

Ward End Medical Centre

Quality Report

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Date of inspection visit: 15 July 2016

Date of publication: 22/08/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ward End Medical Practice on 15 July 2016. The practice had previously been inspected in July 2015 and was found to be in breach of regulations 12 (safe care and treatment), 17 (good governance) and 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice was rated as requires improvement for providing services that were safe and well led and was rated requires improvement overall.

Following the inspection the practice sent us an action plan detailing the action they were going to take to improve. We returned to the practice to consider whether improvements had been made in response to the breaches in regulations. We found the practice had made sufficient improvements and is now rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

- Risks to patients were assessed and generally well managed. We saw improvements in relation to infection prevention and control, recruitment checks and medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect. However, feedback from patients found that not all felt involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand and supported leaning.
- Patients said they usually found it easy to make an appointment but some patients found getting through on the phone difficult. Patients were able to obtain urgent appointments on the same day.
- 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 sought feedback from staff and patients, which it acted on.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure COSHH risk assessments include safety information for products used in the practice.
- Review and implement ways in which the identification of carers might be improved so that this group of patients can receive support.
- Review systems of obtaining and responding to patient feedback. Identify how this may be improved and utilised to support service improvement including, verbal complaints, comments made through NHS Choices, national patient survey and the patient participation group.
- Ensure the practice nurse has formal opportunities for clinical engagement.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes overall were comparable to CCG and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rating of the service was similar to others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect. However patients did not always feel involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

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

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they usually found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was discussed and shared as appropriate.

Good



Are services well-led?

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

- The practice had identified how it planned to deliver services and future challenges to meet patient needs.
- Staff were clear about their roles and responsibilities in delivering care and promoting good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- Regular meetings were held for each staffing group, information was disseminated as relevant by the practice administrators. However, the practice nurse had little opportunity for clinical engagement.
- There was an overarching governance framework which supported the delivery of the service. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active. However comments on the NHS choices website were not always sensitively handled.

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 proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered flu and shingles vaccinations to eligible patients in this age group. Data from the CCG for 2015 showed uptake of flu vaccinations was higher than other practices in the local clinical network.
- Practice staff worked as part of a multidisciplinary team to provide care and support to patients with end of life care needs.

Good



People with long term conditions

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

- Patients with long term conditions received annual reviews to check their health and medicines needs were being met. There were specific clinics for patients with diabetes and asthma.
- A diabetic nurse who was previously funded through the CCG had been employed by the practice to continue running their diabetic clinic when funding had ceased.
- Practice performance for diabetes related indicators overall was 100% which was higher than the CCG and national average of 89%. Exception reporting for diabetes was comparable to CCG and national averages.
- For the convenience of patients the practice provided in house services such as electrocardiogram (ECG), ambulatory blood pressure monitoring, spirometry and phlebotomy to support the diagnosis and management of patients with long term conditions.
- Longer appointments and home visits were available when needed.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who did not attend for immunisations. Immunisation rates were relatively high for the majority of standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was above the CCG average of 78% and comparable to the national average of 82%.
- Baby changing facilities were available.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided post natal and baby checks.
- The practice worked with health visitors, the partners told us there were difficulties holding formal meetings due to local pressures on the health visiting team but that they regularly spoke on the telephone.

Working age people (including those recently retired and students)

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 considered by the practice.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. For example, NHS health checks.
- Although the practice did not offer extended opening hours telephone consultations were available.
- The practice used text messages to remind patients of their appointments.
- Travel vaccinations were available on the NHS.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability, those who misused drugs and alcohol and those with caring responsibilities.
- Patients on the learning disability register were offered health reviews which were carried out at the practice or within the

Good



Summary of findings

patient's home. The practice told us that there were 39 patients on the learning disability register and during 2015/16 they had carried out health reviews on 85% of these patients. Protected time was given to the practice nurse to undertake the reviews.

- The practice had 43 patients registered as carers, those identified were signposted to locally available support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Children in local temporary accommodation were encouraged to receive immunisations.

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).

- National reported data for 2014/15 showed 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average 82% and national average 84%. Exception reporting was comparable to CCG and national averages.
- National reported data for mental health outcomes (2014/15) was 96% which was comparable to the CCG average 92% and national average 93%. There were also lower levels of exception reporting than the CCG and national averages.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Information displayed in the waiting area signposted to various support groups for people with dementia and their families to meet together socially.
- The practice had recently started to provide support to patients who misused drugs and alcohol. Since June 2016 two drug worker clinics operated from the practice.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 294 survey forms were distributed and 117 (40%) were returned. This represented approximately 1.7% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients said they were happy with the service they received and found staff caring and helpful. Comments from seven patients told us that they experienced difficulties making an appointment.

We spoke with seven patients as part of our inspection, including two members of the practice's patient participation group. Patients said they were satisfied with the care they received and were treated with dignity and respect. The latest score for the Friends and Family test which invites patients to say whether they would recommend the practice to others (as reported on the NHS Choices website) was 91%, based on 11 responses.

Ward End Medical Centre

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 and a practice manager specialist advisor.

Background to Ward End Medical Centre

Ward End Medical Practice 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.

Ward End Medical Practice 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 highest 10 per cent nationally. The practice has a registered list size of approximately 6,700 patients.

The practice is open 8.30am to 6.45pm on Monday, Tuesday Wednesday and Friday and 8.30am to 1pm on a Thursday. Appointment times vary between clinicians and on a daily basis but are usually between 8.30am and 12pm and between 3pm and 6pm with the exception of Thursday when it closes in the afternoon. The practice does not

provide any extended opening hours. When the practice is closed during the day (8am and 8.30am Monday to Friday and 1pm and 6.30pm on a Thursday) and in the out of hours period (6.30pm to 8am) patients receive primary medical services through another provider, Birmingham and District General Practitioner Emergency Room Group (BADGER).

The practice has three GP partners (all male), one of which is in the process of registering with CQC and two long term locum GPs (both female). Other practice staff consist of a physician assistant, three practice nurses (one of which is a diabetic nurse specialist) and two healthcare assistants. There is also a team of administrative staff which include three practice administrators who share responsibilities for the daily running of the practice.

The practice was previously inspected by CQC in July 2015 and was found to be in breach, regulation 12 Safe Care and Treatment, regulation 17 Good Governance and Regulation 19 Safe Care and Treatment of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Why we carried out this inspection

This inspection was undertaken to follow up progress made by the practice since their previous inspection in July 2015.

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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 July 2015. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including GPs, a practice nurse, the practice administrators and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us relating to 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 were provided for specific groups of people and what good care looked like for them. The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- All staff were encouraged to complete significant event forms which they submitted to one of the practice administrators. A recording form was available on the practice's computer system and staff were aware of this.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that, where applicable, patients were informed about incidents, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw significant events were routinely discussed at the partners meeting to ensure action was taken and lessons identified to improve safety in the practice. Where relevant, information was disseminated to other staff. An annual review of significant events was also undertaken to identify any trends. There had been seven reported incidents in the last 12 months. We also saw systems in place for managing patient safety alerts received and evidence that they were acted on.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. Information was displayed in clinical areas detailing who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they

understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Alerts were placed on patient records so staff were aware of any concerns.

- Notices were displayed in the clinical areas which advised patients that chaperones were available if required. Chaperone duties were undertaken by clinical staff only. Staff who acted as chaperones had undertaken training for this role and had received a Disclosure and Barring Service (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).
- At our previous inspection we had identified some concerns in relation to infection prevention and control for example, we found carpets and ripped chairs in treatment rooms. There had been no evidence that cleaning of the carpets took place. At this inspection we found the practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Cleaning schedules were in place for all areas of the practice and for cleaning clinical equipment. These had been signed to show the cleaning had been done. We saw that carpets had been removed from the treatment rooms and replaced with appropriate flooring. Where carpets remained in the practice for example, in the waiting areas there was evidence that they were deep cleaned. Chairs had also been replaced so that they could be cleaned more easily. Following our previous inspection the practice had received a CCG infection control audit initially scoring a red rating, the practice had responded to the action plan and undertook a repeat audit which showed improvement and a score of 95%. The practice nurse was the infection control clinical lead for the practice and was liaising with the CCG local infection lead who had provided training and support in order for them to keep up to date with best practice.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines

Are services safe?

audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use and processes for reviewing uncollected prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- At our previous inspection we found staff recruitment records did not consistently include all necessary pre-employment checks and no risk assessments had been undertaken against staff roles and responsibilities in the absence of a DBS check. At this inspection we reviewed the personnel files for three members of staff (two clinical and one non-clinical). We found 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. We saw that appropriate checks were undertaken on locum staff used and that risk assessments were in place for reception staff in the absence of a DBS check.

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and staff had access to health and safety training. Since our previous inspection the practice was able to show maintenance that had been completed on the premises. Risk assessments seen included building security. The practice had up to date fire risk assessments and carried out regular fire drills. Fire alarms were tested weekly and fire equipment was serviced regularly.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice also had other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which

can contaminate water systems in buildings). There was a risk assessment in place for control of substances hazardous to health (COSHH). However, this did not include any supporting safety information on products used in the practice although staff thought these may be with the cleaning company.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recently taken on a new partner and long term locum support. There were limits on the number of staff on leave at any one time and a calendar was maintained to ensure that enough staff were on duty at any one time. Locum staff were used to cover clinical staff absences.

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 instant messaging system in the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We checked a random sample of the emergency medicines and found these were in date. Anaphylaxis kits were also readily available in the treatment rooms.
- At our previous inspection the practice did not have a defibrillator or a risk assessment in place to assess the potential risk of this. Since our previous inspection the practice had purchased a defibrillator in case of a medical emergency.
- Oxygen was also available.
- We saw that routine checks of the emergency equipment (defibrillator and oxygen) were undertaken to ensure they were in working order.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept offsite should the premises become inaccessible. The plan included emergency contact numbers for staff and services. They were able to give examples where this had been put into practice when they were experiencing difficulties with their patient record system.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff told us that they accessed NICE guidelines on-line and used this information to deliver care and treatment that met patients' needs.
- We saw examples of audits undertaken to check care was provided in line with NICE guidance.
- The practice nurse was part of a national on line nursing forum which enabled her to receive regular updates.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 95% of the total number of points available, which was comparable to the CCG average of 94% and national average of 95%. Exception reporting by the practice was 9% which was the same as the CCG and national averages (also 9%). Exception reporting is used to ensure that practices are not penalised where, for example, when patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Generally, lower exception rates mean more patients were treated. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was higher than the CCG average and national average of 89%. Exception reporting was similar to CCG and national averages at 11%.
- Performance for mental health related indicators was 96% which was higher than the CCG average of 92% and the national average of 93%. Exception reporting was lower than CCG and national averages at 4%.

This practice was an outlier for reported versus expected prevalence of coronary heart disease (CHD), 0.51% compared with the CCG average of 0.62% and national

average 0.71%. They were also a higher prescriber of antibiotics compared to the CCG and national averages however, we saw that the practice had sought to improve antibiotic prescribing and had made use of local media to educate patients.

There was evidence of quality improvement including clinical audit.

- The practice showed us examples of two audits that they had completed within the last two years. This included an antibiotic prescribing audit. The initial audit was carried out November 2014 to January 2015 and repeated November 2015 to January 2016. On re-audit action taken by the practice showed a reduction in antibiotic prescribing overall by 14.5%, and specifically a reduction of 64% in the prescribing of broad spectrum antibiotics (cephalosporins or quinolones or co-amoxiclav). The percentage of antibiotics prescribed that were cephalosporins or quinolones or co-amoxiclav had also been reduced by 8.4%.
- A two cycle audit was completed to review the management of patients post myocardial infarction (heart attack) in line with NICE guidance. The initial audit reviewed patients who had a myocardial infarction between September 2014 and September 2015 (12 patients) and the reaudit of patients who had a myocardial infarction between September 2015 to May 2016 (3 patients). Although the numbers were much smaller in the reaudit, improvements in the management of these patients were seen.
- The practice nurse had undertaken reviews of inadequate smears following receipt of the cervical screening report to identify any areas for improvement.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. Staff received a probationary period where they received training specific to their roles and were assessed.
- There was a locum pack in place to support GPs working at the practice on a temporary basis. This was signed by locum staff to say they had looked at it.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The practice had recruited a diabetic specialist nurse for two sessions each week to run the diabetic clinic.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example through training and updates.
- Staff received regular appraisals through which learning and development needs were identified. Staff spoke positively about support received for personal development and on an ongoing basis from the partners. For example, the practice nurse had recently completed a prescribing course.
- Staff had access to training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Once every three months the practice closed for half a day for training which included areas such as basic life support.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services or to advise the out of hours provider of patients who may need to use their services.
- The practice reviewed hospital discharges and where appropriate patients were invited in so that their care could be reviewed.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included patients with end of life care needs where meetings took place every three months. The practice told us that they experienced

difficulties in meeting with health visitors regularly due to demands on the local health visiting service but were able to discuss any concerns directly with them over the telephone.

Consent to care and treatment

Staff sought patients' consent to care and treatment 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. Mental Capacity act guidelines were displayed in clinical areas for reference and clinical staff told us that they had undertaken training in this area.
- Staff understood relevant guidance for carrying out assessments of capacity when providing care and treatment for children and young people.
- Formal consent was sought when undertaking minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those with long-term condition and those requiring support for drug and alcohol misuse or smoking cessation. Patients were signposted to the relevant services for support.
- Health promotion information on diet and smoking was displayed in the practice.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 78% and the national average of 82%. There were systems in place to remind patients who did not attend for their cervical screening test. Attendance of national screening programmes for bowel and breast cancer screening for practice patients were also comparable to other practices within CCG and national average. This was a positive result given the level of deprivation and diversity in the area.

Childhood immunisation rates (2014/2015) for the vaccinations given were higher than the CCG and national averages for all vaccinations with the exception of meningitis C at two years. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 97% (compared to the CCG average of 80% to 95%) and five year olds from 93% to 97% (compared to the CCG average of 86% to 96%).

Are services effective?

(for example, treatment is effective)

Data available from the practice for 2015 showed that the uptake of seasonal flu was 66% which was above the local network average of 59%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Glass partitions at reception helped minimise the risk of conversations being overheard.
- Staff were mindful of patient confidentiality and explained what they did to keep patient information safe. Staff undertook information governance training and signed confidentiality agreements when they started work for the organisation.

Feedback received from the 41 completed patient Care Quality Commission comment cards and the seven patients we spoke with was mostly positive. Patients were satisfied with the service received, they found the staff caring and helpful and said that they were treated with dignity and respect.

Results from the national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was similar to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.

- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most patients we spoke told us they felt involved in decision making about the care and treatment they received while a few said they were not sure. Patients told us that they felt listened to and that they had sufficient time during consultations to discuss their needs. Patient feedback from the comment cards we received was aligned with these views. We also saw that personalised care plans were in place for patients on the unplanned admissions register.

Results from the national GP patient survey (published July 2016) showed patient responses were mixed in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%. The scores for this indicator had declined since the previous national patient survey report (published January 2016) where the practice had previously scored 73% compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language and we saw evidence of use of these services.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 43 patients as carers (0.6% of the practice list). Information in the practice leaflet invited patients to identify themselves as carers to

the practice. Patients who were carers were advised of various avenues of support available to them through the provision of a carers leaflet. We saw information displayed in the waiting area advising of social support networks locally for patients with dementia and their families and carers.

Staff told us that if families had suffered a bereavement they would send a sympathy card and if they came into the practice they would signpost to support services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. 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 and were working with other practices in the locality to achieve this. The practice told us that they had signed up for the GP improvement scheme with the CCG to help them work more effectively.

- Staff told us that patients could request longer appointments if they needed one.
- The practice nurse led on the annual health checks for patients with a learning disability and longer appointments were provided for this. Protected time had been allocated for the practice nurse to attend homes for patients with learning disabilities to carry out these checks.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- There were disabled facilities including parking and a disabled toilet. All consulting rooms were on the ground floor and the entrance was via ramp. However, the doors were not automatic and the reception desk was too high for patients who used a wheelchair. Reception said they would move forward to speak with patients more easily.
- A hearing loop and translation services were available. All three partners spoke additional languages that were spoken in the community and the next booking for a translator was within the next week.
- Baby changing facilities were available.
- For the convenience of patients the practice provided in house services such as phlebotomy, ECGs, ambulatory blood pressure monitoring and spirometry, to support the diagnosis and management of patients with long term conditions.
- A substance misuse service was provided from the premises for patients registered and non-registered patients.

- The practice employed a diabetic specialist nurse. The nurse had previously been employed to provide a diabetic service by the CCG and was continued by the practice when funding ceased.
- Patients were able to receive travel vaccinations available on the NHS.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointment times varied between clinicians and on a daily basis but were usually between 8.30am and 12pm and between 3pm and 6pm with the exception of Thursday when the practice closed in the afternoon. Pre-bookable appointments were available up to two weeks in advance, others were released on the day. There were also triage appointments which were telephone appointments and if the triage GP felt necessary would book the patient an urgent appointment. When the practice was closed during the day (8am and 8.30am Monday to Friday and 1pm and 6.30pm on a Thursday) and in the out of hours period (6.30pm to 8am) patients received primary medical services through another provider (BADGER). The practice did not offer any extended opening.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and national average of 73%. Scores were similar to the previous national patient survey published in January 2016.

People told us on the day of the inspection that they usually were able to get appointments when they needed them but getting through of on the phone could be difficult. This was also raised by several patients through the CQC comment cards. We saw that the next available routine appointment for a GP was within two working days and for a blood test three working days.

The practice told us that they were aware the telephone system was getting old and that the CCG was looking to getting a better deal collectively to replace the system. They were however, trying to encourage patients to use the

Are services responsive to people's needs?

(for example, to feedback?)

online system for appointments and currently had 223 patients registered for this. We saw information displayed promoting the online services. The practice also held additional telephone lines at the start of the day to manage the increased volume of calls.

The practice had a system in place to assess:

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

A duty doctor system operated for any urgent queries that came in during the day. There were also triage appointments available in which the GPs were able to assess those who felt their needs were urgent when the day appointments had been filled.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 on the reception desk for patients to take away, this advised patients how to raise a complaint, expected timescales and who to contact if they are not happy with the practice's response.

Complaints were regularly discussed at partners meetings in which any lessons learnt could be identified and discussed. There had been two formal complaints received during April 2015 to March 2016. We found that these had been satisfactorily handled. However, the practice did not specifically record verbal complaints.

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 the practice gave us a presentation which detailed how the practice delivered their services and future challenges. They spoke about improvements and more stability with clinical staffing. They were also in the process of changing computer systems to one that was more widely used by practices locally.

Partners told us that they were having some discussions with other practices locally about how they could work together but this was very much in its infancy.

Governance arrangements

The practice had an overarching governance framework which supported service delivery. The structures and procedures in place included:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- The practice had three administrators who supported the day to day running of the practice. The strength of this arrangement ensured continuity of service when one of the administrators was absent and enabled the sharing of ideas.
- Practice specific policies were implemented and were available to all staff via their computers.
- A comprehensive understanding of the performance of the practice was maintained. There was a lead GP responsible for monitoring QOF performance.
- Meetings were well documented and included follow up of actions.
- The practice regularly attended local clinical network events with other practices.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff found senior staff and partners approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice had responded with maturity and addressed issues raised in the previous CQC inspection report to improve services to patients.

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

- Staff told us that they found senior staff and partners approachable if they wanted to discuss anything and felt confident and supported in doing so.
- Staff told us the practice held regular team meetings which provided opportunities for staff to raise any issues through their line manager. We saw that staff meetings took place for individual staff groups however there were little opportunities for staff to get together as a whole team and there was the potential for the main practice nurse to become clinically isolated. The partners advised us that they had recognised this and were considering inviting the practice nurse the partners meeting so that they had formal opportunities to share discussions in relation to clinical practice.
- Staff told us that when they had identified opportunities to improve the service delivered by the practice they had been listened to. For example, the practice nurse told us that they had started to do shingle and flu vaccinations to relevant patients at the same visit to help improve uptake. Previously patients had to return twice as the health care assistant was only able to administer the flu vaccination.
- There was a whistle blowing policy in place and staff we spoke with were aware of it but had not had cause to use it.

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

The practice sought feedback from patients, the public and staff. It engaged with patients in the delivery of the service.

- The practice had gathered feedback from patients, including the patient participation group (PPG), and through surveys and complaints received. The PPG

Are services well-led?

Good 

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

consisted of approximately five members that met regularly with the practice administrators. GPs did not attend the PPG meetings. Following our inspection the partners told us that they would attend on a rota basis. We spoke with a member of the PPG who told us about some of the changes made as a result of feedback for example, staff names at reception and locks on the patient toilet after needles were found. The practice received and responded to comments on the NHS Choices website (where patients are able to review the service received). However, we noted that some of these had not been addressed sensitively.

- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice had signed up as a teaching practice for medical students when the new medical school at Aston University opens and a training practice for qualified doctors training to become GPs. They were currently providing educational mentoring for a pharmacist through Birmingham University.