St Clements 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?	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 St Clements Surgery on 16 October 2015. Overall the practice is rated as good.

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

- The practice was located in one of the most deprived and multicultural areas in the country. Within the challenges this presented we found the practice proactive, flexible and responsive to its population needs to ensure patients were not disadvantaged and achieved positive health outcomes.
- The practice had robust processes to ensure the most vulnerable patients were protected from the risk of harm.
- Staff understood and fulfilled their responsibilities to raise concerns. There was an open culture for reporting incidents and near misses. Incidents were thoroughly investigated and used to support learning and service improvements.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice worked well with other health professionals to ensure patients' needs were met.
- Staff had received training appropriate to their roles.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- The practice had a flexible system to support the needs of different patients in accessing care. Open appointments for walk in patients meant less bookable appointments were available which resulted in lower satisfaction scores than other practices for access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. There was a culture of learning and improvement within the practice.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Summary of findings

We saw an area of outstanding practice:

- Staff understanding and vigilance in safeguarding had led to the successful protection of several vulnerable patients. The practice reflected on such events to identify whether there was anything they could have done differently or better. A safeguarding audit was undertaken to ensure staff knowledge in order to protect patients resulting in increased staff confidence in raising concerns. Key staff had received training in female genital mutilation (FGM) so that they were aware and vigilant of the risks and was relevant to the population served.
- The practice was very proactive and flexible in the way in which services were delivered which helped ensure all patients could access care and support and were encouraged to do so. There were numerous examples including: the translation of information on childhood immunisations to encourage uptake from the Somalian population; the identification of women who would benefit from more frequent cervical screening, home visits for carers who could not leave the person they were caring for and open appointments for walk in patients.

The areas where the provider should make improvement are:

- Maintain records to demonstrate and provide assurance that emergency equipment such as oxygen and defibrillator have been checked and are in good working order.

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 report incidents and near misses. There was an open culture in which staff were encouraged to report incidents that occurred.
- Lessons were shared to make sure action was taken to improve safety in the practice. A thorough investigation took place with learning identified.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The practice had robust systems and could clearly demonstrate how it protected some of the most vulnerable patient's from harm within its population.
- Risks to patients were assessed and generally well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Nationally published data showed patient outcomes were at or above average for the locality.
- Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely to deliver care and treatment.
- Clinical audits were used to identify opportunities for service improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals in which learning needs were identified.
- Staff worked collaboratively with multidisciplinary teams to support the needs of patients. Positive feedback was received from health professionals who worked closely with the practice.
- There was a strong focus on health promotion and prevention.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that the patients' rating of the practice was comparable to others in relation to consultations with clinical staff.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Staff understood the needs of carers and supported them to receive health care they needed.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice worked closely with the CCG and local commissioning groups to develop and provide services to meet patients' needs. For example, the practice had introduced insulin initiation clinics for patients with a diagnosis of diabetes.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were accessible to patients with mobility difficulties.
- The practice had introduced a mix of open surgery where patients could walk in and wait to be seen as well as bookable appointments to meet the varied needs of the practice population. Staff told us they did not turn patients away. However, this impacted on patient feedback in relation to appointments and waiting times.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It was clear that quality and safety was a high priority within the practice. Staff were clear about their roles and responsibilities and worked well as a team to meet patient needs.
- There was a clear leadership structure and staff felt supported by management.
- Policies and procedures were in place to support staff in their roles.
- Governance arrangements helped support the smooth running of the practice, manage risks and monitor performance.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. Incidents were used constructively to support service improvement.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and felt listened to.
- As an advanced teaching practice there was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over 75 years had a named GP.
- The practice maintained registers of older patients who might need extra support. Patients over 65 years that were house bound received a visit to assess needs and implement multidisciplinary team input as necessary.
- Patients over 65years that had not been seen by a GP for more than three years were actively invited to attend for a health review. Staff were required to alert GPs to patients who failed to attend this review.
- Home visits were available for those who needed one. The practice also undertook ward rounds at a local nursing home.
- The premises were accessible for those with mobility difficulties and staff were seen supporting patients who needed assistance.
- The uptake of flu vaccines for over 75 years was comparable to CCG and national averages.
- Home visits and urgent appointments were available for those with enhanced needs.

People with long term conditions

Good

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally published data showed the practice performing well against QOF and outcomes for patients with long term conditions. For example, indicators relating to the management of diabetes showed the practice was performing better than the national average.
- The practice was aware that it had high levels of patients with diabetes and had implemented an insulin initiation clinic alongside the routine diabetes clinics.
- Home visits were available when needed.

Summary of findings

- The majority of patients with long term conditions had a named GP who co-ordinated the management of their condition.
- Patients with long term conditions received annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

- The practices population was younger than the national average they had performed well for all standard childhood immunisations.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. The practice worked closely with health visitors to follow up children that did not attend for immunisations and held regular safeguarding meetings to discuss those at risk.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. A paediatric phlebotomy service was provided by one of the partners.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice was accessible to pushchairs. Baby changing facilities and private rooms for breastfeeding were available.
- Children were offered same day appointments.
- Child health clinics were co-ordinated to run alongside health visitors clinics for the convenience of patients.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Summary of findings

- Extended opening hours were available three evenings each week for those who worked or had other commitments during the day.
- The practice offered online services for appointments and prescriptions. Text messaging was used to remind patients of their appointments.
- A range of health promotion and screening that reflects the needs for this age group were available including NHS health checks, sexual health service and travel advice and vaccinations.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a carers register of 81 patients and was actively inviting carers to identify themselves. A dedicated carers' area in the waiting area with information and support for adult and younger carers. The practice had a nominated carers' champion to provide support and advice. There was a flexible approach to appointments for patients who were carers including home visits if they were unable to leave the person they were caring for.
- The practice offered open appointments on two days each week which made access easier for some of the more vulnerable patients and more chaotic lifestyles.
- The practice had signed up to provide enhanced services for patients with a learning disability. Nationally published data showed the practice had achieved 100% for indicators relating to patients with learning disabilities with no exception reporting. Practice data showed that 97% of patients with a learning disability had a care plan in place.
- The practice had produced information on childhood immunisations in Somalian to encourage and educate patients to attend in this section of the community.
- Following information received the practice had undertaken an audit to identify patients with HIV who were eligible for cervical screening who required annual screening, the practice nurse was made aware of this.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Summary of findings

- The practice operated substance misuse clinics and there was a lead GP for this. A drug worker attended the practice for one session each week as part of a shared care programme.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. An audit had been undertaken to ensure all practice staff understood their responsibilities and processes in relation to safeguarding. The GP safeguarding lead for the practice and practice nurse had undertaken additional training in female genital mutilation. The practice was able to demonstrate how vigilance of staff had actively led to patients who were at risk being protected from harm. Safeguarding incidents were treated as significant events and used to explore where things had or had not gone well and any learning.

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 participated in enhanced services for the timely diagnosis and support for patients with dementia. 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- Clinical staff had undertaken in dementia awareness training.
- The practice held dedicated mental health review clinics. Nationally published data showed the practice had achieved 100% for indicators relating to patients with poor mental health. Practice data showed that 94% of patients with poor mental health had received a health review in the last 12 months and had a care plan in place.
- Information was available to signpost patients to support services available such as healthy minds which provide support for patients with conditions such as anxiety and depression.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed a mixed response from patients in relation to accessing appointments. Some areas were in line with local and national averages while others were well below. The practice offered walk-in appointments two days each week which might have some impact on the ratings received. Of the 458 survey forms that were distributed 77 (17%) were returned.

- 63% said they found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 74%.
- 84% found the receptionists at this surgery helpful compared with the CCG average of 83% and national average of 87%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 82% and national average of 85%.
- 86% said the last appointment they got was convenient compared with the CCG average of 90% and national average of 92%.
- 72% described their experience of making an appointment as good compared with the CCG average of 67% and national average of 74%.
- 40% usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 62% and national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Patients told us that they were happy with the service, that they found the environment clean and that they were treated with dignity and respect. A small proportion of patients raised getting an appointment, waiting times and the time waiting for prescription as areas for improvement.

St Clements Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to St Clements Surgery

St Clements Surgery is part of the NHS Birmingham Cross City 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.

St Clements Surgery is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre. Based on data available from Public Health England, deprivation in the area served is among the lowest nationally. The practice has a registered list size of approximately 5472 patients.

The practice is open between 8.30am and 1pm and 2pm to 6.30pm on Monday to Friday with the exception of Thursday when it closes in the afternoon for teaching. Extended opening hours are available on Monday, Tuesday and Wednesday 6.30pm to 7pm. When the practice is closed during the day (8am to 8.30am Monday to Friday and on a Thursday afternoon) and in the out of hours period (6.30pm to 8am) patients receive primary medical services through another provider (BADGER). Between 1pm and 2pm BADGER provide a call answering service only and calls are transferred to the practices nominated on-call GP to provide any medical services necessary.

The practice has three GP partners (two male and one female). Other practice staff consist of a practice nurse and a healthcare assistant. There is a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice is an advanced training practice for doctors who are training to be qualified as GPs and a teaching practice for medical students.

The practice has not previously been inspected by CQC.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 October 2015. During our inspection we:

- Spoke with a range of clinical and non-clinical staff (including GPs, the practice nurse, the practice manager and administrative staff).
- Spoke with patients who used the service.
- Observed how people were being cared for.
- Spoke with other health care professionals who worked closely with the practice.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. We found:

- Staff were aware of their responsibility for reporting incidents and were encouraged to do so.
- The reporting of incidents was comprehensive and demonstrated that a thorough analysis had been carried to identify actions required to minimise the risk of reoccurrence.
- Opportunities to learn from incidents that had occurred were embedded in the practice and discussed at practice meetings with staff. Learning was also shared with other practices in the locality.
- The practice had introduced the an electronic system to improve the recording of incidents.

The practice had 13 reported significant events within the last 12 months. These showed how learning from significant events had led to demonstrable improvements in patient care. For example in one such incident the practice had carried out a home visit on an elderly person. During the home visit they had found the patient at crisis point in terms of their health and care needs. The patient had not visited the practice for some time. The practice reviewed how this situation could have been prevented and now actively invites patients over 65 years who have not been seen at the practice for three years to attend a health review. The GP is made aware of those that fail to attend. In another example shared with the locality the practice showed how they had reviewed their processes and security after the theft of a prescription.

There were nominated staff with responsibility for acting on national patient safety alerts. We saw minutes from meetings in which national patient safety alerts were discussed and records maintained of action taken. Staff were able to give examples of recent alerts received and acted upon.

Overview of safety systems and processes

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

- The practice had robust arrangements in place to ensure vulnerable patients were safeguarded from abuse. Staff had received safeguarding training including domestic violence and were aware of the processes to follow, one of the GPs and the practice nurse had also completed training in female genital mutilation. There were policies in place for all these areas and an audit had been undertaken to check staff understanding of safeguarding processes to ensure all staff were aware. We were provided with several examples and evidence where the vigilance of staff including reception staff had worked together to protect patients with positive outcomes. The practice used incident reporting following safeguarding concerns to identify what they felt had or hadn't gone well and to identify any learning from these. We saw evidence of multi-agency working where concerns had been identified and received positive feedback from other health professionals about these arrangements. The lead GP for safeguarding at the practice was also a lead within the CCG. Alerts on patient's records were in place so that staff were aware of which patients were at risk.
- A notice in the waiting room advised patients that they could request a chaperone, if required. Chaperoning was usually undertaken by the nurse but reception staff would sometimes support if the nurse was not available. Staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control lead. All staff had undertaken infection control training. We saw that staff had access to personal protective equipment and appropriate hand washing facilities. Appropriate arrangements were in place for the removal of clinical and non-clinical waste. Cleaning was carried out by an external provider. Cleaning schedules were in place and completed to demonstrate that cleaning had been done. The practice had undertaken an in-house infection control audit in June 2015. They had also received a recent visit from the CCG infection control nurse in preparation for a formal audit.

Good

Are services safe?

Some recommendations had been made during this visit which the practice had begun to act on. For example the ordering of purple lidded sharps bin for the disposal of contaminated sharps such as needles.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Patients on long term medication received regular medicine reviews. The practice participated in benchmarking exercise with other practices in the locality to review prescribing and had also recently undertaken an audit of patients on high risk medications but had yet to review the outcomes from this audit. We spoke with a local pharmacist who did not raise any concerns with us in relation to the practice prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice aimed to deal with prescription requests within 48 hours but a small proportion of patients told us that it sometimes took longer. The practice operated electronic prescribing for the convenience of patients which enabled patients to collect their prescriptions directly from their chosen pharmacy.
- Policies and procedures were in place for the recruitment of new staff. These set out the checks needed to ensure patients were not put at risk from unsuitable staff. We reviewed two personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The premises appeared well maintained. The practice had an annual programme of redecoration and had recently replaced flooring and chairs. A caretaker was employed to carry out maintenance jobs as required. We saw various risk assessments to monitor the safety of the premises including the control of substances hazardous to health, infection control and legionella. The practice had up to date fire risk assessments and carried out regular fire drills and checks on fire equipment.
- An asset register was held of equipment at the practice so that it could be appropriately maintained. Records were available to show that the equipment had undergone checks for electrical safety and calibration checks to ensure they were safe to use
- Arrangements were in place to ensure there were enough staff needed to meet patient's requirements. Clinical staff would provide support and cover when needed. Staff had insurance cover which enabled them to enlist locum cover if required.

Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in the consultation and treatment rooms to notify other staff of an emergency.
- All staff had received and were up to date with their annual basic life support training.
- Emergency medicines were kept securely but accessible to staff when needed. The medicines were checked to ensure they were in date and fit for use.
- The practice also had a defibrillator and oxygen for use in an emergency. Staff told us that these were checked to ensure they were working properly but no logs were maintained to demonstrate this.
- The practice had a business continuity plan in place for major incidents such as power failure or incapacity of staff. The plan included emergency contact numbers for staff and arrangements with another local practice should the premises be unavailable for use.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice showed us examples of templates they used to ensure appropriate care and treatment was being followed in the management of patients with specific health conditions. The GPs told us that as a training practice they would review guidelines with trainees and changes to clinical guidelines would be discussed at the practice's clinical meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were for 2014/15. This showed that the practice had achieved 98% of the total number of points available which was higher than both the CCG and national averages, although exception reporting was also higher than the CCG and national average. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was at 97% which was higher than both the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was at 80% which was lower than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was at 96% which was higher than the CCG and national average of 93%.
- The percentage of patients with a dementia diagnosis was 0.3% which was lower than the CCG average of 0.6% and national average of 0.7%.

The GPs showed and discussed with us clinical audits they had carried out to deliver quality improvement. One of which related to a completed audit where the practice had reviewed the management of patients with chronic kidney disease in line with NICE guidance. The re-audit showed improvement in the management of these patients. Other audits seen included audits relating to the frequency of cervical screening in HIV positive women. The audit had been undertaken following a cytology update received that had indicated annual rather than three yearly screening. The audit had led to changes in practice. The practice was also participating in a wider CCG led audit to assess the management of patients following a myocardial infarction (heart attack).

The practice also participated in benchmarking activities with other practices within their local clinical network.

Effective staffing

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

- The practice had an induction programme for newly appointed staff, this covered health and safety issues and other human resources policies and procedures. New staff underwent a probationary period of six months during which they received regular performance reviews.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules to support staff learning.
- Practice staff had role-specific training appropriate for their roles and responsibilities. For example for the management of patients with long-term conditions, administering vaccinations and cervical screening.
- Practice staff received annual appraisals and since September 2015 one to one meetings with individual staff had been introduced. These were formally documented and enabled the practice to identify any short and longer term learning needs. As well as discuss any performance issues.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Good

Are services effective?

(for example, treatment is effective)

- The practice systems enabled staff to access information such as test results and letters directly from the hospital. The practice aimed to ensure letters received by post were scanned onto the patient record on the day they were received.
- There were systems in place for reviewing hospital discharges and those that needed to be seen were booked in to see a GP. The practice aimed to follow up these patients within three days. We saw an example of a patient who had been seen by the practice within this timescale. This enabled the practice to review care and treatment to support the patient and help reduce the need for hospital admission.
- The practice shared relevant information with other services, for example out of hours services.
- We received positive feedback from three health professionals we spoke with who told us that the practice worked well with them to meet patient's needs. They described staff as approachable, flexible and responsive to the needs of their patients. The practice held regular multi-disciplinary meetings with other health care professionals to discuss patients with complex needs. These included palliative care, mental health and safeguarding meetings. Informal meetings also took place when needed.
- The practice regularly visited a local care home where it carried out ward rounds.

Consent to care and treatment

Patients' consent to care and treatment was 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. They told us that capacity assessments where required would be recorded in the patient's notes.
- We saw evidence that consent was obtained for specific procedures. This included written consent forms for minor surgery undertaken and the recording of consent on patients records for childhood immunisations.
- The practice worked with and supported patients and their families at end of life care ensuring advance directives and appropriate DNARs were in place.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients with long term conditions, end of life care and carers. Patients with long term conditions received regular reviews with the GPs or practice nurse which enabled any changes in the patient's condition to be identified at the earliest opportunity. A range of information was available to patients on the noticeboard alerting patients to services available, for signposting patients to other support services and for further information.

The practice provided and referred patients as needed to a range of support services available, some of which were provided onsite at the practice. These included smoking cessation, weight reduction and sexual health services. The practice could also refer to healthy minds a psychologist led service supporting those with stress and anxiety and depression and the health exchange which supported patients to live healthier lifestyles.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 82%. The practice nurse maintained records of samples taken which enable then to check that results were received for samples sent. The practice also encouraged its patients to attend national screening programmes we saw copies of lists of patients to contact to remind eligible patients to attend for breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 96% (compared to the CCG range from 89% to 95%) and five year olds from 85% to 99% (compared to the CCG range of 86% to 96%). The practice was aware that there was a low uptake of childhood immunisations in certain sections of the local community and produced information on in Somalian to reach out and educate patients in those communities. They routinely worked with health visitors to chase patients that did not attend and were flexible to try and undertake childhood immunisations when the patients attended for other reasons.

Flu vaccination rates were comparable to national averages. Published data for 2013/14 showed flu vaccination rates for the over 65s was 70% compared with

Good

Are services effective?

(for example, treatment is effective)

the national average of 73%, and at risk groups 50% compared with the national average of 52%. The practice also offered travel vaccinations including yellow fever and advice to the population.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 and for over 75 years. Patients over 65 years who had not been seen in the practice for the last three years were actively invited to attend.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Clinical staff told us about the actions they would take to ensure patients privacy and dignity during examinations and consultations.
- We noted that consultation and treatment room doors were away situated away from the waiting area. Doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- We saw that chairs in the waiting area faced away from the reception and towards a television screen which helped detract patients from conversations held at reception.
- Staff were aware of their responsibilities to maintain patient confidentiality and told us what actions they took on a daily basis to ensure this. Patient information not on the electronic systems was stored in lockable filing cabinets.

We received feedback from 45 patients through the completed CQC comment cards and we spoke with nine patients in person on the day of our inspection. The majority of patients were very positive about the service experienced. Patients said they felt well looked after, that they were listened to and treated with dignity and respect. The described staff as friendly and helpful.

Results from the national GP patient survey 2014/2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to other practices within the CCG area and nationally for its satisfaction scores on consultations with doctors and nurses and interactions with reception staff. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 84% said the GP gave them enough time (CCG average 86%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 84% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us that they felt involved in decision making about the care and treatment they received and that they felt listened to. We saw evidence of care planning for patients with long term conditions which were developed in conjunction with patients who maintained a copy of their agreed care plan.

Results from the national GP patient survey 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:

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

Staff told us that translation services were available for patients who did not have English as a first language and explained the process for obtaining one.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice maintained a register of patients who were also carers, at the time of the inspection the practice told us that there were 81 patients registered as carers, both

Good

Are services caring?

adult and children.. There was designated carers corner in the waiting room which invited carers (adults and children) to identify themselves to the practice. The practice had a nominated carers champion to engage with and support the needs of carers and provide advice. This enabled practice to offer relevant services available such as flu vaccinations and refer to further support. It also enabled the practice to be flexible with its own services to support the carer for example by providing home visits should the person be unable to leave the person they care for.

Staff told us that if families had suffered bereavement, they would send a card and a member of staff would attend the funeral. The practice had a designated lead for end of life care. Information was displayed about bereavement services available.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the local CCG and other practices locally to plan services and to improve outcomes for patients in the area. For example, the practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

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

- The practice offered extended opening on three evenings each week until 7pm to support patients who had work or other commitments during the day. Both GPs and nurses worked during the extended opening hours.
- Home visits were available for patients who would benefit from these and longer appointments were available where needed.
- The premises were easily accessible via a ramp and automatic doors which enabled those who used a wheelchair or with pushchairs to easily enter the building. There was a low area at reception so that patients who used a wheel chair could easily speak with reception staff.
- Translation services were available for patients who needed them although some of the staff could also speak more than one language. The practice identified a low uptake of immunisations in the Somalian population and had made available leaflets and posters in Somalian to educate patients and improve uptake. There were also safeguarding related information displayed in languages other than English.
- The practice did not have a hearing loop but had recognised this in a recent premises audit and were currently exploring which system to purchase in conjunction with the Patient Participation Group (PPG).
- Baby changing facilities and private rooms were available for patients who breast fed.
- For the convenience of patient the practice offered phlebotomy (blood taking) services onsite for both adults and children. Paediatric phlebotomy was carried out by one GPs who was a member of the Royal College of Paediatrics.
- Through the ACE programme the was working closely with other practices to develop services locally. By working with other practices they were able to increase the skill mix and services available to their patient population. For example anticoagulation, diabetes injectable and rheumatology clinics. Thus helping reduce the need for patients to attend hospital.

Access to the service

The practice was open between 8.30am and 1pm and 2pm to 6.30pm on Monday to Friday with the exception of Thursday when it closes in the afternoon. Extended opening hours are available on Monday, Tuesday and Wednesday 6.30pm to 7pm. When the practice is closed during the day (8am to 8.30am and Monday to Friday and on a Thursday afternoon) and in the out of hours period (6.30pm to 8am) patients receive primary medical services through another provider (BADGER). Between 1pm and 2pm BADGER provided a call answering service only and calls were transferred to the practice's nominated on-call GP to provide any medical services necessary.

Patients could book appointments usually two weeks in advance. An open surgery was offered on a Monday and Friday. Online appointments and prescriptions were also available. The practice manager told us that they would try to see patients the same day by appointment or as a walk in but if there were no appointments they would refer them to pharmacy first for advice on minor ailments and would see patients if pharmacy first advised this. They also told us that elderly patients or children would be seen.

Results from the national GP patient survey published in July 2015 showed that patients' satisfaction with how they could access care and treatment was in most cases lower than local and national averages.

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 76%.
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 74%.
- 72% patients described their experience of making an appointment as good compared to the CCG average 67% and national average of 74%.
- 40% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Several patients we spoke with during our inspection and feedback from the completed comment cards also reflected these findings and identified making an appointment as the main concern raised by patients. We spoke with the practice manager about this. They told us that they were aware and that this was an area that they were working with the patient participation group to address this issue. They told us that they had reduced the number of open surgery sessions in order to increase the number of appointments available and were offering on-line appointments. Text messaging has also been introduced to help reduce the number of patients that did not attend their appointment.

Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A complaints leaflet was available for patients to take away. This contained details as to how the patient could escalate their complaint if they were not satisfied with the response received. However, no reference was made as to the timescales they could expect acknowledgement or a response. Staff told us that they acknowledged complaints within 48 hours and aimed to respond within 14 days.

There had been nine complaints received during 2014/2015. These were a mix of written and verbal complaints. We saw that complaints received had been appropriately handled and dealt with in a timely way. We saw evidence from minutes of meetings that reviews of complaints took place annually and all staff were invited to attend in order to share learning.

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

At the start of the inspection we received a comprehensive presentation from the GP partners about the service they provided. Both clinical and non-clinical members of staff were present and committed to delivering a good service.

The practice was located in one of the most deprived areas of the country and was culturally diverse. It was clear from the inspection that the practice had embraced the challenges it faced in supporting the needs of this population. Staff demonstrated a commitment to ensure the needs of those who were most vulnerable were met and safeguarded from harm. The practice had developed flexible services to reach out to patients and ensure they received the care they needed, for example a flexible approach to child immunisations.

Governance arrangements

The practice had an overarching governance framework which supported service delivery and good quality care. This included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities.
- Practice specific policies that were implemented and available to all staff.
- A clear understanding of practice performance. The practice performed well against the QOF targets which demonstrated a real commitment within the context of the challenges faced by the population served. Staff told us that they regularly discussed QOF performance during meetings.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice was proactive in using learning from significant events to improve the service and outcomes for patients.
- Various meetings were held that incorporated all staff groups and ensured information was shared with staff.

Leadership, openness and transparency

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

- Staff told us that the practice held regular team meetings and held annual practice team events.
- Staff described the culture of the practice as open and felt able to raise issues with senior staff. They found the partners approachable if they wished to discuss anything.
- The practice worked well as a team and felt valued and supported.
- The practice had a whistle blowing policy which was included in the staff handbook.
- Health professionals who worked closely with the practice spoke favourably about the practice. They described good working relationships with the practice staff that benefited the patients. They told us that the practice was flexible and supportive in meeting patient's needs.

The partners were visible in the practice and each undertook seven clinical sessions each week and one administrative session . The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty and this was evident through the systems for reporting, sharing and learning from safety incidents.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which consisted of nine members that met on a regular basis. The PPG had a suggestion box which only they could access in the waiting area. We spoke with the chair of the PPG they told us that they found the practice receptive to feedback and gave examples of action the practice had taken such as replacement of waiting room chairs, improvements in signage and implementation of on-line appointments.
- The practice had also gathered feedback from staff meetings, appraisals and staff surveys.

Are services well-led?

Good

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

Staff told us they felt involved and engaged in how the practice was run and were listened to. That they felt valued and supported. The practice nurse told us how the partners had supported them when they had wanted to introduce varied appointment times for different appointments.

Continuous improvement

There was a strong focus on continuous learning and improvement. The practice was an advanced training practice for doctors training to be qualified as GPs including those identified as requiring additional support and a teaching practice for medical students. The practice closed on a Thursday afternoon to support the trainees and had a dedicated training area for this purpose. The practice had also signed up to support nurse training in spirometry as part of the Birmingham Integrated Care project. We spoke with a trainee GP on duty during our inspection. They told us that they were well supported and had access to the GP partners for support when needed.

The practice manager and practice nurse told us that they attend forums in which they had opportunities to network with others and update their knowledge. Some of the GPs had lead roles within the CCG and local clinical networks. For example, one GP was the chair of the local clinical network and another was one of the CCG safeguarding lead.

Through working with the local clinical network the practice had identified and implemented schemes to improve patient care. For example the practice recognised that it had high numbers of patients with diabetes and had introduced additional clinics for insulin initiation. The practice was also working with the ambulance service to provide paramedic triage, this provided an alternative to patients going straight to the accident and emergency departments.