

Cranes Park Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Requires improvement



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 Cranes Park Road Surgery on 25 May 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.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GP partner ensured that they had regular educational meetings with other practices to share good practice.
- There was a clear leadership structure and staff felt supported by the GP and the deputy 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) and we met with two members during the inspection.

- The practice was aware of and complied 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).
- Risks to patients were assessed and well managed.
- Patients described staff as helpful, respectful and caring. 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.

However, there were areas of practice where the provider should make improvements:

Summary of findings

The provider should:

- Implement a programme of continuous audit to complete audit cycles and gauge the effectiveness of the improvements it makes.
- Take action to review the process for recalling patients who have long-term conditions, to ensure all patients are included and that any refusal is followed up and documented.
- Take action to review the process for increasing the uptake of childhood immunisations.
- Review the system to log prescriptions to ensure their usage is monitored effectively.
- Review confidentiality in reception.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as 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, 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.

Good



Are services effective?

The practice is rated requires improvement for providing effective services. National patient data showed that on the whole the practice was in line with average scores for the locality and above the national average in some areas of performance. However in the area of childhood immunisations the practice was significantly below local and national averages.

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.

At the time of the inspection the practice did not have a formal recall system in place to manage the needs of patients with long term conditions effectively. The practice told us that there were not enough nursing hours available at the time of the inspection. Staff at the practice told us they struggled at times with their recalls of long-term conditions but they had recruited a new practice nurse to start in June.

While the practice had carried out some auditing activity, the extent of the practice's quality improvement programme was limited to monitoring compliance with NICE guidelines and did not provide evidence of sustained improvement of outcomes for patients.

Requires improvement



Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey showed patients rated the practice higher than average for several aspects of care. For example:

Good



Summary of findings

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Patients we spoke with during the inspection told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Interpreting services were available for those patients who did not speak English as a first language. Many members of the practice team were multi-lingual and could help to interpret for patients when required.

Information for patients about the services available was easy to understand and accessible.

We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as 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. 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.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was 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.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 97% of patients said they could get through easily to the surgery by telephone compared to the CCG average of 62% and national average of 73%.

Good



Are services well-led?

The practice is rated as 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

Good



Summary of findings

they were happy to raise issues at practice meetings. The lead GP was visible in the practice and staff told us they took time to listen to them. Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. We saw that there was good morale at the practice.

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 two 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 GP encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

Summary of findings

The six population groups and what we found

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

Older people

Good



The practice is rated as good for the care of older people. The practice offered personalised care to meet the needs of older people in its population and had a range of enhanced services, such as unplanned admissions. The practice had a register for unplanned admissions and care plans for each of these patients. When the practice received discharge reports from hospital the patients were contacted and reviewed soon after.

The practice provided services under a local improvement scheme for patients over the age of 75. The practice had 134 registered patients over the age of 75 and all these patients received an annual review. Frail elderly patients were always seen on the same day even if no appointments were available. Home visits were also offered to those patients who were not able to get to the practice.

The practice carried out annual flu and shingles vaccinations for patients over the age of 75.

People with long term conditions

Good



The practice is rated as good for the care of people with long-term conditions. At the time of the inspection we noted that there was no formal recall system for the management of people with long-term conditions. The GP manually looked through QOF data on a monthly basis and put together a list of patients for the reception team to recall. Although no regular letters were sent to the patients they used the text messaging service quite frequently as a method of recall. Following the inspection the practice provided evidence to confirm that they had now developed a more robust recall system which they had implemented.

The practice had one nurse session per week. Therefore the lead GP reviewed all patients with long-term conditions. The practice acknowledged that this was a struggle and had advertised for a practice nurse. Following the inspection the practice has provided confirmation that the new practice nurse will start work on 14 June 2016.

The practice worked closely with the community matron who provided support to housebound patients with long-term conditions. They also worked closely with the district nursing team.

Summary of findings

Families, children and young people

Requires improvement



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

Immunisation rates were lower than the CCG average for all standard childhood immunisations. For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 53% to 93% compared with the CCG average of 80% to 95%
- Childhood immunisation rates for the vaccinations given to five year olds ranged from 79% to 95% compared with the CCG average of 86% to 96%.

At the time of the inspection the practice had 41 children registered under the age of two years old. Out of the 41 patients 11 were not up to date with their immunisation. The practice informed us that a number of these patients had recently registered with the practice.

There were systems in place to follow up on children the practice was concerned about. For example, children who did not attend for appointments. Computerised alerts were put in the notes of those patients where there were safeguarding concerns.

The practice's uptake for cervical screening in the last five years was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

We saw positive examples of joint working with midwives, health visitors and school nurses. Same day appointments were provided for children aged five and under if a parent or carer was worried.

Ante-natal and post-natal checks were carried out in the practice with the support of the midwives each week. The practice had baby changing facilities available.

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 offered a service where prescriptions could be delivered straight to the chemist so the patient could collect

Summary of findings

medicines directly from the chemist. The practice also offered online repeat prescriptions and online access to appointments. Patients were also able to email with queries they had and the GP would respond to these directly.

The practice sent out text messages to remind patients of their appointments and also to alert them if there were any health campaigns such as flu vaccinations. Patients over the age of 40 were offered an NHS Health check. In the last year the practice had carried out 101 NHS health checks.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. All patients on the learning disability register were offered an annual health check and longer appointments were allocated. The practice had 13 patients registered with a learning disability, 10 of which had received their annual review. Carers were also offered an annual health check if they were not being seen regularly and they were offered carer support intervention if appropriate. 1% of the practice list was registered as carers. There was a clear notice in the reception area and waiting room advising patients to notify the practice if they were a carer.

Home visits were provided to elderly, disabled and housebound patients. Patients whose first language was not English were offered interpreters and flexible appointments were provided as required. Staff were able to speak a number of different languages, which reflected the needs of the local population.

The practice had regular multi-disciplinary team meetings in order to identify and manage the on-going care of vulnerable patients, including adopting the Gold Standards Framework for palliative care and management of safeguarding issues. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out-of-hours.

People experiencing poor mental health (including people with dementia)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice proactively screened for, and followed up on, patients with dementia. For example:

Summary of findings

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84% with 0% exception reporting.

The practice had a register of patients with mental health conditions and offered an annual review to those patients. Some of the patients had their reviews under the mental health service. The practice proactively assessed for depression in patients with long-term conditions. They made timely referrals to the mental health single point of access that directed patients to the service required according to their needs.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

There were 99 responses and a response rate of 26% for the National GP Patient Survey published in January 2016. The results showed the practice was performing higher than local and national averages for most questions:

- 97% of patients found it easy to get through to this surgery by telephone compared to a Clinical Commissioning Group (CCG) average of 62% and a national average of 73%. 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.
- 92% 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 69% and national average of 76%.
- 86% of patients described the overall experience of their GP surgery as fairly good or very good compared with a CCG average of 82% and national average 85%.

There were some areas where the practice was performing below local and national averages:

- 68% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with a CCG average of 75% 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 38 comment cards, 36 of which were very positive about the standard of care received and two gave negative comments. Patients described staff as friendly, polite and helpful, and the standard of care they had received as high. The negative comments related to being overheard in the reception area at the practice.

We spoke with ten patients during the inspection, two of which were members of the 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. Patients we spoke with were extremely happy with the care they received. They were complimentary about the staff, describing them as helpful, respectful and caring. Patients told us they felt involved in their care, and that the GP provided guidance and took the time to discuss treatment options with them.

Areas for improvement

Action the service **SHOULD** take to improve

- Implement a programme of continuous audit to complete audit cycles and gauge the effectiveness of the improvements it makes.
- Take action to review the process for recalling patients who have long-term conditions, to ensure all patients are included and that any refusal is followed up and documented.
- Take action to review the process for increasing the uptake of childhood immunisations.
- Review the system to log prescriptions to ensure their usage is monitored effectively.
- Review confidentiality in reception.

Cranes Park Road Surgery

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 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 Cranes Park Road Surgery

Cranes Park Road Surgery is situated in Sheldon in South Birmingham. The practice has a list size of 1950 patients. The patient population age range is broadly in line with the national average, and there is a moderate level of social deprivation.

The practice was provided by a single handed GP and one practice nurse.

The clinical team are supported by a deputy practice manager and a team of reception and administrative staff. The practice manager had retired in August 2015. The deputy practice manager was undertaking training to take on this role.

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.

The practice holds a General Medical Services (GMS) contract with NHS England. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice was open between 9am and 6.30pm Monday to Friday with appointments being offered during these times. The surgery was closed on Thursday afternoons. The practice does not provide out-of-hours services. Information for out-of-hours GP services was provided for patients at the practice, on the website and on the out-of-hours answerphone message. Primecare (out of hours provided cover at all times when the practice is closed).

Why we carried out this inspection

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

Detailed findings

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 25 May 2016. We sent CQC comment cards to the practice before the inspection and received 38 completed cards giving us information about those patients' views of the practice.

During the inspection we spoke with patients including two members of the Patient Participation Group (PPG) and a total of seven members of staff including the deputy practice manager, the GP and the practice nurse.

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)

Are services safe?

Our findings

Safe track record and learning

The practice prioritised safety and reported and recorded significant events. We saw that in the last year five significant events had been reported. Staff used incident forms on the practice's computer system and completed the forms for the attention of the deputy practice manager. In their absence staff reported to the senior receptionist. The incidents had been discussed at the practice meetings and it was a rolling item on the practice meeting agenda for all meetings. The incident recording form supported the recording of notifiable incidents under the Duty of Candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

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, as a result of a child being given a vaccination twice, laminated notices were put in all consultation rooms to remind clinicians to check a child's red book before vaccinating.

Patient safety alerts were sent by the deputy practice manager to the GP. The GP then reviewed these to decide on actions to take. We saw an example of an alert that was shared with the GP in April 2016. This had resulted in the GP adding an alert to the three patients which were affected by this. The GP contacted the individual patients to notify them that they should not be on this particular medicine.

Overview of safety systems and processes

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

- Systems to manage and review risks to vulnerable children, young people and adults. The GP was the safeguarding lead for the practice. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. The GP had received higher level training for safeguarding children. Safeguarding meetings took place every two months and we saw minutes of these. Health visitors and midwives usually attended these meetings. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly 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.
- There was a chaperone policy and information to tell patients the service was available. Information was visible in the waiting room, in consulting rooms and on the practice web site. 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 identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When a member of staff had carried out chaperone duties a note was made on the electronic system for that particular patient.
- We observed the premises to be visibly clean and tidy. An external company cleaned the practice. The practice nurse 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 and the last one was completed in April 2016. All the rooms at the practice had been checked during this audit. There had been changes as a result of the audit. For example, posters with hand washing techniques had been put up in clinical areas.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. The recruitment policy was last updated in November 2015. All staff received a full induction on their first day of employment and were given the opportunity to shadow colleagues for their first few weeks. We spoke with a member of staff who had been with the practice for a month and they

Are services safe?

commented how supportive the team had been to them. 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. We found that although they stored blank prescriptions securely, the practice did not keep a log of the number of prescriptions to provide an audit trail. Following the inspection the practice had implemented a log system for prescription numbers and provided evidence of this. Patients' records 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 had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available which had been updated in November 2015. Fire training and risk assessments had been carried out by an external company. The last one was carried out in May 2016. Actions were identified and these had already been initiated. For example, the practice had not been carrying out regular fire drills. This had now been

implemented by the practice. A legionella risk assessment was carried out in May 2016. (Legionella is a term for particular bacteria 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 February 2016). Portable electrical appliances were routinely checked and tested (this was last done in February 2016).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice told us they had advertised to recruit an additional nurse. Since the inspection the practice had informed us that a new nurse would be starting on 14 June 2016.
- Staff sometimes worked in the building on their own. At the time of the inspection the deputy practice manager was working to provide a lone worker policy.

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 which were easily accessible in locations known to all staff in secure areas of the practice. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the deputy practice manager. No medicines were stored in the GP's bag.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions. A copy of this was kept off site with the GP and a copy with the deputy practice manager. This contained contact details of all members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP was able to give a clear rationale for their approach to treatment. We saw evidence of robust care plans for patients. Patients who were housebound were offered annual reviews. Our discussions with the GP showed that they used the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE). NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment. We saw evidence of a change in treatment for a patient as a result of NICE guidelines in relation to hormone replacement therapy in patients over the age of 65.

The practice nurse worked one session a week at the practice. They kept up to date with nursing guidelines and attended study days arranged by the Clinical Commissioning Group (CCG). There was an awareness of local issues and needs by the GP.

The practice had a register of patients for unplanned admissions and had care plans in place for each of these patients.

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. Current results were 99% of the total number of points available which was above the CCG average of 94% and the national average of 95%. Exception reporting at 5% was the same as the CCG and 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, for whom the last diabetic reading was at an

appropriate level in the preceding 12 months, was 83% which was above the national average of 78%. The exception reporting was 4% which was below the national average of 11%.

- The percentage of patients with hypertension having regular blood pressure tests was 87% which was above the national average of 84%. The exception reporting was 1% which was the same as the national average.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 88% which was the same as the national average. The exception reporting was 9% compared with the national average of 11%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the national average of 84%. The exception reporting was 0% compared with the national average of 8%.

At the time of the inspection we did note that there was no formal recall system for the management of patients with long-term conditions. The GP partner manually looked through QOF data on a monthly basis and put together a list of patients for the reception team to recall. Although no regular letters were sent to the patients they used the text messaging service quite frequently. Following the inspection the practice provided evidence to confirm that they had now developed a more robust recall system which they had implemented.

Clinical audits were carried out to demonstrate quality improvement. All relevant staff were involved to improve care, treatment and patients' outcomes. There had been three clinical audits completed in the last two years against standards from NICE guidelines. However, the practice was unable to demonstrate improvements being implemented and monitored.

Another audit looked at patients with atrial fibrillation (irregular heart rhythm) who were not prescribed anticoagulants (blood thinning tablets). The reason for the audit was that patients who had atrial fibrillation were at an increased risk of having a stroke. The outcome was that 96% of patients with atrial fibrillation were on the correct treatment for stroke prevention.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff had the skills, knowledge and experience to deliver effective care and treatment. The deputy practice manager had previously been a secretary at the practice and had been encouraged to develop the skills and knowledge to progress into the practice manager role.

As the GP was a single handed GP they regularly attended peer review meetings and evening meetings with other local GPs. We saw a large number of certificates of different courses attended by the GP such as diabetes, anti-coagulation prescribing (blood thinning medicines), smear updates, heart failure and haematology (the study of the morphology and physiology of blood).

The learning needs of staff were identified through a system of appraisals and meetings. The GP had been re-validated in August 2014. Revalidation is the process by which licensed doctors are required to demonstrate on a regular basis that they are up to date and fit to practise. All staff had received an appraisal within the last 12 months. All staff had the essential training for their role and also completed e-learning training modules such as safeguarding, equality and diversity and fire training. Further training needs were identified at appraisals on an individual basis. All new staff had an induction programme with training modules such as safeguarding, information management and infection control. Newer members of the team informed us that they had plenty of opportunities to shadow colleagues until they felt confident on their own. One member of staff was shadowing colleagues at the time of our inspection.

Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. They used the Choose and Book system which enabled patients to choose which hospital they would be seen in and allowed them to 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 results were received

online. We saw evidence that the GP viewed all out-of-hours correspondence and assigned actions as appropriate. We saw examples where the GP had contacted a patient following out-of-hours contact.

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 to, or after they were discharged from hospital. The practice had a system in place to ensure the GP called patients soon after discharge for patients on the unplanned admissions register. Arrangements were made to see the patient as required. We saw evidence that multi-disciplinary team meetings took place on a two monthly 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.

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 receiving end of life care and carers.

The practice also carried out NHS health checks for people aged 40-74 years. In the last year the practice had carried out 101 NHS health checks.

All patients over 75 who had not attended in the previous 12 months were contacted and encouraged to attend a health check. In the last year 51 patients over the age of 75 had their health checks completed.

Are services effective?

(for example, treatment is effective)

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results showed they were lower than and or in line with local and national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in last 36 months was 62% which was below the CCG average of 69% and the national average of 72%.
- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 50% which was the same as the CCG average and below the national average of 58%.

In order to increase uptake for breast cancer screening the deputy practice manager had been in contact with the local Screening Promotion Manager. The practice manager had asked for a list of patients who had attended for screening and those who had refused their screening. The practice told us they intended to send out follow up letters to patients who had not had screening to emphasise the importance of the screening programme.

Flu clinics were advertised on the practice's website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.

The practice's uptake for the cervical screening in the last 5 years was 82% which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were lower than the CCG averages.

For example:

- Childhood immunisation rates for the vaccinations given to under two year olds ranged from 53% to 93% compared with the CCG average of 80% to 95%
- Childhood immunisation rates for the vaccinations given to five year olds from 79% to 95% compared with the CCG average of 86% to 96%.

At the time of the inspection the practice had 41 children registered under the age of two years old. Out of the 41 patients 11 were not up to date with their immunisation. The practice informed us that a number of these patients had recently registered with the practice.

The practice routinely contacted parents to bring children in for their vaccinations. In order to improve the uptake of child immunisations the practice was reviewing the notes of children who had missed their vaccinations and were following up with telephone calls and text messaging. The practice had also recruited a new nurse who was starting in June 2016.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we observed that members of staff were professional and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect. Curtains were provided in the consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The lay out of the building was as such so that sometimes conversations taking place in reception could be overheard in the reception area. The practice had put signs up to let patients know that a private room was available should they require it. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs if a room was available. The practice's Patient Participation Group (PPG). had made recommendations about how to prevent consultations being overheard from the waiting area. As a result, new stronger doors were fitted to prevent this occurring again.

We received 38 comment cards, 36 of which were very positive about the standard of care received and two gave negative comments. Patients described staff as friendly, polite and helpful, and the standard of care they had received as high. The negative comments related to being overheard in the reception area at the practice.

We spoke with two members of the PPG on the day of our inspection. We also received a letter from a third member of the PPG who was unable to attend on the day. They also told us they were pleased with the care provided by the practice and felt involved. They felt valued and respected by the practice team.

We spoke with the manager of a local care home where the GP looked after a number of patients. The care home manager praised the GP highly and said that aside from the weekly care round the GP always came to visit patients when they had concerns.

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 above local and national averages in the following areas:

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

The practice was below local and national averages in the following areas:

- 81% of patients said the GP was good at listening to them compared to the CCG and national averages of 88%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 85%.
- 82% 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 national average of 91%.

In order to improve these results the practice had introduced the following:

- More telephone consultations had been introduced to address urgent queries from patients
- Recruited an additional nurse to start from June 2016.

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 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, although results were slightly lower than local and national averages. For example:

Are services caring?

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 80% and national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

Staff told us that translation services were available for patients who did not speak English as a first language. 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 double appointment was booked.

All staff at the practice had completed equality and diversity training online. The practice had a patient dignity policy which had been updated in November 2015.

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 waiting room sign posted patients to a number of support groups and organisations.

The practice had 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. 1% of the practice patient list was identified as carers. All the carers were offered the flu vaccination. The GP routinely asked patients with long-term conditions which affected their lifestyle about carers. There was a clear notice in the reception area and waiting room advising patients to notify the practice if they were a carer.

In order to increase the number of carers identified the practice told us they intended to carry out a search to see if any more patients with conditions affecting their abilities were not registered as having a carer. The GP was would then to discuss this with individual patients to see if more carers could be identified.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a consultation at a flexible time or by giving them advice on how to find a support service. Sometimes families were referred to the local hospice as they provided counselling support.

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.

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;

- There were longer appointments available for patients with a learning disability. All patients on the learning disability register were offered an annual health check. Ten out of the 13 patients on the register had an annual review in the last year.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Appointments were available for children if a parent/ carer was concerned and those patients with medical problems that required same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a register for unplanned admissions and care plans for each of these patients.
- Carers were also offered an annual health check if they were not being seen regularly and were offered the seasonal flu vaccination.
- The practice worked closely with multidisciplinary teams to help patients with long-term conditions.
- The practice offered a service where prescriptions could be delivered straight to the chemist so the patient could collect medicines directly from the chemist.
- The practice offered an online repeat prescription service which benefitted those patients with time restrictions.
- The practice provided services under a Local Improvement Scheme for patients over the age of 75. The practice had 134 registered patients over the age of

75. All these patients received an annual review. Frail elderly patients were always seen on the same day. Home visits were also offered to those patients who were not able to attend the practice.

- The practice adopted the palliative care Gold Standards Framework (GSF). GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life.
- **Ante-natal and post-natal checks were carried out in the practice with the support of the midwives.**

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday with appointments being offered during these times. The surgery was closed on Thursday afternoons. Primecare (out-of-hours) provided cover when the practice was closed.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment was 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.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 78%.
- 97% of patients said they could get through easily to the surgery by telephone compared to the CCG average of 62% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.
- 68% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 53% and national average of 58%.

In order to try to improve further access and in response to specific patient feedback the practice had done the following:

- Added more five minute telephone consultations
- Advertised for a health care assistant

Are services responsive to people's needs?

(for example, to feedback?)

- Recruited a new practice nurse who was due to start in June 2016.
- Leaflets have been put in the reception area and waiting room to encourage patients to use online booking and to order repeat prescriptions online.

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 deputy practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system. This was available on the website and leaflets in the waiting area which set out how to complain, what would happen to the complaint and the options available to the patient.

We looked at the three formal complaints received in the last year and found these had been dealt with according to the practice's policy and procedure. We saw evidence that complaints were discussed at practice meetings and lessons were learned from these.

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 team was to deliver high quality care and promote good outcomes for patients.

The practice had list size of 1950 patients at the time of the inspection. The GP told us she had knowledge of the patients and their needs. At present the practice nurse worked one session a week and so the GP was taking on the remainder of the workload. Following the inspection the practice told us they had appointed another nurse who was due to start work on 14 June 2016.

The practice had faced a number of challenges which included:

The limitations of the building due to its age and room restrictions, the reception area was not very private and sometimes conversations could be heard from the waiting room and the retirement of the practice manager in August 2015. The deputy practice manager told us she was undertaking training so that she could take on the role of practice manager in the future. The practice had put signs up in the waiting area to inform patients that they could use a private room if required. **Governance arrangements**

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

- The GP was the lead in most areas.
- 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.
- The GP at the practice attended regular meetings with the CCG leads to review data and look at referral management.
- The GP attended regular meetings in the evenings with other GP partners at other practices to provide support for each other.

Leadership, openness and transparency

On the day of inspection the GP 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 GP was approachable and always took the time to listen to all members of staff. The GP and deputy practice manager encouraged a culture of openness and honesty.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, one of the secretaries had been encouraged to undertake training and following this was promoted to deputy practice manager.

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 two members of the PPG during the inspection and received a letter from another member of the PPG. The PPG members felt valued and supported by the practice. They had been patients at the practice for many years.

The PPG had made recommendations which the practice had implemented. For example, they had made recommendations about how to prevent consultations being overheard from the waiting area. As a result, new stronger doors were fitted to prevent this occurring again. They also made a recommendation about redecoration given the wear and tear. This was also implemented by the practice.

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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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