from all the relevant external individuals.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for under two year olds ranged from 76% to 90% and five year olds from 83% to 95% for the practice which were below the CCG rates of 80% to 95% and 86% to 96% respectively.

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. Confidentiality was also maintained at reception by having a separated room for taking patient calls.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room (if available) to discuss their needs.

Most of the 47 patient Care Quality Commission comment cards we received were wholly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were generally helpful, caring and treated them with respect.

We spoke with one member of the recently re-established patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff generally responded compassionately when they needed help.

Results from the national GP patient survey published 7 January 2016 showed patient responses were varied. For example the practice was above average for its satisfaction scores in relation to interactions with GPs and reception staff. However, the survey also indicated that the practice was consistently below the CCG and national averages for its satisfaction scores on interactions with the practice nurse. However, we noted that the practice had recently appointed a new practice nurse. 409 survey forms were distributed and 66 were returned. This represented 16% response rate:

- 96% said the GP was good at listening to them (CCG average of 88%, national average of 89%).
- 87% 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%)
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 93% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)
- 84% said the nurse gave them enough time (CCG average 91%, national average 92%).
- 88% said they had confidence and trust in the last nurse they saw (CCG average 97%, national average 97%)
- 84% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published 7 January 2016 showed patient responses were varied in to questions about their involvement in planning and making decisions about their care and treatment. For example practice results with regards to GP consultations were in line with local and national averages. However, the practice was below the CCG and national averages for its satisfaction scores on nurse consultations. The practice informed us that this was likely to be as a result of the practice nurse changes that had taken place during the time of the survey. For example:

- 91% 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%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)

Are services caring?

- 82% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 71% 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 translation services were available for patients who did not have English as a first language. The practice had recognised that it had an increasing Romanian patient list size. The practice had also pre-booked weekly 'Romanian Open Surgery' with interpreters so that patient appointments were not delayed as a result of interpreter bookings. We saw leaflets in the Romanian language displayed to promote this. The practice also hoped to try and minimise impact of patient waiting times by having a more efficient interpreter process in place.

Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting areas that provided patients information on how to access a number of support groups and organisations. For example, we saw leaflets on the services available about safeguarding and contacts numbers for patients as well as contact numbers for domestic violence support services.

However the range of leaflets and posters was not comprehensive (for example we saw no leaflets about dementia). The practice informed us that this was due to the landlord's restrictions on the displaying of material.

The practice's computer system alerted GPs if a patient was also a carer so that GPs were able to provide more information if required. The practice had identified 1% of the practice list as carers and informed us that efforts were being made to ensure that all carers had been identified. It was recognised however, that the patient population was very young and therefore may not have large numbers of carers. Written information was available to direct carers to the various avenues of support available to them. This was also available in the Romanian, Somalian and Urdu language. We were told that a 'Bereavement Pack' and 'Carers Pack' were in the process of being developed.

Staff told us that if families had suffered bereavement, the practice manager arranged to visit the affected family and provided them with written information about the support available. Families were also signposted to relevant counselling and support services as appropriate.

The practice showed us evidence to demonstrate how the practice had also collaborated with the local funeral directors that was sensitive to the majority patient population which required prompt burials. This had also allowed patients more effective end-of-life care planning and more involvement in key decisions together with family members.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had comprehensively reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, it had found that its patient population was much younger than the national average. In response, the practice had made some changes to ensure it was accommodating younger, ethnically diverse, working age patient population. We saw evidence to demonstrate that a huge amount of targeted engagement with the local community had taken place and plans were in place to take this work further. For example, the practice had set up targeted services and events such as:

- Weekly 'Romanian Open Surgeries' with interpreters to accommodate the growing Romanian population. The practice was also in the process of recruiting a permanent Romanian practice nurse.
- We saw evidence to demonstrate that monthly clinical sessions for a prostate cancer nurse (who we met at inspection) from John Taylor Hospice were scheduled to start by May 2016. Participation with John Taylor Hospice on a pilot study to screen the over 45 male population for prostate cancer was also confirmed.
- Collaboration work with the breast cancer screening services and intense targeting of relevant patients to improve uptake of screening.
- The process of reminders for the bowel cancer screening had also improved in order to increase uptake rates.
- Following collaboration with Alzheimer's society, a Dementia Support Manager was due to start sessions at the surgery every second Friday of the month starting 8th April 2016. Dementia awareness sessions had also been held.
- Collaboration with bereavement and burial services which targeted the special needs of its majority practice patient population.
- The practice informed us that young people in its patient population were interested in health care work opportunities. As a result the practice had started an 'Apprentice Scheme' in collaboration with a local

agency and the local college. This enabled young people in the community to be provided with an opportunity to learn about and work in the health care. The practice also told us they were an accredited training practice training practice for medical students.

- Membership of the Birmingham Integrated General Practice (BIG Practice) in order to share good practice and to be able to offer enhanced services. We met with the Chief Executive of the BIG Practice on the day of the inspection. He informed us that 'Apprentice Scheme' offered at Oakleaf Medical Practice was exemplary and an initiative that it was hoped to be replicated across other practices in the area.
- Weekly Friday Citizens Advice Bureau (CAB) sessions had been initiated since October 2015. We saw evidence to demonstrate that the practice had worked with CAB to target and support certain groups. For example, by contacting carers to come in to be seen by CAB who were able to assist with their benefits and any other support they needed.
- The practice told us that in order to raise public awareness of health issues and general engagement, public events and open days had been held at the practice in collaboration with external partners. This provided a direct face to face platform for patients to engage and to raise awareness of external and internal services and how to access them.
- We saw evidence to demonstrate that the practice had hosted a very well-attended 'Open Day' with a large number of community and other external partners a day before the inspection. For example the external partners collaborating with the practice to attend the event included Alzheimer's Society, breast screening services, drugs outreach workers and many more. The practice had planned to make this a regular annual event.
- A number of other outreach projects and sponsorship work had taken place. It had collaborated with the local police teams, neighbourhood watch and faith groups to collaboratively inform patients about health and social care issues and remove any barriers to access.

In addition:

- The practice offered extended hours on a Monday and Thursday from 6.30pm to 8pm to accommodate

Are services responsive to people's needs?

(for example, to feedback?)

working patients who could not attend during normal opening hours. The practice also opened during the weekends from 9am and 2pm on a Saturday and from 9am to 1pm on a Sunday.

- There were longer appointments available for those that required them.
- The practice offered dedicated cervical screening clinics.
- Patients were able to book appointments and order repeat prescriptions online.
- The practice had developed its own smartphone application to provide relevant practice information in an interactive way.
- GP telephone consultations were available.
- The practice website was well-maintained and up-to-date.
- 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.
- The practice ran weekly child health clinics.
- There were disabled facilities and translation services available.
- The consultation rooms were all located on the second floor but a lift was in place to ensure access for those with mobility problems.
- The practice had a level access and automatic doors for the front entrance.
- There were marked parking bays for the disabled near the practice.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. The practice offered extended hours on a Monday and Thursday from 6.30pm to 8pm. Appointments were from 9am with the last appointment taking place an hour before the practice closed. The practice was also opened from 9am and 2pm on a Saturday and from 9am to 1pm on a Sunday. In addition to pre-bookable appointments that could be booked up to two days in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey published 7 January 2016 showed patient responses were mixed for the practice. Although the practice was rated as performing in line with or above CCG and national averages for opening

hours and being able to get through on the phone, patients rated the practice significantly lower for appointment waiting times and being able to see their preferred GP. For example:

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 88% patients said the last appointment they got was convenient (CCG average 91%, national average 92%).
- 36% patients said they usually only waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).
- 28% patients said they didn't normally have to wait too long to be seen (CCG average 55%, national average 58%).
- 50% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

The practice was aware of the low patient satisfaction rates with appointment waiting times. We saw that this issue had been discussed with members of the patient participation group. As a result of analysing the longer appointment waiting times, it was thought there were two main reasons for this:

- GPs seeing emergency patients
- New patients especially those who are non-English speakers and were presenting with multiple complex problems that take up time additional to be dealt with through an interpreter.

We saw evidence that it had been agreed with the PPG in February 2016 that a new process of one medical condition per appointment would be implemented to ensure that the GP did not over run. We noted that posters had been displayed in every consulting room to educate patients to discuss one medical condition per appointment so that consultation times were better adhered to. This was due to be discussed again at the next PPG meeting in March 2016 so that any other suggestions for implementation could be found. The practice also had plans to develop a practice survey so that the wider patient view and impact could be assessed.

Are services responsive to people's needs?

(for example, to feedback?)

Additionally more appointments had been released online and promoted as well as the use of GP telephone consultations in order to ease pressure and reduce waiting times. More staff had been also been allocated to taking appointments phone calls and a duty GP had been allocated to provide telephone consultations where appropriate. The practice told us they hoped that the implemented changes would demonstrate an improvement in appointment waiting times.

More recently (March 2016) the practice had received the results from an external company contracted to fully analysing the GP patient survey together with other practice data in order to make further suggestions on the ways the practice could improve waiting time and patient access. We saw that the results of this analysis had been received in the week of the inspection and the practice informed us that they would be fully examining the document to determine those suggestions that could be implemented.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

The practice had received 37 complaints in the last 12 months. We looked at a sample of 20 complaints received and saw that that some had been dealt with in a timely way with openness and transparency. However, some of the complaints did not have any evidence of a response. The practice manager informed us that the complainants had been responded to but evidence of this had not always been kept or documented.

There was some evidence that complaints had been discussed at practice meetings although lessons learnt and action taken to as a result to improve the quality of care was not always evident. There had also been no analysis of the complaints received to look for overall trends. However, the practice was able to show evidence to demonstrate that they were in the process of developing a complaints register for this purpose and were also in the process of conducting a complaints audit.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had an 'ethos' statement which was displayed in the practice and staff knew and understood the values.
- This stated that the practice focus was to provide high quality care and access for a better future.

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 policies were implemented and were available to all staff.
- Although the practice met most QOF targets well, it was an outlier for some QOF and other local and national clinical targets. However, the practice had taken steps to try and raise standards in some of the identified areas of improvement.
- Clinical and internal audits had been used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

We found that the GPs at the practice had the experience, capacity and capability to run the practice and ensure high quality care. Three of the GP partners were visible in the practice on the day of the inspection. Staff members we spoke with told us that they found the GP partners to be very supportive and approachable and that the GPs and management encouraged a culture of openness and honesty.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal or written apology.
- The practice had kept records of written correspondence.

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

- Staff members informed us that the practice held fortnightly team meetings and clinical meetings every two to three months. We viewed documentation to support this.
- Staff members we spoke with told us that there was an open and transparent culture within the practice. Staff felt they had opportunities to raise any issues and felt supported when they did. We noted team building days and events were held every two or three months.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We saw that the partners at the practice were very motivated, dynamic and had inspired staff.
- We saw evidence to demonstrate that staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice had gathered some feedback from patients, the public and staff.

- The practice had obtained some feedback from patients via the patient participation group (PPG). We saw that the PPG had only recently been re-established in January 2016. Membership of the PPG was low with five to six members attending the meeting in January 2016 and we noted that a PPG chairperson had not yet been appointed.
- We met with one member of the PPG who informed us that they felt that the practice listened to their views and had confidence that the PPG would make positive changes to improve the practice processes. The practice informed us of their plans to develop a practice survey to gain wider patient views in collaboration with the PPG. We saw evidence that the PPG was being actively promoted in the waiting areas.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice and the practice was an accredited training practice training practice for medical students. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice actively

participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices. The practice had thoroughly analysed its patient population and sought to provide targeted services. The practice was very engaged with the community, external partners and agencies and its patient population. We saw evidence of frequent engagement with relevant parties to share good practice and improve services. For example, following collaboration with Alzheimer's society, a Dementia Support Manager was due to start sessions at the surgery in April 2016 and collaboration with John Taylor Hospice had led to monthly clinical sessions via a prostate cancer nurse scheduled to start in May 2016.

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 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person had not established an effective system to record, handle and respond to complaints by service users. For example, the registered person was not always able to provide evidence to demonstrate that they had responded to complaints made or provide confirmation of any further correspondence with complainants in relation to such complaints. This was in breach of regulation 16(2)(3)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.