

# Dr Mehboob Bhatti

## Quality Report

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Date of inspection visit: 31 May 2016  
Date of publication: 22/09/2016

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?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mehboob Bhatti's practice on 31 May 2016. Overall the practice is rated as good.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients 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.
- Information about services and how to complain was available in the waiting area and in the practice leaflet. Although the practice did not have any written complaints, we saw that verbal complaints were being logged.
- Data from the Quality and Outcomes Framework (QOF) during the year 2014/2015 showed the practice was an outlier for clinical targets in diabetes, chronic obstructive pulmonary disease (COPD) prevalence, asthma reviews and cervical screening. Unverified and unpublished data provided post-inspection by the practice for the year 2015/2016, showed significant improvements in these areas.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had a number of policies and procedures to govern activity, although some were not practice specific.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Review and update procedures and guidance to ensure they are properly reflective of the requirements of the practice and do not contain outdated or incorrect information.

- Review procedures to ensure effective documentation and organisation of information to enable easier monitoring processes. For example staff meeting records or infection control action plan monitoring.
- Consider how carers could be more proactively identified to ensure all carers were being effectively supported.

**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?

- There was a 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 at practice meetings and externally at Locality Network Meetings for wider sharing of learning.
- When there were unintended or unexpected safety incidents, people received reasonable support and information. They were also told about any actions to improve processes to prevent the same thing happening again. The practice told us a verbal apology, where appropriate, was offered although this was not documented.
- 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 member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

Good



### Are services effective?

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (NICE) and used this information to deliver care and treatment that met peoples' needs.
- Unpublished and unverified data available from the practice for 2015/16 showed that significant improvements had been made in areas where the practice had been identified as an outlier for QOF (or other national) clinical targets.
- Staff had access to appropriate training to meet learning needs and to cover the scope of their work.
- There was evidence of appraisals for all staff.
- There was evidence that multi-disciplinary team meetings took place with a range of healthcare professionals.

Good



### Are services caring?

- The national GP patient survey published on 7 January 2016 showed that the practice performance was mixed with some aspects being rated above local and national averages whilst others were rated lower.

Good



# Summary of findings

- The practice had more recently carried out their own mini-patient survey which had demonstrated improved satisfaction rates. Comment cards we received and patients we spoke with were wholly positive.
- We found that information for patients about the services available was easy to understand and accessible.
- An active 'Friends Together' group had been set up by the practice for meeting and sharing of information between carers and elderly patients.
- We saw that staff treated patients with kindness and respect.
- Views of external stakeholders were positive and aligned with our findings.

## Are services responsive to people's needs?

Good



- There was some evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to try and secure some improvements to services.
- Patients we spoke with and the comment cards we reviewed showed that patients found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Results from the national GP patient survey published on 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages.
- 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. Verbal complaints were being documented and learning shared with staff and discussed at practice meetings.

## Are services well-led?

Good



- There was a leadership structure in place and staff felt supported by management.
- The practice had some structures and procedures in place to support them with the delivery of good quality care. However, some of the policies were generic and did not demonstrate that they had been properly reviewed to ensure that they reflected the processes and systems in place at the practice.
- The practice held regular staff meetings although these were generally informal and only documented on an ad hoc basis.

# Summary of findings

- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- The practice proactively sought feedback patients, which it acted on. The patient participation group was active.
- All staff had received an annual appraisal.

# Summary of findings

## The six population groups and what we found

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

### Older people

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were also able to book telephone consultations with the GP.
- A 'Friends Together' group had been set up at the practice for meeting and sharing of information between carers and elderly patients.
- There were longer appointments available for older patients, when necessary and those over 75 were allocated a named GP.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.
- Patient consultations were held on the ground floor of the practice.

Good



### People with long term conditions

- Performance for diabetes related indicators for the practice was 75% which was below the CCG average of 83% and a national average of 84%. However, exception reporting was lower for the practice at 5% compared with 11% for the CCG and 12% nationally.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was comparable to the CCG average of 86% and a national average of 84%.
- Longer appointments and home visits were available when needed.
- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were comparable to CCG averages.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 68% which was below the CCG average of 78% and the national average of 82%. However, we saw evidence to demonstrate that the most recent uptake rates had improved to a level comparable to local and national averages.
- We saw positive examples of joint working with midwives and health visitors. Health visitors held monthly baby clinics at the practice and a midwife held weekly sessions.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Breast feeding and baby changing facilities were available.

## 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 offered extended hours on Thursdays from 6.30pm to 8pm for working patients who could not attend during normal opening hours.
- Patients were able to book telephone consultations with the GP.
- Patients could book appointments or order repeat prescriptions online.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group. A health trainer attended the practice when required (usually monthly) to support those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.

Good



## People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- The practice worked with health visitors to identify children who may be vulnerable.
- Translation services were available.
- Longer appointments were available for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.

Good





# Summary of findings

- Practice policies 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 staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

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

- Performance for mental health related indicators was 94% which was above the CCG average and national averages of 87%.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- 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 staff 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

The national GP patient survey results were published on 7 January 2016. The results showed the practice was mixed compared with local and national averages. Three hundred and seventy two survey forms were distributed and 123 were returned. This represented a 33% survey response rate and 5% of the practice's patient list.

The practice was above or in line with CCG and national averages in relation to most aspects of interactions with reception staff, appointment access or experience and waiting times:

- 93% of patients found the reception staff at the surgery helpful compared to a CCG average of 84% and a national average of 87%.
- 82% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average 85%.
- 64% of patients said that they usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61% and a national average 65%.

The practice was below the CCG and national averages in relation to overall experiences and almost all aspects of nurse and GP consultations. For example:

- 71% 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%.

- 75% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 77% said the last nurse they saw was good at listening to them compared to the CCG average of 90% and national average of 91%.
- 78% said that the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 89% and national average of 90%.
- 79% of patients described their overall experience of the surgery as good compared to a CCG average of 83% and a national average 85%.
- 66% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to a CCG average of 74% and a national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, all of which were wholly positive about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent, individualised service and staff were helpful and attentive.

We spoke with 10 patients during the inspection (three of whom were also members of the patient participation group). All the patients we spoke with told us said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Review and update procedures and guidance to ensure they are properly reflective of the requirements of the practice and do not contain outdated or incorrect information.
- Review procedures to ensure effective documentation and organisation of information to enable easier monitoring processes. For example staff meeting records or infection control action plan monitoring.
- Consider how carers could be more proactively identified to ensure all carers were being effectively supported.

# Dr Mehboob Bhatti

## 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 Dr Mehboob Bhatti

- Dr Mehboob Bhatti's practice also known as Sutton Road Surgery is located in Erdington, Birmingham and has approximately 2400 registered patients.
- The practice has one full-time male GP and one regular part-time female (regular) locum GP. There is a female practice nurse, a practice manager and three reception/administrative staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 9am and 6.30pm Monday to Friday except for Wednesday afternoons when the practice closes at 12.45pm. Appointments take place from 9am to 11.30am every morning and 4pm to 5.50pm daily (except on Wednesdays). The practice offers extended hours on Thursday s from 6.30pm to 8pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

- Out-of-hours services for patients are provided through Birmingham and District General Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service via the practice answer phone message.
- The practice also has an arrangement with BADGER to provide cover between 8am and 9am before the practice opens. During this time BADGER is able to contact the GP if required.
- The practice has a slightly higher proportion of male patients between the ages of 45 and 65 years than the national average. They have a slightly lower than average number of patients who are between 10 and 24 years of age.
- The practice is in an area that is nearer the higher levels of social and economic deprivation.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 May 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (a GP, the practice manager, the practice nurse and a receptionist) and spoke with patients who used the service.
- Spoke with members of the patient participation group (PPG).
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager or the GP of any incidents although a significant event reporting form was not being used. Staff were able to provide an example of lessons learnt following an incident in the practice.
- We saw that the practice had documented three significant events on a spreadsheet in the past 12 months. We saw evidence to demonstrate that significant events were discussed and that learning points had been shared.
- The GP told us that they had attended Locality Network Meetings where a recent significant event had been shared externally for wider learning.
- The practice told us that that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology (although this was not documented). They were also told about any actions to improve processes to prevent the same thing happening again.

We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the GP we spoke with discussed a recent alert related to diabetes medication changes that had been implemented at the practice. However, the system for receiving and managing patient safety alerts was not robust. For example, there were no records to demonstrate the action taken, how information was being disseminated or any outcomes as a result of the alert. In addition, the practice policy related to safety alerts contained incorrect and outdated information with reference to staff and processes of a different practice.

### Overview of safety systems and processes

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

- There were arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about

a patient's welfare and the staff we spoke with were aware of this. The GP was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. The GP provided reports where necessary for other agencies. Relevant safeguarding issues were discussed at practice meetings. The GP told us that there was a system on the computer for highlighting vulnerable patients. We saw evidence to demonstrate that the GP and the practice nurse were trained to Safeguarding level 3, the appropriate level for their role.

- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse normally acted as chaperone, with one of the reception staff taking on this role if required. We saw evidence to demonstrate that they were both trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) in February 2016 and the practice had achieved an overall score of 98%. However we noted that an infection control audit action plan provided by the CCG had not been completed following the audit. For example, it did not detail who would be responsible for the action at the practice, the date for implementation or what action (if any) had already been taken. The practice told us that the identified actions had not yet been completed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Prescription stationery was securely stored and there were systems in place to monitor the use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

## Are services safe?

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 five personnel files (locum GP, practice nurse and three reception staff) and found that all staff had been employed prior to the practice being registered with the CQC. We saw evidence that both the practice nurse and the locum GP had registration with their appropriate professional bodies and they had undergone appropriate checks through the Disclosure and Barring Service (DBS). We saw evidence that one of the three reception staff had a DBS in place and DBS checks had been applied for the other two. An updated recruitment policy was in place which specified the appropriate recruitment checks to be undertaken prior to employment.

### 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 and we saw that a health and safety policy was available. The practice had up to date fire risk assessments and carried out regular fire drills. We found that all electrical equipment we reviewed had been 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. We were told regular locums were used if needed to provide any required GP cover.

### Arrangements to deal with emergencies and major incidents

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

- There was a system in place to alert staff to any emergency.
- All staff had received annual basic life support training and there were emergency medicines available.
- 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 all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for a large range of major incidents such as power failure or building damage. The plan was sufficiently detailed and included emergency contact numbers for staff.

# 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 and used this information to deliver care and treatment that met patients' needs.
- The GP told us that new and amended guidelines were disseminated and 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) for the practice showed they had achieved 83% of the total number of QOF points available. This was below the CCG & national QOF averages of 94%. However, post-inspection the practice provided us with evidence to demonstrate to us their achievement for 2015/16 showed significant improvement in that the practice had achieved 96% of total QOF points available. However, this was not published and verified data.

The practice had a 3% exception reporting which was lower the CCG and 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 in diabetes, chronic obstructive pulmonary disease (COPD) prevalence, asthma reviews and cervical screening. For example, QOF data from 2014/2015 showed;

- Performance for diabetes related indicators for the practice was 75% which was below the CCG average of 83% and a national average of 84%. However, exception reporting was lower for the practice at 5% compared with 11% for the CCG and 12% nationally. The practice

informed us that they were implementing a text message reminder service to try and improve recall attendance. Data available from the practice showed that there had been an improvement for the year 2015/2016 with the practice performance now at 85%. However, this was not published and verified data. The ratio of reported versus expected prevalence of COPD for the practice was low at 0.23 compared to 0.49 for the CCG and 0.63 nationally.

- The practice told us that the low prevalence rates had been analysed using external support who were unable to identify reasons for the lower than average prevalence found within its practice list population. Evidence of this was provided post-inspection.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 54% for the practice compared to 74% CCG and 75% nationally.
  - The practice told us that patients were either called or written to for their annual review but did not always attend and had carried out reviews on an opportunistic and ad hoc basis. The practice informed us that they were aware that this was an issue and a text message reminder service would be initiated to try and increase uptake levels and a more formalised approach implemented. Post-inspection we received information to demonstrate significant improvement for the year 2015/2016 with the practice performance now at 100%. However, this was not published and verified data.
- Performance for mental health related indicators was 94% which was above the CCG average of 87% and a national average of 87%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was comparable to the CCG average of 86% and a national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- We viewed three clinical audits which had completed in the last 12 months. Two of these were completed audits (a medicine review audit and an antibiotic prescribing audit) where the improvements made were implemented and monitored.

# Are services effective?

## (for example, treatment is effective)

- 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.

### Effective staffing

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

- We saw that the practice had an induction programme for newly appointed staff although we found that this was very generic and not fully adapted to individual staff roles and the needs of the practice. It did not specify the training areas to be covered such as safeguarding or infection prevention and control.
- The practice nurse administering vaccines and taking samples for the cervical screening programme had received specific training. There was evidence to demonstrate how the practice nurse stayed up to date with changes to the immunisation programmes, for example by access to on line resources and 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 five staff files and found all of the five had received an appraisal within the last 12 months.
- 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, investigations 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 told us they had also made referrals directly 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, the practice told us that end of life care multidisciplinary team meetings took place on a quarterly basis. We saw that the GP, practice nurse, community matrons, MacMillan 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 found that staff had received Mental Capacity Act training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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. A GP discussed a recent example where this had been done effectively.

### Supporting patients to live healthier lives

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

- The practice maintained a register of patients with a learning disability, dementia, diabetes and other long term conditions as well as carers or those that required palliative care.
- A health trainer attended the practice when required (usually monthly) to support those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- Health visitors held monthly baby clinics at the practice and a midwife held weekly sessions.

The practice's uptake for the cervical screening programme was 68% which was below the CCG average of 78% and the national average of 82%. Exception reporting was comparable at 7% (similar to the 8% CCG exception reporting rate and 6% national rate). Data received from the practice post-inspection indicated that the practice had



# Are services effective?

(for example, treatment is effective)

made significant improvements in uptake rates to a level of 83%. This was unpublished and unverified data. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and the practice ensured a female sample taker was available. The practice told us they were due to implement a text message reminder service to try and increase screening rates.

The practice was also below average for national screening programmes for breast cancer screening (practice average 60% compared to CCG average of 69% and national average of 72%) but in line with local and national averages for bowel cancer screening (practice average 48% compared to CCG average of 51% and national average of 58%). Post-inspection we received information from the practice to indicate an improvement in the breast

screening uptake rates. This was unpublished and unverified data. We also received evidence to demonstrate that the practice had been proactive in carrying out work to encourage cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for under two year olds ranged from 67% to 97% and five year olds from 83% to 96% for the practice which were similar to 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 patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice in the waiting room informed patients that a private area was available.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some patients commented on the individualised care that the practice staff provided, particularly the GP.

We spoke with 10 patients, which included three members of the 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 responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were mixed in relation to being treated with compassion, dignity and respect. For example the practice was above average for its satisfaction scores on interactions with reception staff but lower than the CCG and national averages in relation to both GP and nurse consultations:

- 75% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 74% said that the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 86% and national average of 87%.

- 87% said they had confidence and trust in the last GP they saw or spoke with compared to the CCG average of 95% and national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was unable to determine the reasons for the lower patient satisfaction with the GP or practice nurse consultations. However, we saw evidence to demonstrate that the national patient survey results had been fully discussed and a plan of action put in place after a practice meeting in March 2016. We saw that this included:

- An agreement to spend more time to listen and explain results to patients and to ensure patients were involved in the decision making.
- To always ask patients the two following questions before concluding a conversation or assessment:
  - Has the patient understood the information given and are they happy with this?
  - Does the patient have any further questions or want to ask about anything else?

All 10 of the patients we spoke with on the day of the inspection and all 37 comment cards we reviewed were positive about the service received and about the GP and practice nurse consultations. Patients told us that the GP offered excellent, individualised care and also commented positively about other practice staff. The practice had also more recently (January to March 2016) conducted their own practice patient mini-survey via the PPG which asked patients how likely they were to recommend the practice to friends and family. We saw that 72 patients had responded of which 69 patients (96% of respondents) were very likely to recommend the practice.

### Care planning and involvement in decisions about care and treatment

We spoke with 10 patients on the day of the inspection. Patients told us they felt involved in decision making about the care and treatment they received. They also told us

## Are services caring?

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 37 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patient satisfaction with GP and nurse consultations was lower than local and national averages regarding questions about their involvement in planning and making decisions about their care and treatment. For example:

- 71% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- The practice manager told us that the majority of the patient list population spoke English although 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**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 9 patients as carers (0.4% of the practice list). We saw that there were posters displayed in the waiting area and information on the practice website to inform carers on the various avenues of support available to them. The practice told us and we saw evidence to demonstrate that the practice staff had set-up an active 'Friends Together: Carers and Elderly Group' which was held every 3 months at the practice. All practice staff were involved and posters we viewed indicated that the next group meeting was scheduled for June 2016 with external speakers invited to raise awareness of support services available, prevent isolation for patients to share experiences.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation to provide support advice or information on how to access a support services if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure some of the improvements to services identified. For example, the practice told us they planned to carry out a review to target potential pre-diabetic patients. The practice 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 to improve the care offered to patients. The practice had also established close links with the local care homes where some of the patient list population resided and held regular meetings with the care home manager to review patients' health status and management.

- The practice offered extended hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- A facility for online repeat prescriptions and appointment bookings was available.
- Patients were able to book telephone consultations with the GP.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A 'Friends Together' group had been set up at the practice for meeting and sharing of information between carers and elderly patients.
- An electrocardiogram (ECG) service (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) was available onsite at the practice
- Health visitors held monthly baby clinics at the practice and a midwife held weekly sessions.
- Breast feeding and baby changing facilities were available.
- Same day appointments were available for children and those patients with medical problems that required same day consultations.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.

- Translation services were available.
- Although hearing loop was not available at the practice, one of the practice staff had completed a level one sign language course.
- All patient consultations were held on the ground floor of the practice although the reception desk had not been lowered for wheelchair users. The practice told us they would come out from behind reception to talk with patients in a wheelchair.

### Access to the service

The practice was open between 9am and 6.30pm Monday to Friday except for Wednesday afternoons when the practice closed at 12.45pm. Appointments were from 9am to 11.30am every morning and 4pm to 5.50pm daily (except on Thursdays). The practice offered extended hours on Thursdays from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages with the exception of patient satisfaction with the practice opening hours:

- 64% of patients were satisfied with the practice opening hours compared to a CCG average of 73% and a national average 75%.
- 82% of patients found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and a national average 85%.
- 80% of patients described their experience of making an appointment as good compared to a CCG average of 67% and a national average 73%.

Patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

We found that the practice had a system in place to assess:

- whether a home visit was clinically necessary;
- to determine the urgency of the need for medical attention.

# Are services responsive to people's needs?

(for example, to feedback?)

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## **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 the GP were joint 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 leaflet displayed in reception.

The practice had not received any written complaints in the last 12 months but had logged three verbal complaints received during this time. We saw that the practice had documented a brief overview of the complaint together with a comment on action taken. The practice told us that they discussed and reviewed the complaints at practice meetings although this had not always been documented. The practice also told us that patients received a verbal apology where appropriate although this was not documented either.

# 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 a 'mission' statement to provide individualised, high quality care without discrimination and to treat patients with dignity and respect.
- The practice had also developed a 'practice charter' within the practice leaflet. This advised patients of some of the standards that the practice held itself to and informed patients how to complain if they were not satisfied with the service received.

### Governance arrangements

The practice had some structures and procedures in place to support them with the delivery of the strategy and good quality care. However, some of the policies were generic and did not demonstrate that they had been properly reviewed to ensure that they reflected the processes and systems in place at the practice. We found that:

- There was a staffing structure in place and that staff were aware of their own roles and responsibilities.
- The practice told us they held regular staff meetings although these were generally informal and only documented on an ad hoc basis.
- Although some policies were practice specific and were available to all staff, we saw that others were very generic, incomplete or contained incorrect information such as the safety alert policy, induction policy or the waste management policy. Some of these policies referred to a completely different practice and contained incorrect contacts for staff (such as the safety alert policy).
- The practice told us they were aware of this and planned to re-review the policies to ensure they correctly reflected the processes in place at the practice.
- The practice was an outlier for some QOF and other local and national clinical targets. Evidence to demonstrate action taken to improve performance in these areas was not available.
- Some clinical and internal audits had been undertaken to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The GP told us they prioritised safe, high quality and compassionate care. Staff told us the GP and management were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice 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 and a verbal apology although this was not documented.
- The practice kept written records of some of the verbal interactions.

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

- 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.
- Staff said they felt respected and valued 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.

- The practice had gathered feedback from patients through their active patient participation group (PPG) and through surveys and complaints received. We spoke with three members of the PPG on the day of the inspection. They informed us that the PPG met regularly, had carried out patient surveys and felt that the practice listened to their views about proposals for improvements. For example, as a result of feedback

# Are services well-led?

Good 

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

from the PPG, the practice had now installed an electronic appointment display board for the convenience of patients. This had been agreed with the PPG and implemented.

- The practice had gathered feedback from staff through a staff survey, and generally through staff meetings,

appraisals and discussion. For example a staff survey had been carried out to determine staff views on varied aspects of service provision and training provided at the practice. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.