Dr Mohamedtaki Walji

Quality Report

43 Edward Road,
Birmingham,
B12 9LP
Tel: 0121 289 3037
Website: www.drwaljiandcolleagues.co.uk

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Walji and Colleagues on 1 June 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events was embedded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had weekly meetings to discuss concerns and share learning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The practice proactively sought feedback from staff and patients which it acted on. There was a very pro-active Patient Participation Group (PPG) of which we met with four members during the inspection.
- The practice was aware of and complied with the requirements of the Duty of Candour.
- Risks to patients were assessed and well managed.
- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- 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.
- 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.

Summary of findings

- Staff had also attended education sessions in female genital mutilation (FGM) and Identification and Referral to Improve Safety (IRIS) which was domestic violence training.

We saw areas of outstanding practice:

- The practice had been involved in the Irish Project from 2000 onwards, which involved proactive outreach work in the local community to identify and target vulnerable patients for care and treatment. Initially this project was initiated by the Primary Care Trust (PCT) but the practice continued this as a voluntary project. As a result of this project 324 undiagnosed serious diseases were picked up by the practice such as COPD, depression, asthma, arthritis and cancer. The practice was then able to refer patients where this was needed and to start patients on the correct treatment such as having x-rays, blood tests, counselling and psychotherapy.
- Staff told us that there was a practice charity fund which was used to pay for help for patients where emergency support was needed, for example providing a bag of essential items for those requiring unexpected hospital admissions. Therefore when the practice became aware that patients might benefit from this the fund was used for this purpose.
- Staff told us about examples of when the GPs supported patients by paying for their taxis to get to hospital when an ambulance was not required.

However, there was an area of practice where the provider should make improvements:

The provider should:

- Consider documenting verbal complaints so that any trends can be identified and lessons learned.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received reasonable support, accurate information and a written apology. They were told about any actions to improve processes.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Good

The practice is rated good for providing effective services.

- National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average. The practice had achieved 99.7% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- Staff had received training appropriate to their roles and the practice believed in developing and training their staff.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice also carried out NHS health checks for patients aged 40-74 years. 326 patients were eligible to have NHS health checks in the last year. 335 health checks were carried out in the last year as the practice carried out extra health checks if it was deemed appropriate by the practice nurses and GPs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed patients rated the practice higher than average for several aspects of care. For example, 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity. The practice looked after a local bail hostel catering for patients with complex psychosocial needs. The feedback we received was very positive about the care the GP partner provided to patients at the bail hostel indicating they were flexible, approachable and always contactable.
- The practice looked after residents at a local sheltered accommodation. We spoke with the manager of the accommodation who described the GPs as first class doctors.
- Patients we spoke with told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Staff told us that there was a practice charity fund which was used to pay for help for patients where emergency support was needed, for example providing a bag of essential items for those requiring unexpected hospital admissions. Therefore when the practice became aware that patients might benefit from this the fund was used for this purpose.
- Staff shared examples of when the GPs had paid for taxis to get to hospital for patients when they could not afford to and when an ambulance was not required. Staff also gave examples of when GPs at the practice had paid for groceries for patients who had no money.

Are services responsive to people's needs?

Good

The practice is rated good for providing responsive services.

- The practice responded to the needs of its local population and engaged well with Birmingham South Central Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

Summary of findings

- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings. The practice scored above average in terms of access in the National GP Patient Survey published in January 2016. For example: 88% of patients said they could get through easily to the surgery by telephone compared to the CCG and national average of 73%.
- The practice offered daily telephone triage which meant that patients had direct access to a GP between 9am and 4.30pm Monday to Friday. This system meant that patients would get through to the GP automatically via the switchboard. Patients we spoke with on the day of the inspection told us how helpful they found this service.

Are services well-led?

Good

The practice is rated good for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.
- The partners were visible in the practice and staff told us they would take the time to listen to them. One of the lead GPs was on the board of the CCG.
- Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. The practice proactively sought feedback from staff and patients, which it acted on and had an active virtual Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG on the day of the inspection.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

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 patients.

- The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services for example, unplanned admissions. The GPs met weekly and unplanned admissions were discussed. The practice co-ordinated care via weekly multi-disciplinary team meetings with district nurses and community matrons.
- The practice worked closely with a non-clinical case manager whereby older people with complex needs could be assigned a visit to look at social needs. The practice adopted the palliative care Gold Standards Framework (GSF).
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred. There were no set clinics so patients were able to attend at a time convenient for them.
- Frail elderly patients were always seen on the same day even if no appointments were available. Patients who required an urgent visit were referred to a duty doctor if a GP was not available straight away. Home visits were offered to those patients who were not able to attend the practice.
- Older patients were able to order prescriptions by telephone as sometimes patients did not want to order online or found it harder to attend the practice. Whenever possible, the practice tried to get tests done while patients were in the practice to save them having to attend for repeated visits.
- We received very positive feedback about the GPs from the manager of sheltered accommodation who told us the GPs were flexible and responsive to their patients.
- The practice referred older patients to Gateway. This was a new scheme designed for those who may need additional support with social isolation.

People with long term conditions

Good

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

Summary of findings

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long term conditions were on a register and invited for annual reviews. There were trained clinical leads for each long term condition.
- The practice was signed up to the Cardiovascular Disease Local Improvement Scheme and had achieved very high points last year and are on target to repeat it this year.
- Quality and Outcomes Framework (QOF) performance in relation to long term conditions was consistently good.
- The practice had signed up to a number of local initiatives including the Pre-Diabetes Local Improvement Scheme (LIS) to educate patients and try and reduce the incidence and impact of diabetes. The practice referred patients to the Health Exchange to advise patients about lifestyle changes, weight loss and exercise.
- In house Electrocardiograms (ECG) screening to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain was available. The practice offered routine monitoring to identify patients at risk of heart attack and offered ambulatory blood pressure, 24 hour ECGs, spirometry and lung function tests so that patients did not need to be referred to hospital for diagnosis.

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 follow up on children who were considered vulnerable including the use of alerts. The child safeguarding register was reviewed with the health visitors regularly.
- Appointments were available outside of school hours with GPs and nurses and the premises were suitable for children and babiesWe saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were always provided for children aged five and under.
- Family planning services were offered at the practice and the practice provided comprehensive sexual health services which were run by GPs and practice nurses.

Summary of findings

- Staff had attended education sessions in female genital mutilation (FGM) and Identification and Referral to Improve Safety (IRIS) which was domestic violence training
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 69% to 92% compared with the CCG average of 79% to 96% and five year olds from 82% to 100% compared with the CCG average of 84% to 95%. In order to increase up take the practice were running drop in clinics on a Wednesday evening up to 8pm with the practice nurses.

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 practice had adjusted the services it offered to ensure they were appropriate to the needs of working age patients. For example practice sent out text messages to remind patients of their appointments and also when there were any health campaigns such as flu vaccinations.
- Extended hours were available on a Wednesday evening until 8pm. Telephone advice was available each day from a pharmacist or GP if required.
- Minor surgery and joint injections were available at the practice.
- The practice's uptake for the cervical screening in the last five years was 81% which was just below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- There was a daily phlebotomy (blood taking service) with appointments available from 8am for working people. The drop in clinic with nurses until 8pm on a Wednesday had helped the practice with the uptake of cervical screening.

People whose circumstances may make them vulnerable

Outstanding

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

- Staff told us that there was a practice charity fund which was used to pay for help for patients where emergency support was needed, for example providing a bag of essential items for those requiring unexpected hospital admissions. Therefore when the practice became aware that patients might benefit from this the fund was used for this purpose.

Summary of findings

- The practice had been involved in the Irish Project from 2000 onwards, which involved proactive outreach work in the local community to identify and target vulnerable patients on the practice list for care and treatment. Initially this project was initiated by the Primary Care Trust (PCT) but the practice continued this as a voluntary project. As a result of this project 324 undiagnosed serious diseases were picked up by the practice such as COPD, depression, asthma, arthritis and cancer. The practice was then able to refer patients where this was needed and to start patients on the correct treatment such as having x-rays, blood tests, counselling and psychotherapy.
- All patients with a learning disability were offered an annual health check and longer appointments were allocated. The practice had 105 patients on the learning disability register and 79 of these had received their annual health check in the last year.
- Carers were offered an annual health check. 2% of the practice patient list were registered as carers.
- Patients whose first language was not English were supported by interpreters. Staff at the practice were able to speak a number of different languages which reflected the needs of the local population.
- The practice had weekly multi-disciplinary team meetings to identify and manage the on-going care of vulnerable patients,. Palliative care meetings were held quarterly.
- Staff had attended education sessions in female genital mutilation (FGM) and Identification and Referral to Improve Safety (IRIS) for domestic violence. The practice had information leaflets and posters about these and dealt with these subjects sensitively to protect patients who asked for help or who they believed might be at risk.
- The practice had patients living at a local bail hostel. The feedback from this service was positive indicating the GP partner was very flexible, approachable and always contactable.
- The practice hosted services to help patients with finances and benefits. The Citizens Advice Bureau attended the practice every Tuesday and the financial enabler attended every Thursday.

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).

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 84%.
- The practice was signed up to the Mental Health Local Improvement Scheme. Longer appointments were available for patients with poor mental health. All staff at the practice had completed the dementia awareness training. Patients on the mental health register and those with dementia had comprehensive care plans and received annual health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Patients were encouraged to see a regular clinician to ensure continuity of care.
- The practice signposted patients to local support such as a relationship and bereavement counselling service, available from Amman Walk in service and Birmingham Healthy Minds which offered advice and information for patients who were experiencing mental health issues.
- Home visits were done as required for patients who did not engage with the practice.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with and sometimes above local and national averages. 407 forms were sent out and there were110 responses and a response rate of 27%.

- 88% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) and national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average 72% and national average of 76%.
- 82% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 83% and national average 85%.
- 75% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average 78% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards, all of which were very positive about the standard of care received. Patients described staff as helpful and caring and felt they were treated with dignity and respect.

We spoke with 14 patients during the inspection (four of whom were members of the PPG). Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive some comments about appointments running late. However, patients did not seem to be dissatisfied with this issue.

Areas for improvement

Action the service SHOULD take to improve

- Consider documenting verbal complaints so that any trends can be identified and lessons learned.

Outstanding practice

- The practice had been involved in the Irish Project from 2000 onwards, which involved proactive outreach work in the local community to identify and target vulnerable patients for care and treatment. Initially this project was initiated by the Primary Care Trust (PCT) but the practice continued this as a voluntary project. As a result of this project 324 undiagnosed serious diseases were picked up by the practice such as COPD, depression, asthma, arthritis and cancer. The practice was then able to refer patients where this was needed and to start patients on the correct treatment such as having x-rays, blood tests, counselling and psychotherapy.
- Staff told us that there was a practice charity fund which was used to pay for help for patients where emergency support was needed, for example

providing a bag of essential items for those requiring unexpected hospital admissions. Therefore when the practice became aware that patients might benefit from this the fund was used for this purpose.

- Staff told us about examples of when the GPs supported patients by paying for their taxis to get to hospital when an ambulance was not required.

Dr Mohamedtaki Walji

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor, a second CQC inspector and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

Background to Dr Mohamedtaki Walji

Dr Walji and Colleagues is situated in Balsall Health in South Birmingham less than two miles from the city centre of Birmingham. The practice has a list size of 5,500 patients.

The practice has a car park for patients and staff to use.

The practice has two GP partners and two salaried GPs (three male and one female offering patients their preferred choice). The practice has two practice nurses and two healthcare assistants (HCA).

The clinical team are supported by a practice manager, a deputy practice manager and a team of reception and administrative staff.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Dr Walji and Colleagues is a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.

The GPs did minor surgery such as joint injections, cauterisation of warts and verrucas, incision and drainage of cysts and abscesses.

The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open at the following times:

- Monday 9am to 6.30pm
- Tuesday 9am to 6.30pm
- Wednesday 9am to 1pm and 3pm to 8pm (the practice closes between 1pm and 3pm every Wednesday) Calls were covered by out of hours during this period.
- Thursday 9am to 6.30pm
- Friday 9am to 6.30pm
- Saturday 9am to 10.30am

The practice does not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre is available on the practice website and on the practice leaflet. Primecare provided cover when the practice was closed.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of

Detailed findings

the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Birmingham South Central Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 1 June 2016. We sent CQC comment cards to the practice before the inspection and received 42 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 14 patients including four members of the Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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 are provided for specific groups of people and what good care looks 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)

Good

Are services safe?

Our findings

Safe track record and learning

- The practice prioritised safety and reported and recorded significant events. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff used incident forms on the practice's computer system and completed these for the attention of the practice manager. Incidents were discussed at practice meetings and were a rolling item on the agenda.
- Six significant events had been reported in the previous 15 months. The practice complied with 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).
- We reviewed safety records, incident reports and minutes of practice meetings where these were discussed and saw evidence of changing practice in response to these. For example changes were made after a patient's prescription was faxed to the wrong chemist. This included providing all members with information governance training and discussion at the practice meeting to prevent a similar occurrence in future.
- The practice had implemented the computer system used in hospitals which meant that they would report hospital related incidents as well.

Patient safety alerts were sent to one of the GP partners and the practice manager who distributed these to the other GPs, practice nurses and healthcare assistants. We saw evidence that alerts were sent to the relevant staff then printed off and discussed at the practice meetings. We saw evidence that patients were reviewed and their medicines changes if necessary.

Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the practice nurses was the safeguarding lead for the practice. All staff had received relevant role specific training on safeguarding. The GPs had received level three children's safeguarding training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children and knew how to share information, record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult. They also gave examples where they had remained unhappy with the decision when concerns had been escalated so they had challenged decisions to ensure the safety of individual children. The GPs attended all case conferences for children on the child protection register. We saw evidence that there was clear dialogue between the GPs at the practice and the health visitors.
- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice website. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When a member of staff had carried out chaperone duties a note was made on the electronic system for individual patients.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was carried out in July 2015. This resulted in general decluttering within the practice and pedal bins being introduced in all clinical rooms.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were

protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- The practice had a policy and procedures in place for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when their medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We saw evidence that there was a system for managing and reviewing high risk medicines.

Monitoring risks to patients

Risks to patients were assessed and well managed. Many of the risk assessments were carried out by the landlord as the building was leased by the practice.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had been given to all staff using online training. As the practice building was leased fire risk assessments and fire drills were carried out by an external company. The practice had access to see that these had been done. A Legionella risk assessment was carried within the last twelve months. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.
- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been done in September 2015). Portable electric appliances were routinely checked and tested. This was last done in September 2015.
- 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. For the GPs and non-clinical staff a buddy system was in place.

Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely.
- The practice had risk assessed the range of emergency medicines in stock to ensure that they covered the range of services carried out by the practice. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the nursing team. The GPs carried some medicines in their bags. There was a robust process for verifying what medicines were kept in the bags and ensuring that expiry dates were monitored. The GP partners kept records of the medicines that were stored in the trainee GPs bags.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and three copies were kept off site with different members of the team. This contained contact details of all members of staff. The business continuity plan had last been reviewed in May 2016.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment.

- Fortnightly practice meetings took place for all members of staff and weekly meetings took place between the clinical staff.
- We saw evidence of robust care plans for patients.
- Patients who were housebound were offered annual reviews.
- Our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE).
- The practice had leads for the treatment of different long-term conditions.
- One of the GP partners and one of the practice nurses ran a weekly diabetes clinic. The practice had 550 patients registered with a diagnosis of diabetes. This was 10% of the practice list. The GP partner and practice nurse worked closely to ensure that patients were educated about lifestyle changes to improve their control of their diabetes. The practice had implemented a laminated food chart to highlight a good example of a diabetic diet. We saw examples of where this had impacted on patients' blood glucose levels after just three months. The practice nurse and GP worked closely with Health Exchange to achieve this. Health Exchange is an organisation who help individuals to make choices about their lifestyles to improve mental and physical health as well as self-esteem.
- The practice supported their Nurse Practitioner to complete their Master of Science. The practice also provided training for student nurses from Birmingham University.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had achieved 99.7% of the total number of points available which was above the CCG average of 97% and above the national average of 95% in 2014/15. Their exception reporting was 8% which was 1% below the national average. 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.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months [HL1]was 87% which was above the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% compared with the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 92 % which was above the national average of 88%. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 91% which was above the national average of 84%.
- All patients on the learning disability register were offered an annual health check. At the time of the inspection the practice had 105 patients on the learning disability register and 79 of them had been for their annual health check.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been a number of clinical audits carried out in the last two years following NICE guidelines. Of these two were completed audits where the improvements made were implemented and monitored.

For example one audit looked at patients on a particular medicine for obesity. In order to comply with NICE guidelines all patients on this medicine must demonstrate a 5% reduction in weight in twelve weeks of starting the medicine. The practice did the audit to stop patients taking

this medicine if they had not demonstrated the 5% weight loss. The audit showed 75% of patients had not demonstrated the 5% weight loss after 12 weeks. The practice subsequently stopped treatment for these patients.

Effective staffing

- GPs and practice management team valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. For example one of the receptionists had been developed and trained to be a healthcare assistant and another had received training
- Staff had also attended education sessions in female genital mutilation (FGM) and domestic violence training. The practice had information leaflets and posters at the practice to provide patients with information. They were sensitive to the importance of dealing with these subjects sensitively and with great care to protect patients who asked for help or who they believed might be at risk.
- One of the practice nurses told us that the GP had supported them with their specialist interest in diabetes and they had undertaken the Warwick course in respect of diabetes care so that they could widen their knowledge of the area. All staff we spoke with told us that the GPs and practice manager had always been supportive of their training needs.
- The practice supported the nurses in providing regular nursing journals to help them to keep up to date. Nurses also attended study days when these were available.
- The practice was a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.
- The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training. On the day of the inspection we spoke with a trainee nurse and they told us how supportive the practice had been in the few weeks they had been attached to the practice.

Coordinating patient care and information sharing

- The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.
- The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X- rays were requested and the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients soon after discharge for those patients on the unplanned admissions register and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors.

Consent to care and treatment

- Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Good

Are services effective?

(for example, treatment is effective)

- We saw good examples of consent forms used for when patients wanted a family member or a carer to access medical information. We also saw good examples of consent forms completed for minor surgery.

Supporting patients to live healthier lives

- Health promotion information was available in the waiting area of the practice. Patients who may be in need of extra support were identified by the practice, such as those needing end of life care, carers and those at risk of developing a long-term condition.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, which was in line with the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. During the inspection the practice nurse explained that for patients who were reluctant to attend the practice nurse would offer screening opportunistically when they attended the practice for other reasons. The practice told us that the drop in clinic with nurses until 8pm on a Wednesday had helped with the uptake of screening.
- The practice also carried out NHS health checks for patients aged 40-74 years. 326 patients were eligible to have NHS health checks in the last year. 335 health checks were carried out in the last year as the practice carried out extra health checks if it was deemed appropriate by the practice nurses and GPs.
- All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend for a health check. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available. In the last year 54 patients over the age of 75 had their health checks completed. There were 60 patients on the over 75s register.

The uptake of national screening programmes was below local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 62% which was below the CCG average of 65% and the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months

  was 34% which was below the CCG average of 46% and national average of 58%

The practice were aware of the lower rates of screening and we saw this had been discussed in practice meetings. The practice were planning to discuss this with the CCG to see how they could improve uptake.

- Flu clinics were advertised on the practice website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.
- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 69% to 92% compared with the CCG average of 79% to 96% and five year olds from 82% to 100% compared with the CCG average of 84% to 95%. In order to increase uptake the practice were running drop-in clinics on a Wednesday evening up to 8pm with the practice nurses.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and very helpful to patients both attending at the reception desk and on the telephone.

- Reception staff addressed patients by their first names and demonstrated a personal knowledge of patients in some cases. We noted that reception staff offered all patients a drink on arrival. Patients told us how they appreciated this especially in the winter.
- We saw that patients were treated with dignity and respect.
- Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- In order to protect patient confidentiality the practice played background music in reception which prevented conversations being 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 shared an example of a patient who wanted to talk in private about a sensitive issue.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. 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 14 patients during the inspection (four of whom were members of the PPG). A

PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. Most patients we spoke with were extremely happy with the care they received. They gave examples of support such as home visits when required.

They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations.

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

- 86% of patients said the last GP they saw gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 86% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had 50 registered patients at a local sheltered accommodation. They described the GPs as first class doctors and could seek advice as and when required. They described how helpful and professional the GPs had been during the flu season to ensure all the residents received their vaccination.

The practice had received awards from the CCG for kindness and dedication shown to patients. The latest awards were:

2014 – Outstanding Contribution and Persistently Going Above and Beyond High Standards'– Practice from Birmingham South and Central Clinical Commissioning Group (CCG).

The practice had also been the runner up for:

The "Best Practice" award by Birmingham South and Central Clinical Commissioning Group in 2015.

Good

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published in January 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 local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 82% and national average 81%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 90%.

Patient/carer support to cope emotionally with care and treatment

- Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room sign posted patients to a number of support groups and organisations including mental health, drug and substance misuse and domestic violence. There was an in house counselling service available.
- Staff told us that there was a practice charity fund which was used to pay for help for patients where emergency support was needed, for example providing a bag of essential items for those requiring unexpected hospital admissions. Therefore when the practice became aware that patients might benefit from this the fund was used for this purpose.
- Staff told us about examples of when the GPs supported patients by paying for their taxis to get to hospital when an ambulance was not required. Staff also gave examples of when GPs at the practice hadprovided support for vulnerable patients to obtain food and provisions that they could not afford.
- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had identified 2% of the practice patient list as carers. All the carers were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them.
- The practice signposted patients to local groups which aimed to support people who were socially isolated. They offered support, activities and information about benefits and services.
- Staff told us that if families had experienced bereavement, their usual GP contacted them and sent them a sympathy letter and accompanying bereavement information. The practice personalised the letters. This was then followed up by a call or consultation as required. One patient we spoke with on the day of the inspection shared examples of when their mother had passed away and the care and support they had received from the senior partner.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with Birmingham South and Central Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area. The CCG informed us that the practice engaged well with them.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered daily telephone triage and patients had direct access to a GP between 9am and 4.30pm Monday to Friday. Patients told us how helpful they found this service.
- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered online repeat prescriptions. A daily phlebotomy (blood taking) service was provided.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives.
- The practice signposted patients to a variety of local services such as Birmingham Healthy Minds which offered advice and information for patients who were suffering from mental health issues and local bereavement counselling services.
- The practice hosted services to help patients with finances and benefits The Citizens Advice Bureau attended the practice every Tuesday morning and the financial enabler attended the practice every Thursday.
- Depot injections for the treatment of mental health conditions were provided in the practice.
- Minor surgery was carried out by all the GPs at the practice. In the last year the practice had carried out 320 procedures which helped to avoid patients having to attend hospital or being referred to secondary care Most of the procedures were carried out when they attended and for others they waited up to five days.
- The practice had been involved in the Irish Project from 2000 onwards, which involved proactive outreach work in the local community to identify and target vulnerable patients for care and treatment. Initially this project was initiated by the Primary Care Trust (PCT) but the practice continued this as a voluntary project. As a result of this project 324 undiagnosed serious diseases were picked up by the practice such as COPD, depression, asthma, arthritis and cancer. The practice was then able to refer patients where this was needed and to start patients on the correct treatment such as having x-rays, blood tests, counselling and psychotherapy.
- The practice had patients who lived at a large local bail hostel. Feedback from the hostel was very about the care that the GP Partner provided to residents at the bail hostel. They said that the GP partner was very flexible, approachable and always contactable. The practice always responded promptly when patients arrived at the hostel if they needed an assessment of their health or a prescription for their medicines.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. The notices were in a range of different languages. Staff at the practice spoke a number of languages and were able to help to translate for patients when required. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format. A prayer room was available for patients to use with a range of religious texts.

Access to the service

The practice was open at the following times:

• Monday 9am to 6.30pm

• Tuesday 9am to 6.30pm

• Wednesday 9am to 1pm and 3pm to 8pm (the practice closes between 1pm and 3pm every Wednesday)

Good

Are services responsive to people's needs?

(for example, to feedback?)

• Thursday 9am to 6.30pm

• Friday 9am to 6.30pm

• Saturday 9am to 10.30am

Appointments were available during these hours. Urgent appointments were available on the same day. Primecare provided cover when the practice was closed. The practice was part of the Prime Minister's GP Challenge Fund. This involved extended opening hours including late evening and weekends improving access. The practice was grouped with 23 local practices under the corporate name of My Healthcare which meant that a duty doctor was available to help with urgent home visits when required.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was generally higher than local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 78%.
- 88% of patients said they could get through easily to the surgery by phone compared to the CCG and national averages of 73%.
- 82% of patients described their experience of making an appointment as good compared to the CCG average of 83% and the national average of 85%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at one formal complaint received in the last year and found this had been dealt with according to their policy and procedure. We saw evidence that the complaint was discussed at the practice meeting and lessons were learned. Staff we spoke with on the day informed us that verbal complaints were dealt with as they were raised and defused in order to prevent them escalating to a formal complaint. Following the inspection the practice manager they would start recording verbal complaints so that any trends could be identified.

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 values which were embedded at all levels across the practice. The aim of the practice was to provide a good standard of care and to enable staff to work responsibly. The practice encouraged self-help through teaching and learning and welcomed patient feedback. The core values embedded in the team was to treat patients and families the way they would wish to be treated.

In 2009-2011 the practice took part in an Enhanced Genetic Services Project (EGSP) run in conjunction with the clinical genetics department at Birmingham Women's Hospital. This sought to increase awareness and reduce the incidence of serious inherited diseases which were more common in families where parents were blood relatives. The practice identified that these illnesses were particularly prevalent and an increasing cause of disability in this inner city area where marriages between blood relatives was common. This was reflected in the increasing number of claims for Disability Living Allowance on account of these issues. The practice encouraged couples at risk of these illnesses to seek genetic counselling and continue to do this even after the EGSP had finished.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at practice meetings. Current results were 99.7% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held weekly clinical meetings and fortnightly practice meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. We noted that team away days were held annually and had been so for the past twenty years.

The provider was aware of and had systems in place to ensure compliance with the requirements of the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, one of the receptionists was encouraged to undertake training and following this was now working as a healthcare assistant (HCA).

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG during the inspection. The PPG had 10 members.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example, they had made suggestions about updating the displays in the reception area. As a

Are services well-led?

Good

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

result of this one member of the PPG took the lead and regularly updated the board with help from the GP partners with information about religious festivals, travel vaccinations and flu season.

The PPG also recommended that the practice needed to make clear which days they were open longer. The TV screen now displayed that the practice was open longer on Wednesday evenings and that Saturday clinics were available each week. Each of the PPG members we spoke with on the day of the inspection gave examples of the kind care they had received at the practice over the years, together with members of their families.

The practice had gathered feedback from staff through staff away days and generally 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.