Harborne 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?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Harborne Medical Practice on 14 December 2016. Overall the practice is rated as Good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and discussing significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients CQC feedback cards commented that they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice had an active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice hosted a pilot DWP (Department for Work & Pensions) outreach service. This demonstrated excellent partnership working enabling patients from the practice to transform their lives. Examples included 30 patients who were given work experience, accessed education, obtained volunteering experience and paid employment.

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

The practice is rated as good for providing safe services.

- There was a strong comprehensive safety system in place with a focus on openness, transparency and learning if things went wrong.
- All staff were aware of their responsibilities and fully committed to reporting incidents. There was an incidents and alerts log. We saw evidence that incidents had been consistently recorded, reported, discussed and reviewed.
- The practice identified and used opportunities to learn from incidents to support continuous improvement. We saw evidence that incidents and learning points were documented and discussed with staff during weekly meetings which contributed to staff awareness.
- The practice carried out an analysis of significant events and these had been discussed at the practice.
- When things went wrong patients received reasonable support, clear information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above regional and national averages. The most recent published results showed that the practice achieved 99% of the total number of points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were carried out and 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.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published during July 2016 showed patients rated the practice higher than others for several aspects of care. For example, 89% of patients said the GP gave them enough time compared with the Clinical Commissioning Group (CCG) average of 86% and the national average of 87%. 97% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 95%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified. For example, the practice had introduced an appointment system that included on the day access and advanced access clinics to provide greater access for patients.
- Patients recorded on CQC feedback forms that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good

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

Summary of findings

- The practice had a vision with quality and safety as its top priority. The strategy to deliver this vision had been produced in consultation with the staff team and was regularly reviewed (six monthly) and discussed with staff.
- Good standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a good level of constructive engagement with staff and a high level of staff satisfaction.
- The practice had an engaged and active patient participation group which influenced practice development. For example, contributing to the design and specification of the waiting room, and carrying out patient surveys result which resulted in improvements to services.
- There was a good focus on continuous learning and improvement at all levels.

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 is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 69 registered patients that were house bound and made regular visits to these patients in their homes; for example to provide joint injections when necessary.
- The Advanced Nurse Practitioner visited the elderly in their own homes from 8am to 6:30pm four days per week. A GP carries out the home visits 8am to 6.30pm on the other day of the week.
- The practice directed older people to appropriate support services.
- All patients aged 75 and over were offered an annual health check.
- The practice had regular contact with six nursing homes in the area with clinical sessions on a weekly basis. Two nursing homes with complex patients receive weekly ward rounds by the Advanced Nurse Practitioner or a GP.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national averages. For example 94% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 94%. The practice's exception reporting rate for this indicator was 13% compared with the CCG average of 17% and the national average of 18%.
- Longer appointments and home visits were available when needed.

Summary of findings

- These patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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 accident and emergency attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Breast feeding facilities are available with signage in reception.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives and health visitors.
- The practice offered seven days a week appointments working with the Prime Ministers Challenge Fund. This meant that the patients had access to book ahead appointments from 8am to 8pm seven days a week with a GP who would have access to their records through a data sharing agreement.
- The practice offered an emergency contraception service to young people on a daily basis.

Working age people (including those recently retired and students)

Good

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 reflected the needs for this age group. At present 29% of their patients were registered for online services.

Summary of findings

- Appointments were offered to accommodate those unable to attend during normal working hours.
- Performance for cervical indicators was comparable to CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 82% compared with CCG and national averages of 80% and 82% respectively.
- The practice provided support for the young students at Queen Alexandra College which provides education for 16 to 25 year olds with disabilities as well as a supported living programme.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 41 patients registered as having a learning disability and had completed health checks for 33 (80%) of these patients in the last 12 months.
- The practice offered longer appointments for patients with a learning disability (up to 30 minutes).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff told us they 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.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 173 patients as carers (2% of the practice list).
- The practice had participated in a pilot programme and had worked with an in-house DWP advisor who sought referrals from GPs who had identified patients who struggled to obtain work; whether it was related or unrelated to a medical condition. This showed the practice had a wide and holistic view of health as work (paid or voluntary) has been generally considered to be beneficial to an individual's overall wellbeing.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- Performance for mental health related indicators was higher than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 91% and 88% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. The results showed the practice was mostly performing above local and national averages. There were 313 survey forms were distributed and 108 were returned. This represented a 35% response rate and 2% of the practice's patient list. Of those who responded:

- 74% of patients found it easy to get through to this practice by telephone compared with the CCG average of 70% and the national average of 73%.
- 89% of patients said the last appointment they got was convenient compared with the CCG average of 90% and the national average of 92%.
- 86% of patients described the overall experience of this GP practice as good compared with the CCG average of 82% and the national average of 85%.
- 77% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 24 comment cards and all of these were positive about the standard of care received. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect.

We spoke with six patients who were also members of the practice's patient participation group.

Harborne 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.

Background to Harborne Medical Practice

Harborne Medical Practice is a purpose-built premises situated in Harborne, Birmingham and serves patients within the residential suburban district in south-west Birmingham. The practice is part of the Birmingham South Central CCG. The practice is well served by the local bus network and there is accessible parking. The practice and facilities are suitable for those with a physical disability including wheelchair users.

The practice provides primary medical services to approximately 10,592 patients in the local community.

The practice address is 4 York Street, Birmingham, Birmingham, B17 0HG.

The clinical staff team consists of six partners (two female and four male) and one female salaried GP. The clinical team is supported by a practice manager, 13 administrators, one advanced nurse practitioner, three practice nurses, one Phlebotomist and one health care assistant.

Opening Hours for appointments (phone lines are 8am to 6:30pm and Reception hours are 8am to 6:30pm) are: Monday 8:30am to 6pm (closed 12 - 1pm), Tuesday 7:30am to 7:30pm, Wednesday 8:30am to 6pm, Thursday 7:30am to 6pm and Friday 8:30am to 6pm.

Out of hours services are provided by the Primecare Birmingham Cross City 111 service.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the Birmingham South and Central CCG . We carried out an announced inspection on 14 December 2016. During our inspection we:

- Spoke with a range of managerial, clinical and non-clinical staff. and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed a total of 24 comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed 10 questionnaires given to reception/ administration staff prior to the inspection.

Detailed findings

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.

Good

Are services safe?

Our findings

Safe track record and learning

There was a strong comprehensive safety system in place with a focus on openness, transparency and learning if things went wrong. There was a well-established process for reporting and recording significant events.

- All staff were aware of their responsibilities and fully committed to reporting actual incidents, potential incidents and near misses. There were dedicated incident recording forms and an incidents and alerts log. We saw evidence that incidents had been consistently recorded, reported and reviewed. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice identified and used opportunities to learn from incidents to support continuous improvement. We saw evidence that incidents and learning points were documented and discussed with staff during weekly meetings. Two administrative/secretarial staff gave examples of how discussing safeguarding concerns at staff meetings contributed to their understanding and awareness of safeguarding issues.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events and had a dedicated form for logging circumstances, learning points and actions. We were told that significant events had been discussed outside of the practice, for example with the district nurse and other practices locally.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare Products Regulatory Alerts), patient safety alerts and minutes of meetings where these were discussed. The practice had a dedicated medical safety alerts process in place which described associated risks, mitigations and actions.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, a practice nurse told us that information about vaccine safety for children was documented in detail and shared with practice staff.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The practice had specific child and adult safeguarding policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for safeguarding. The GPs and nurses attended safeguarding meetings and provided reports for other agencies where necessary. The practice had processes in place for maintaining a register of children at risk.
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. We saw evidence that safeguarding was discussed during practice meetings.
- Notices in the waiting room and consultation rooms advised patients that chaperones (both male and female) were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were medical, clinical and administrative leads for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control was included in all staff induction programmes.

Good

Are services safe?

- The practice had a detailed infection control audit tool in place which included actions to address non-compliance and allocated leads. This reviewed, for example, the building environment, sharps handling and disposal, protective equipment and waste management. We saw that audits were undertaken annually (14.01.2016 audit scored the practice at 93%) and we saw evidence that action was taken to address any improvements required as a result.
- There were comprehensive arrangements in place for managing medicines, which included emergency medicines and vaccines. This included obtaining, prescribing, recording, handling, storing, security and disposal. Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- We reviewed three personnel files 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. 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 and there were comprehensive, detailed records of this. Records showed that all equipment had been tested during the last 12 months. 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 bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff were able to cover each other's roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the reception area and all consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. There were detailed processes in place for reviewing equipment safety and comprehensive logs showing that this had been carried out regularly.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. There was a stringent process in place to monitor emergency medicines and the drugs in the GPs' bags.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

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. (NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice internet. Staff told us and we saw evidence that guidance and standards were discussed at weekly clinical meetings. Staff used this information to deliver care and treatment that met patients' needs.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice had achieved 99% of the total number of points available. This was above the CCG and national averages of 97% and 95% respectively.

QOF exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

- The practice's clinical exception rate was 6% compared with the CCG and national averages of 9%.
- The practice's public health exception rate was 13% compared with the CCG average of 12% and the national average of 12%.

This practice was not an outlier for any QOF (or any other national) clinical targets. Data from 2015-16 showed:

- Performance for diabetes related indicators was higher to the CCG and national averages. For example 100% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 94%. The practice's exception reporting rate for this indicator was 25% compared with the CCG average of 17% and the national average of 18%.
- Performance for mental health related indicators was higher than CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 92% compared with CCG and national averages of 91% and 88% respectively. The practice's exception reporting rate for this indicator was 13% compared with the CCG average of 8% and the national average of 13%.
- Performance for hypertension related indicators was similar to the CCG and national averages. For example, the percentage of patients with hypertension (high blood pressure), whose last measured blood pressure was under the recommended level, was 83% compared with the CCG average of 83% and the national average of 84%. The practice's exception reporting rate for this indicator was 4% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was higher to the CCG and national averages. For example the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 79% compared with CCG and national averages of 76% and 75% respectively. The practice's exception reporting rate for this indicator was 10% compared with the CCG average of 3% and the national average of 8%.

QOF performance was closely monitored at all times. Where QOF targets were not met individual cases were reviewed by a clinician and discussed with other members of the clinical team. The practice had a documented approach to exception reporting which was followed consistently.

There was evidence of quality improvement including clinical audit.

Good

Are services effective?

(for example, treatment is effective)

- The practice had carried out numerous clinical audits in the last two years.
- Two of these were completed audits where the improvements made were implemented and monitored. One of these audits focussed on minor surgery and associated safety and service protocols, and had resulted in an increase in referral accuracy.

Findings were used by the practice to improve services. For example, an audit on diabetes care had resulted in a reduction in unnecessary prescribing and improvements in the quality of patient clinical records.

The practice hosted a pilot DWP (Department for Work & Pensions) outreach service. This demonstrated excellent partnership working and helped to support patients from the practice to transform their lives. Examples included 30 patients given work experience, accessing education, volunteering experience and paid employment.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as mental health.
- Staff who administered vaccines and took samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, protected learning time (12pm to 1pm on Monday) one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received a documented appraisal within the last 12 months.
- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

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 computer system.

- This included care and risk assessments, care plans and medical records which were up to date and investigation and test results which were dealt with daily by the doctors requesting the tests or through a buddy system if they were not available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. There was a coding and information handling system.

Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs. For example, clinical staff held multidisciplinary team meetings as and when required with case managers and district nurses.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Good

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking or alcohol intake. Patients were signposted to relevant services locally where required.
- A range of advice including diabetes care and management, prostate health, asthma management and chronic obstructive pulmonary disease (COPD) was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 66% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 65% and 72% respectively. 45% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 46% and 58% respectively.

Childhood immunisation rates for the vaccinations given were slightly higher than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% and for five year olds from 88% to 98%. The CCG averages ranged from 79% to 96% for under two year olds and from 84% to 95% for five year olds.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, and NHS health checks for patients aged from 40 to 74. All patients aged 75 and over were offered an annual health check. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

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 consulting 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 showed us the rooms that were available for this.

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients recorded they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect.

We spoke with six representatives out of 18 of the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

CQC comment cards we received highlighted that staff responded compassionately when they needed help and provided support when required. The practice responded to all comments made on NHS Choices.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 95% of patients said the nurse was good at listening to them compared with the Clinical Commissioning Group (CCG) average of 89% and the national average of 91%.
- 89% of patients said the GP gave them enough time compared with the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 95% and the national average of 95%.

Care planning and involvement in decisions about care and treatment

Patients comment cards told us they felt consulted about and involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or higher than CCG and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 173 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Patients who were carers told us that they were signposted to local support services. The practice was working with the PPG to explore further support for carers.

Good

Are services caring?

The practice had recently worked with their PPG to improve the waiting area and car parking at the practice.

Staff told us that if families had experienced bereavement, their usual GP contacted them directly and a member of the practice team would visit the family. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service. Practice staff also attended funerals to support families.

Good

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 CCG to secure improvements to services where these were identified.

- Early morning appointments on Tuesday's and Thursday's starting at 7:30am were available for patients on their way to work.
- There were double appointments available for any patients needing them, or triple appointments for those with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation and interpretation services available, and staff demonstrated an awareness of the difficulties and issues faced by patients with hearing impairments. A staff member had trained in British sign language level 1 and used these skills as and when required.
- The practice had facilities that were fully accessible for those patients with mobility issues such as wheelchair users and there were disabled toilets and a lift in place.
- There was onsite parking with designated disabled parking spaces.
- 29% of patients were registered for online use of the practice services.

Access to the service

Opening Hours for appointments (phone lines were 8am to 6:30pm and Reception hours were 8am to 6:30pm) were: Monday 8:30am to 6pm (closed 12 - 1pm), Tuesday 7:30am to 7:30pm, Wednesday 8:30am to 6pm, Thursday 7:30am to 6pm and Friday 8:30am to 6pm.

Appointments were available between 8:30am and 5:45pm on Monday, Wednesday and Friday, 7:30am and 7:15pm on Tuesday and 7:30am to 5:30pm on Thursday.

Out of hours services are provided by the Primecare Birmingham Cross City 111 service.

Pre-bookable appointments could be booked up to eight weeks in advance, and we saw that urgent appointments were available for people that needed them.

Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by telephone compared with the CCG average of 70% and the national average of 73%.

The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

We saw that alternative emergency care arrangements were made in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

The practice delivered care to 32 'enhanced assessment beds' in the locality. These enhanced assessment beds help to rehabilitate patients with the aim of maximising their independence and discharging them to the most appropriate place, most often their own home. By doing this it is possible that emergency admissions may be reduced.

Listening and learning from concerns and complaints

Good

Are services responsive to people's needs?

(for example, to feedback?)

There was an active review of complaints and comments and these were managed and responded to. We saw that the practice had an effective system in place for handling complaints and concerns.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints and comments box was available to patients in the reception area.

We looked at the nine complaints which had been received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

Patients recorded on CQC comment cards that they knew how to make complaints if they wished to.

There was an active Patient Participation Group (PPG) in place who worked with the practice to identify and respond to concerns.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had made changes to appointments by introducing an appointment system that included on the day access and advanced access' clinics to provide greater access for patients.

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 and values (Best Care, Best Time, Best Place), driven by quality and safety which reflected compassion, dignity, respect and equality. There was a clear and realistic strategy that had been developed with regular engagement of patients who used the service and the staff team.

- The practice had clear values, which were to provide the highest quality, personalised care; to engage with patients and the community to improve care; and to support and encourage staff development. We found evidence that staff knew, understood and fully supported these values. They regularly discussed ways to implement and maintain those values and each member of staff we spoke to said that they followed the examples of the GPs and practice manager.
- The practice had a well implemented strategy and supporting business plans which reflected the vision and values, and these were regularly monitored.
- We saw that the GPs and practice manager were aware of future challenges which included recruitment, increasing access demands, the evolving national context and increasing costs. They had identified issues and had plans in place to continue delivering high quality care. For example the practice manager was due to retire and we found evidence of effective succession planning (over 130 applications) through on-going recruitment and selection processes.
- The practice management team held six monthly 'away days' and reported the discussions back to the rest of the practice teams.

Governance arrangements

The practice had an overarching and comprehensive governance framework which maintained and enabled the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- The GPs and practice manager continually promoted the values and ethos of the practice to motivate them to succeed.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Staff worked closely together and were able to support each other in their roles which included covering for each other when necessary.
- All 15 Quality and Outcomes Framework (QOF) clinical domains (for example asthma, hypertension, diabetes and learning disabilities) were allocated both a clinical and administrative lead. Lead roles and specialist areas were shared amongst the staff team and we saw evidence that appropriate training and guidance was provided. We saw evidence that this helped administrative staff to provide effective support to clinicians across the clinical domains.
- Practice specific policies and procedures were implemented and were easily accessible to all staff in electronic form. Staff demonstrated they were aware of their content and where to access them. Policies and procedures were all recently reviewed by the practice manager and subject to version control, with subsequent review dates identified and documented.
- Governance and performance management arrangements were in place and were proactively reviewed.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw evidence of changes to policies, procedures and working practices as a result of clinical and internal audit.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had systems for ensuring that oversight and monitoring of the full range of risk assessments and risk management was available in one place to promote consistency and effective governance.
- The practice had systems for ensuring that oversight and monitoring of all staff training and updates was in place and we saw that this was used effectively.

Leadership and culture

On the day of inspection the GP partners and practice manager demonstrated they had the experience, capacity

Are services well-led?

Good

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

and capability to run the practice and ensure high quality care. They told us and were able to evidence they prioritised safe, high quality and compassionate care and we saw this during the inspection.

Staff told us the GPs and the practice manager were approachable and always took the time to listen to, encourage and involve all members of staff. Staff received protected time for learning and were encouraged to complete training and attend courses which helped them improve services for patients such as mental capacity training, safeguarding, equality and diversity, and customer care.

We found that there were high levels of staff satisfaction. Staff told us they were proud of the organisation and spoke highly of the culture and support provided. There were consistently high levels of constructive staff engagement and all staff had at least one lead area of responsibility. Lead roles and specialist areas were shared amongst the staff team and we saw evidence that appropriate training and guidance was provided. We saw evidence that this helped administrative staff to provide effective support to clinicians across the clinical domains. Staff at all levels were actively encouraged to raise concerns and there was a zero blame culture with a focus on learning and improvement.

All of the staff we spoke to told us that patient satisfaction was important to the practice and this was demonstrated throughout.

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

- The practice gave affected people reasonable support, clear 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 told us that they felt supported by management.

- Staff told us the practice held regular practice meetings. These took place once a week. Staff told us a wide range of issues were discussed including clinical matters, safeguarding, and learning and improvement. Two administrative/secretarial staff gave examples of how discussing concerns at staff meetings contributed to their improved understanding and awareness of issues.
- Staff told us there was an open, zero blame culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners in the practice and the practice manager. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

There was a highly active, motivated and engaged patient participation group (PPG) in place which met regularly every two months. The PPG was a member of the National Association for Patient Participation (NAPP). (NAPP is a national, patient-led organisation working with PPGs to promote effective patient engagement and involvement.)

We saw that the PPG had repeatedly engaged with patients which included carrying out detailed and comprehensive surveys (last survey conducted in the first week of December 2016). There was a formalised agenda with standing items including reports from the PPG members and the practice manager. PPG meetings were regularly attended by two members of practice staff including the practice manager and a GP.

There were many examples of where the PPG had engaged with the practice and contributed to positive improvements within the previous 12 months. These included:

- Contributing to the design and specification of the practice waiting area from a patient perspective for example considering ease of access.
- Designing the practice information leaflet.

Are services well-led?

Good

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

- Designing, implementing and reporting on a survey concerning patient access to the practice which led to the introduction of regular an appointment system that includes on the day access and advanced access clinics.
- Designing and maintaining the practice website with the aim of making it easier to use and navigate for patients.
- Working with the practice to set up an on-site programme of regular sessions run by external organisations to support patients, including those who are isolated. This included exercise classes for diabetics.

We spoke with six PPG members who told us the practice was always open and honest, and worked constructively with them to help effectively deliver the best quality care.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

Continuous improvement

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

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice was a member of the Edgbaston Wellbeing Hub which worked with mental health patients.
- The practice has achieved the 'Outstanding Contribution in General Practice 2015'

We saw that the practice had identified and discussed future challenges and was working towards addressing them. This included consideration of issues affecting CCGs across Birmingham.