

# Barnt Green Surgery

## Quality Report

82 Hewell Road,  
Birmingham,  
B45 8NF  
Tel: 01214451704  
Website: [www.barntgreen.gpsurgery.net](http://www.barntgreen.gpsurgery.net)

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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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Barnt Green Surgery on 30 March 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 GPs were leads in different areas and had weekly meetings with the practice manager to discuss concerns and share learning.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager
- Risks to patients were assessed and well managed, although checks to some equipment were not always documented
- Patients described staff as helpful, caring and commented that they were treated them with dignity and respect.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice nurses had been trained to sign patients up to an online tool called mapmydiabetes which helped patients manage their condition by giving them support and information about their condition.
- The practice had a one stop system which meant that patients who had multiple long-term conditions only had to attend once and all their conditions were reviewed holistically.

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- The practice worked hard to maintain positive patient feedback by constantly reviewing their access and adjusted their appointment system sometimes on a day to day basis to ensure that supply met demand.
- The practice had a carer support worker offering support to patients who were carers. This was funded by the CCG in collaboration with Worcestershire Association of Carers. The practice had strong links with the support worker. Carers could be referred by any member of staff or patients were able to self-refer.

We saw an area of outstanding practice:

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

- The practice invited a patient with a visual impairment to come and speak with reception staff

about the barriers they faced. As a direct result of this the practice made some changes to their website to make things easier for patients with visual impairments, and also ensured they had easy read leaflets available. The practice also invited Deaf Direct to come and speak with staff. Staff reported that they had found this particularly helpful and now had alerts on patients' notes so that extra support could be provided to patients with a hearing impairment.

## **The provider should:**

- Ensure that records of all equipment checks are accurately maintained including those for portable electrical appliances.

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. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. The practice did not always ensure that records of all equipment checks were accurately maintained including those for portable electrical appliances. There were enough staff to keep patients safe. 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 as good for providing effective services. National patient data showed that the practice was above the average for the locality on the whole. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Staff had received training appropriate to their roles and the practice believed in developing and training their staff. Staff routinely worked with multidisciplinary teams to improve outcomes for patients. There was evidence of appraisals and personal development plans for all staff.

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, with 6.8% exception reporting. The practice QOF scores were 2.5% above the CCG average and 4.3% above the national average.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data from the National GP Patient Survey 2016 showed patients rated the practice higher than others for several aspects of care.

For example:

- 91% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 82% and national average of 81%.

Good



# Summary of findings

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. The managers of the three care homes we spoke with described the GPs as attentive and always ensuring the best possible outcome for patients. We observed a strong patient centred culture.

The practice had a carer support worker offering support to patients who were carers. This was funded by the CCG in collaboration with Worcestershire Association of Carers. The practice had strong links with the support worker as they felt carers were not always aware of what help was available to them. Carers could be referred by any member of staff or patients were able to self-refer. The carer support worker would then meet with them at their own home or a room was provided by the practice. The carers would then be given information about benefits or respite that might be available to them.

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 good for providing responsive services. The practice responded to the needs of its local population and engaged well with Redditch and Bromsgrove 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.

The practice scored above local and national averages in the national patient survey in terms of access to appointments.

For example:

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.4% and national average of 75%.
- 97% of patients said they could get through easily to the practice by telephone compared to the CCG average of 78% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

Good



# Summary of findings

- 81% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

## Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. The practice was looking at ways to continuously improve and they had a programme of continuous clinical and internal audit. Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them. The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. 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. For example, they had made a suggestion about improving disabled access with a rail and this was implemented.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. The practice offered personalised care to meet the needs of older patients in its population and had a range of enhanced services, for example unplanned admissions. The practice had a register for unplanned admissions and care plans for each of these patients. The practice managers and GPs met on a weekly basis and unplanned admissions were discussed.

The practice offered an enhanced level of care to patients in three care homes. Each home had a named GP and the GPs visited weekly. Each patient was seen when admitted and then if not seen acutely they were reviewed every six months.

All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend a health check. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long term conditions were on a register and invited for annual reviews.

Patients with multiple long-term conditions were synchronised so that they only needed to attend once a year to have all their conditions reviewed, including blood tests and medicine reviews. Longer appointments were available for patients with long-term conditions.

The practice worked closely with multidisciplinary teams to help patients with long-term conditions.

The clinical leads at the practice met regularly to discuss patients with diabetes, respiratory care, admissions avoidance and anti-coagulation (patients who were on blood thinning tablets).

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to follow up on children the practice was concerned about, for example children who had not attended appointments.

Good



# Summary of findings

The practice held multi-disciplinary meetings twice a year with GPs, midwives, health visitors and school nurses.

Appointments were available until 7pm on a Monday and Wednesday. This included both face to face and telephone appointments and offered flexibility. Some appointments after school were saved on the day to accommodate children that had been taken ill during the day or young people at school.

The practice's uptake for the cervical screening programme was 86%, which was above the national average by 4%.

Mothers with new babies were offered all appointments for post-natal check, baby check and baby immunisations on the same day.

If a parent/carers was concerned about a child they would always be seen even if no appointments were 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 patients could collect medicines directly from the chemist. The practice also offered on-line repeat prescription which benefitted those patients with time restrictions.

The practice offered extended hours until 7pm on Monday and Wednesday. The practice also offered email consultations where considered appropriate.

## **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. There were 26 patients on the register and 18 had received a health check. One of the practice nurses called the patient or their carer and discussed what was involved. The practice nurse then booked an appointment at a convenient time. Those who had not attended for a health check had declined as they were having multiple medical interventions from other health care professionals. All of the patients on the learning disability register were aware that they could contact the practice at any time if they had any concerns. Carers were also offered an annual health check if not being regularly seen and they were offered carer support intervention if



# Summary of findings

appropriate. The practice had strong links with the care support worker in order to provide patients with information about the help available to them. The practice had easy read leaflets available about annual health checks for patients with learning disabilities.

All patients with a disability or impairment had alerts on their records so that staff were aware they may need assistance. Alerts were placed on records for those patients who may be at risk of harm so that staff were aware they may need to be seen urgently. The practice had implemented an effective alerting system for identifying vulnerable patients. Patients at risk of hospital admission were on a register and when discharged from the hospital they were proactively reviewed.

Palliative care patients were regularly reviewed and discussed in multi-disciplinary team meetings with allied professionals.

In 2006 the practice was awarded the Royal College of General Practice (RCGP) Disability Care Award and in 2012/13 they won the Disabled Access Award from Bromsgrove District Council.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

The practice proactively screened patients for dementia. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 99% which was above the national average of 84%. There were alerts on patients' records where it was known extra time would be needed. Longer appointments were available for patients with poor mental health. All staff at the practice had completed dementia awareness training.

**Good**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing higher than local and national averages. There were 120 responses which represented a response rate of 47%.

- 97% of patients found it easy to get through to this practice by telephone compared to a CCG average of 78% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and national average of 85%.
- 97% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 87% and national average of 85%.
- 93% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 79% and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 32 comment cards, 31 of which were very positive about the standard of care received. One comment card contained some negative feedback about access which the practice had addressed. Patients described staff as respectful and helpful, and the standard of care they had received as excellent.

We spoke with ten patients during the inspection (three of whom were members of the Patient Participation Group). All patients we spoke with were extremely happy with the care they received. They were complimentary about the staff, describing them as approachable, committed and caring. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. Patients were aware that they could choose to see a specific GP if they required. The practice received very positive comments through the Friends and Family Survey.

We spoke with the managers of three care homes that use the practice. All three highly praised the practice, and commented on the high standard of patient care they provided.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure that records of all equipment checks are accurately maintained including those for portable electrical appliances.

## Outstanding practice

- The practice invited a patient with a visual impairment to come and speak with reception staff about the barriers they faced. As a direct result of this the practice made some changes to their website to make things easier for patients with visual impairments, and also ensured they had easy read

leaflets available. The practice also invited Deaf Direct to come and speak with staff. Staff reported that they had found this particularly helpful and now had alerts on patients' notes so that extra support could be provided to patients with a hearing impairment.

# Barnt Green Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Barnt Green Surgery

Barnt Green Surgery is situated in the village of Barnt Green in Worcestershire. The practice has a list size of 6756 patients. The practice primarily covers an urban area with good levels of employment.

There is a small car park behind the practice reserved for patients with disabilities. The practice has an arrangement with the pub opposite for patients to park in their car park. This is well advertised at the practice and on their website.

The practice has two GP partners and three salaried GPs (a mixture of male and female offering patients their preferred choice). The practice has two practice nurses and two healthcare assistants (HCAs). The clinical team are supported by a practice manager and a team of reception and administrative staff. A consultant midwife holds a weekly clinic at the practice. The pharmacist also attends the practice on a weekly basis to offer advice to patients. The practice also has an in-house counsellor.

The practice has a virtual 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. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open Monday to Friday from 8.30am to 6pm. The telephones are manned from 8am to 6.30pm. Appointments are available at the following times:

- Monday: 9am – 12pm and 4pm – 7pm
- Tuesday: 8.30am – 12.30pm and 4pm – 6pm
- Wednesday: 9am – 12.30pm and 4pm – 7pm
- Thursday: 8.30am – 12.30pm and 4pm – 6pm
- Friday: 9am – 12.30pm and 3pm – 6pm

The practice does not provide out of hours services. Patients are advised to contact 111 for urgent GP access outside of normal GP working hours. When patients dial 111 they get advice from the Out of Hours service who is commissioned by the CCG.

## 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

# Detailed findings

whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Redditch and Bromsgrove 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 30 March 2016. We sent CQC comment cards to the practice before the inspection and received 32 completed cards with information about those patients' views of the practice.

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

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

# Are services safe?

## Our findings

### Safe track record and learning

The practice prioritised safety and reported and recorded significant events. During the inspection we saw that within one year nine significant events had been reported. Staff used incident forms on the practice's computer system and completed the forms for the attention of the practice manager. The incidents were discussed at the practice meetings and it was a rolling item on the agenda. 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 meetings where these were discussed and saw evidence of changing practice in response to these. For example, one patient had died in one of the local care homes and there had been a delay in issuing the death certificate as the GP was on leave. As a result of this changes were made and when GPs were on annual leave another GP visited the nursing home in their absence.

The practice nurse shared another example of a significant event where the practice had learnt and changed practice as a result. A vaccine had been given before the recommended timescale for a patient and the vaccine had to be redone. As a result the nursing team check the records and calculate the timescales as well as checking with the patient.

Patient Safety Alerts were sent to the practice manager who ensured that the GPs and practice pharmacist were aware of these and any necessary action was taken and documented in individual records. Once the safety alerts had been seen by the GPs they were signed so it was clear whom they had been read by. For example we saw that an alert about the Zika virus was forwarded to the team in February 2016 by the practice manager. The practice nurses and GPs advised pregnant women about this if they had plans to travel.

### Overview of safety systems and processes

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

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the partners was the safeguarding lead for the practice.

We looked at training records which showed that all clinical and non-clinical staff had received relevant role specific training on safeguarding. For example, the GPs had received appropriate higher level training in children's safeguarding. Safeguarding was on the agenda at each of the practice meetings which took place every month. We saw minutes of these. 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 adult which led to the patient being assessed and obtaining the help they required. The practice had a proactive approach to handling domestic abuse situations apart from the electronic records they used a coding system so patients could ask discretely for help within the practice.

- There was a chaperone policy in place. Information to tell patients the service was available 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. Non-clinical staff undertaking chaperone duties had not received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. The practice manager had carried out a formal risk assessment and had decided not to do DBS checks as the non-clinical members of staff were never left alone with the patient. This was confirmed by the non-clinical staff we spoke with during the inspection. Following the inspection the practice manager contacted us to confirm that they had reviewed this and now all reception staff carrying out chaperone duties were going to be DBS checked.
- There were procedures in place for monitoring and managing risk to patients and staff safety. There was a health and safety policy available and fire training had

## Are services safe?

been given to all staff in October 2015. The practice had fire risk assessments in place and held fire drills regularly. A Legionella risk assessment was carried out in October 2015. (Legionella is a term for particular bacteria which can contaminate water systems in buildings)

- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was completed in January 2016 and was very thorough. All the rooms at the practice had been checked during this audit.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. All staff received a full induction on their first day of employment. 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. All human resources (HR) policies within the practice were kept in an employment handbook which was accessible to all staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had two receptionists who would cover in busy periods and in the event of staff illness. The team commented on how well this worked.
- 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 March 2016) but there was no evidence available to show that portable electric appliances were routinely checked and tested.

- The practice had a policy and procedures for the safe management of medicines and for monitoring the use of blank prescriptions. We saw that prescriptions were stored securely. 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. The practice nurses had completed appropriate training and were proactive in maintaining their professional knowledge and experience in respect of vaccine administration.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

### 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 and emergency medicines available to staff which were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were checked and recorded weekly by the nursing team. No medicines were stored in the GPs' bags. The practice had a first aid kit and accident book which was kept in the reception.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and a copy of this was kept off site with one of the GPs and a copy with the 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 GPs and practice nurse were able to give a clear rationale for their approaches to treatment. Monthly practice meetings took place and the latest clinical guidance such as those from National Institute of Health and Care Excellence (NICE) were discussed. The GPs and the practice manager also met on a weekly basis. Our discussions with the GPs and nurse demonstrated that they completed thorough assessments of patients' needs in line with NICE guidelines and these were reviewed when considered appropriate. One of the practice nurses explained that nursing staff attended study days arranged by Redditch and Bromsgrove Clinical Commissioning Group (CCG). A CCG is a group 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. For example the practice nurse recently attended courses in diabetes and asthma management.

The GPs were leads in different areas and had regular meetings to discuss concerns and share learning.

The practice had a register of patients for unplanned admissions and had care plans in place for each of these patients. The practice held a monthly practice meeting where unplanned admissions were discussed.

### 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, with 6.8% exception reporting. The practice QOF scores were 2.5% above the CCG average and 4.3% above the national average. The exception reporting was 0.4% below the CCG average and 2.4% below the national average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 98% which was above the CCG average by 6% and above the national average by 8%
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was 3% above the CCG and the national averages.
- Performance for mental health related and hypertension indicators were 100% which was above the CCG average by 10% and above the national average by 12%. The exception reporting was 8% which was in line with the CCG average and 4% below the national average.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 99% which was above the national average of 84%. The practice made an effort to identify at risk patients and contacted them to carry out assessments to ensure diagnoses were not missed.

The practice team worked together in the management of patients with long-term conditions. The practice had a robust recall system for all patients with a long-term condition and this was managed by a member of the administration team. The practice had a one stop system which meant that patients who had multiple long-term conditions only had to attend once and all their conditions were reviewed holistically. The reception team were aware of what appointments were required for each condition so that they could ensure patients saw the appropriate member of the clinical team. The healthcare assistants and practice nurses were all trained to discuss with patients the importance of managing their condition by regular monitoring.

The practice nurses had been trained to sign patients up to an online tool called mapmydiabetes which helped patients manage their condition by giving them support and information about their condition.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been two clinical audits completed in the last two years.

The first audit had looked at the number of patients with chronic kidney disease who were not prescribed a statin.

# Are services effective?

## (for example, treatment is effective)

The number of medicines were increased compared with the previous year hopefully reducing their cardiovascular risk. The practice kept alert reminders on the system as it seems to have had a beneficial effect.

The second audit was to review patients who were using 12 inhalers or more per year which indicated poor control of asthma. The practice were pleased with how few patients were identified in both audit cycles.

### Effective staffing

We found that the GPs and practice manager valued the importance of education and effective skill mix.

The learning needs of staff were identified through a system of appraisals, personal development plans and meetings. All staff had the essential training for their role and also completed on-line training modules such as safeguarding, equality and diversity and fire training. Further training needs were identified at appraisals on an individual basis. The practice manager kept a record of key achievements for each member of staff together with areas of development identified.

Staff at the practice had the skills, knowledge and experience to deliver effective care and treatment. At appraisal one of the practice nurses had asked for further training in respiratory care. They felt that the GPs had been supportive of their training needs and was in the process of organising this for them.

### Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. Staff felt that the system was easy to use and patients welcomed the ability to choose their own appointment dates and times through a system called e-referral. This system enabled patients to choose which hospital they wanted to attend and 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 the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP or nurse called patients within 24 hours of discharge for patients on the unplanned admissions register and then arranged to see the patient as required. We saw evidence that multi-disciplinary team meetings took place on a six monthly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors. The clinical leads at the practice met regularly to discuss patients with diabetes, respiratory care, admissions avoidance and anti-coagulation (patients who were on blood thinning tablets).

### 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.

We saw good examples of consent forms used for when patients had contraceptive devices fitted.

### Health promotion and prevention

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.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 86%, which was above the national average by 4%.

The practice also carried out NHS health checks for patients aged 40-74 years. In the last year the practice had carried out 450 health checks.

All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to



# Are services effective?

(for example, treatment is effective)

attend a health check. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available.

The practice offered screening for breast cancer and bowel cancer. For example:

- The percentage of patients screened for breast cancer within six months of invitation was 90% which was well above the national average of 73%.
- The percentage of patients screened for bowel cancer within six months of invitation was 70% which was above the national average of 55%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 100% compared with the CCG average of 82% to 99% and five year olds from 94% to 98% compared with the CCG average of 94% to 97%.

Flu clinics were advertised in the practice newsletter with a list of the patients eligible for this. The practice also advertised the children's flu nasal spray in their newsletter.

# 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 consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff shared an example of a patient who was very distressed and grateful for the use of this facility.

31 of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Many of these commented on the helpful attitudes of reception staff and the efficiency of the appointment system.

Patients said they felt the practice offered a high quality service and staff were helpful, caring and treated them with dignity and respect. All patients we spoke with told us they were satisfied with the care provided by the practice. We spoke with three members of the Patient Participation Group (PPG) on the day of our inspection. They felt valued and respected by the practice team.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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 average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 93% of patients said the GP gave them enough time which was above the CCG average of 88% and national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw which was above the CCG average of 97% and national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern which was above the CCG average of 88% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 92% and national average of 90%.

97% of patients said they found the receptionists at the practice helpful which was above the CCG and national average of 87%.

The practice worked hard to maintain positive patient feedback by constantly reviewing their access and adjusted their appointment system sometimes on a day to day basis to ensure that supply met demand. The practice ensured that there was good cover when staff were on annual leave and offered different types of access other than face to face appointments such as telephone and email. The practice encouraged patients to sign up for electronic access for booking appointments, requesting medication online and on-line access to medical records. The practice tried to implement suggestions from patient feedback whenever they could.

We spoke with the managers of three local care homes where some of the practice's patients lived. The care managers at all three homes spoke very highly of the GPs and receptionists at the practice. They said that the doctors were accessible and always responded to them. They were able to contact the doctors in an emergency and obtain advice.

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

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

## Are services caring?

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care which was above the CCG average of 82% and national average of 81%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care which was above the CCG average of 86% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice had good systems in place to help patients with visual and hearing impairments.

The practice were constantly looking at ways of improving and recently invited a patient with a visual impairment to come and speak with reception staff about the barriers they faced. As a direct result of this the practice made some changes to their website to make things easier for patients with visual impairments, and also ensured they had easy read leaflets available.

The practice also invited Deaf Direct to come and speak with staff. Staff reported that they had found this particularly helpful and now had alerts on patients' notes so that extra support could be provided to patients with a hearing impairment.

### Patient/carers support to cope emotionally with care and treatment

Patients we spoke with were positive about the emotional support provided by the practice and rated it well in this area. Notices in the patient waiting room sign posted

patients to a number of support groups and organisations. There was also an in house counselling service available. The practice had a newsletter which provided patients with a variety of useful information.

The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had a carer support worker offering support to patients who were carers. This was funded by the CCG in collaboration with Worcestershire Association of Carers. The practice had strong links with the support worker as they felt carers were not always aware of what help was available to them. Carers could be referred by any member of staff or patients were able to self-refer. The carer support worker would then meet with them at their own home or a room was provided by the practice. The carers would then be given information about benefits or respite that might be available to them.

The carer support worker was also invited to attend the quarterly palliative care meetings as the district nurses and Macmillan nurses often knew people who might need help and this was then discussed with the carer support worker. 1% of the practice patient list were identified as carers.

The practice manager and GPs at the practice had reviewed this with the carer support worker in the past because they felt that 1% was a low number and as a result of this they promoted identification in their new patient registration pack. This was gradually helping to identify more carers. They also advertised carer support in their newsletter. The practice informed us that some patients had professional carers who they paid for, hence the lower number. The practice had a dedicated member of the administration team maintaining the register and this person ensured that all patients on the register were aware of the service.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

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

- The practice offered an enhanced level of care to patients who lived in three care homes. Each home had a named GP and the GPs visited weekly. Each patient was seen when admitted and then if not seen acutely they were reviewed every six months. Each of the residents had a care plan.
- The practice had a register of patients who were at risk of unplanned admissions and had care plans for each of these patients. The practice managers and GPs met on a weekly basis and unplanned admissions were discussed.
- Patients with multiple long-term conditions were synchronised so that they only needed to attend once a year to have all their conditions reviewed including blood tests and medicine reviews.
- All patients on the learning disability register were offered an annual health check. There were 26 patients on the register and 18 had received a health check. One of the practice nurses called the patient or their carer and discussed what was involved. The practice nurse then booked an appointment at a convenient time. Those who had not attended for a health check had declined as they were having multiple medical interventions from other health care professionals. All of the patients on the learning disability register were aware that they could contact the practice at any time if they had any concerns. The practice had easy read leaflets available about annual health checks for patients with learning disabilities.
- In 2006 the practice was awarded the RCGP Disability Care Award and in 2012/13 they won the Disabled Access Award from Bromsgrove District Council. Parking facilities were available for disabled patients.
- The practice had a hearing loop and translation services.
- A pharmacist was present at the practice once a week to offer advice to patients, for example after discharge from hospital and after outpatient appointments. The pharmacist was there to offer easy access to medicine queries. This reduced the risk of medicine errors.
- The practice worked closely with multidisciplinary teams to help patients with long-term conditions. The clinical leads at the practice met regularly to discuss patients with diabetes, respiratory care, admissions avoidance and anti-coagulation (patients who were on blood thinning tablets).
- Appointments were available from 8.30am to 6pm. On two evenings a week appointments were available until 7pm. This included both face to face appointments and telephone appointments.
- Phlebotomy (blood taking service) was offered at the practice which avoided the need for patients to go to the local hospital.
- 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 on-line repeat prescription which benefitted those patients with time restrictions.
- The practice cared for some residents of a local house for homeless people.
- Mothers with new babies were offered all appointments for post-natal check, baby check and baby immunisations on the same day.
- If a parent/carers was concerned about a child they would always be seen even if no appointments were left.
- Home visits were available on request for older patients and patients who would benefit from these.

### Access to the service

# Are services responsive to people's needs?

## (for example, to feedback?)

The practice was open between 8.30am and 6pm Monday to Friday with telephones being manned from 8am to 6.30pm. Appointments were available at the following times:

- Monday: 9am – 12pm and 4pm – 7pm
- Tuesday: 8.30am– 12.30pm and 4pm – 6pm
- Wednesday: 9am – 12.30pm and 4pm – 7pm
- Thursday: 8.30am – 12.30pm and 4pm – 6pm
- Friday: 9am – 12.30pm and 3pm – 6pm

Urgent appointments were available on the same day. The practice had a colour coded system for nurses and GP appointments.

Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to. 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.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.4% and national average of 75%.
- 97% of patients said they could get through easily to the practice by telephone compared to the CCG average of 78% and national average of 73%.
- 93% of patients described their experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.

- 81% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61% and national average of 65%.

### Listening and learning from concerns and complaints

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

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

We looked at the formal complaints received in the last year and found these had been dealt with according to their policy and procedure. We saw evidence that complaints were discussed at practice meetings and lessons were learned from these. When appropriate the complaints were dealt with as a significant event. For example, one of the complaints we reviewed was about an allergy being missed. As a result the GPs discussed this at the practice meeting and there was a change of practice to ensure the same mistake did not happen again.

We saw that the practice offered meetings with patients when complaints were raised so that they could be resolved face to face where this was considered appropriate.

# 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 provide personal, friendly, accessible family medicine which could react quickly and sensitively to patient's needs. The practice team went on away days to develop the practice values as a team.

One of the challenges faced by the practice was the building, which was relatively outdated. The practice was built in 1991 and extended in 2003. This was under discussion with the CCG and the practice hoped in the future to have a new build. The practice had a rolling programme to upgrade their internal fixtures and fittings.

The long term vision of the practice was to ensure that the next generation of GPs had a sound foundation with which to take the practice forward, and to become a training practice.

### Governance arrangements

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

- There were named GPs and nurses in lead roles.
- There were robust arrangements for identifying, recording and managing risk.
- The practice had a programme of continuous clinical and internal audit which was used to monitor quality and make improvements.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above national standards. QOF was regularly discussed at practice meetings.
- The GPs at the practice attended regular zoning meetings with the CCG leads to review data and look at referral management.

### Leadership, openness and transparency

Meetings were held regularly and minutes kept and circulated to the team. The GPs and practice manager held meetings every week and practice meetings were held monthly.

Staff told us there was an open culture and they were happy to raise issues at practice meetings. The partners were visible in the practice and staff told us they would take the time to listen to them. 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.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example, two of the receptionists were encouraged to undertake training and following this were undertaking secretarial duties.

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

The practice regularly looked at succession planning as one of the GPs was planning to retire in the Autumn of 2016. The practice manager also planned to retire the following year and the practice were looking at developing one of the practice nurses as a deputy practice manager.

### 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 three members of the PPG during the inspection. The PPG had 23 members and were a virtual group. The PPG felt that the virtual group worked as it could include patients from different population groups. They were keen to have at least one annual meeting face to face which the practice manager also wanted to introduce. The practice manager explained that last year only two members could attend but they planned to try to arrange this again this year.

The practice worked closely with the PPG which had made a few recommendations which the practice had implemented. For example, they had made a suggestion about improving disabled access with a rail and this was implemented. They also made a suggestion about extended hours which was implemented.

Staff we spoke with said they would not hesitate to give feedback and all felt valued by the practice.

## Are services well-led?

Good 

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

In the latest National Patient Survey conducted by Mori the practice had been ranked 440 out of 7708 practices which placed the practice in the top 6% nationally and top 2% in Redditch and Bromsgrove.