

# Strensham Road Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Outstanding



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 Strensham Road Surgery on 27 October 2016. Overall the practice is rated as good.

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

- There were proactive arrangements to safeguard children and vulnerable adults from abuse, and these met with the requirements of local agencies and current legislation.
- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages. The most recent published results (for 2015/2016) showed the practice had achieved 100% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of

95%.The patient population had high levels of social deprivation and cultural diversity which made it more challenging to engage patients with services. This made the practice's high level of performance in several key areas particularly impressive.

- The practice used benchmarking alongside a program of clinical audit was used to monitor and improve the quality of patient care.
- Staff demonstrated that they had the skills, knowledge and experience to deliver effective very high standard of care and treatment.
- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patients' satisfaction with the practice staff, the care they received and how they could access care and treatment was higher than average.
- Staff we spoke with were patient focused and eager to provide a friendly and accessible service. We observed staff members to be helpful to patients and treat them with dignity and respect.

# Summary of findings

- The practice recognised the needs of its population group and strove to offer the best care possible. For example staff spoke a number of different languages to accommodate the diverse local population.
- The practice had also increased its appointment availability to meet patient demand, and at the time of the inspection was offering 19% more appointments per year than the national average.
- Information was available to help patients understand the complaints system. There was an up to date complaints and comments leaflet displayed in the patient waiting area and this had a feedback form attached. Details of how to complain were also included in the practice leaflet and on the website.
- Staff described the culture of the practice as warm and friendly and felt able to share concerns and address problems as a team.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.
- The practice was committed to continuous learning and improvement and actively sought feedback from staff and patients, as well as sharing learning with other organisations to promote good practice.

We saw two areas of outstanding practice:

- The practice had begun running its own screening program in 2003 with the aim of identifying patients at risk of a long term condition before they became symptomatic. The practice reviewed patients identified as being at risk at six monthly intervals to monitor their progress. As a result the practice was

able to reduce the risk of these patients developing long term conditions. For example, of the patients identified as at risk of developing diabetes, over 50% were no longer at risk following the involvement of the practice.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages, particularly excelling in breast and cervical cancer screening, childhood immunisations and all long term conditions. The patient population had high levels of social deprivation and cultural diversity which made it more challenging to engage patients with services. This made the practice's high level of performance particularly significant when compared with averages in the local CCG area. The practice put a lot of effort into following up with patients who did not attend for screenings, examinations and treatments following invitation, and this work was often done by the senior GP outside of the practices opening hours.

The areas where the practice should make improvements are:

- Continue to monitor stocks of emergency medicines and carry out a risk assessment to ensure the medicines held are appropriate.
- Continue to review and encourage patient uptake of bowel cancer screening.

**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.

- The practice had a system to report and record incidents and significant events. Changes were implemented to prevent incidents happening again.
- There were suitable arrangements to safeguard children and vulnerable adults from abuse, and these met with the requirements of local agencies and current legislation.
- The practice had a system for managing patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). We checked a sample of recent alerts and saw that these had been actioned.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if relevant. The practice manager met with patients face to face and offered them a written apology.
- Staff we spoke with knew what to do in the event of a medical emergency and had the necessary training.
- The practice had a number of medicines for use in an emergency; however, we noted there were two medicines on the recommended list of emergency medicines the practice did not stock. Following discussions with the practice, they decided that these would be included in their medicines list and these were ordered immediately.

Good



### Are services effective?

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages, particularly excelling in breast and cervical cancer screening, childhood immunisations and all long term conditions. The patient population had high levels of social deprivation and cultural diversity which made it more challenging to engage patients with services. This made the practice's high level of performance particularly significant when compared with averages in the local CCG area.
- The practice had begun running its own screening program in 2003 with the aim of identifying patients at risk of a long term condition before they became symptomatic. Screening appointments were offered to all patients aged 35 to 75 and were carried out by a doctor, nurse or health trainer. Patients

Outstanding



# Summary of findings

were screened for health indicators including levels of blood glucose, cholesterol, blood pressure and body mass index. The practice reviewed patients identified as being at risk at six monthly intervals to monitor their progress. As a result the practice had managed to return over 50% of patients identified as being at risk of developing diabetes to the target range.

- Staff had access to up to date evidence based guidance and used this information to deliver care and treatment that met patients' needs.
- The practice used benchmarking alongside a program of clinical audit to monitor and improve the quality of patient care.
- Staff demonstrated that they had the skills, knowledge and experience to deliver effective very high standard of care and treatment.
- Clinicians liaised with healthcare professionals from other services to fully understand and meet the complexity of patients' needs.
- Staff worked cooperatively as a small team and we saw evidence of annual appraisals and frequent staff meetings.
- Staff were aware of their obligations and there were reliable systems in place for gaining consent and protecting confidentiality.

## Are services caring?

The practice is rated as good for providing caring services.

- Results from the National GP Patient Survey published in July 2016 showed that the practice's performance in patients' satisfaction with the practice staff and the care they received was higher than average.
- Staff we spoke with were patient focused and eager to provide a friendly and accessible service. We observed staff members to be helpful to patients and treat them with dignity and respect.
- The practice made special arrangements for patients where necessary, for example ensuring death certificates were provided within 24 hours for patients whose religious beliefs required early burial.
- We reviewed 36 comment cards, all of which provided positive feedback about the standard of care received. Patients particularly commented on the friendly manner of reception staff and that GPs were trustworthy and good at taking their concerns seriously. We also spoke with two patients who both said they were happy with the care the practice provided and found clinical staff very supportive.

Good



# Summary of findings

- The practice made information available to patients with a range of needs to ensure they could be informed about their care.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice recognised the needs of its population group and strove to offer the best care possible.
- Approximately 60% of the practice's patient list were Arabic speaking. GPs, the practice nurse, and all reception staff were able to translate for patients and spoke languages including Arabic, Urdu, Punjabi, Mirpuri and Farsi. Information was also displayed on a television screen in the waiting area and this was displayed in Arabic as well as English, to cater for the majority of the practice's patients. External translation services were available for patients who required them and the practice website could be displayed in a variety of languages. The practice had a number of patients who did not speak English and were also unable to read in any language, and staff explained information to these patients verbally to help them understand the information they needed to know about their health.
- Patients were able to access telephone consultations, longer appointments, home visits and same day appointments where necessary. The practice had also increased its appointment availability to meet patient demand, and at the time of the inspection was offering 19% more appointments per year than the national average.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was generally higher than both local and national averages with the exception of waiting times.
- Information was available to help patients understand the complaints system. There was an up to date complaints and comments leaflet displayed in the patient waiting area and this had a feedback form attached. Details of how to complain were also included in the practice leaflet and on the website.

Good



## Are services well-led?

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

- The practice had a mission statement which stated that prevention is better than cure. This was supported by aims to

Good



# Summary of findings

improve the overall health of patients and accommodate the needs of the local community. Staff were clear about their roles and responsibilities and knew who clinical and non-clinical leads were.

- Staff told us the practice held informal daily briefings and clinical meetings. There were quarterly whole practice meetings which were minuted and audio recorded for staff who were unable to attend.
- Staff described the culture of the practice as warm and friendly and felt able to share concerns and address problems as a team.
- The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.
- The practice was committed to continuous learning and improvement and actively sought feedback from staff and patients, as well as sharing learning with other organisations to promote good practice.

# 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 provided home visits and urgent appointments for older patients who needed them.
- Patients aged over 75 were offered an annual health check.
- Where appropriate the practice added older people to their Case Management and Unplanned Admission Avoidance registers and carried out care planning and frequent reviews.
- The practice offered the flu vaccine to older patients. During 2015/2016 the practice achieved 94% flu uptake for eligible patients aged over 65, which was the highest uptake in the CCG.
- GPs carried out face to face reviews with over 75s who had been discharged from hospital.
- The practice engaged with a local service which provided a roving doctor to visit patients' at home when needed. This allowed patients to be seen quickly and safely when their request was made later in the day after the practice's home visits had been carried out.

Good



### People with long term conditions

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

- The practice maintained registers of patients with long-term conditions and used these in conjunction with an effective recall system to ensure that patients with long term conditions were reviewed at the required intervals.
- The practice had begun running its own screening program in 2003 with the aim of identifying patients at risk of a long term condition before they became symptomatic. Screening appointments were offered to all patients aged 35 to 75 and were carried out by a doctor, nurse or health trainer. Patients were screened for health indicators including levels of blood glucose, cholesterol, blood pressure and body mass index. The practice reviewed patients identified as being at risk at six monthly intervals to monitor their progress. As a result the practice had managed to return over 50% of patients identified as being at risk of developing diabetes to the target range.
- Performance for diabetes related indicators was consistently higher than local and national averages. For example, 83% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG

Outstanding





# Summary of findings

average of 77% and the national average of 78%. Exception reporting was 6%, significantly lower than the CCG and national averages which were both 12%. 99% of patients with diabetes had a blood pressure reading within the acceptable range, considerably higher than the CCG and national averages of 78%. Exception reporting was 0%, whereas the CCG average was 8% and the national average 9%. 100% of patients with diabetes had a record of a foot examination and risk classification in the previous 12 months, again considerably higher than the CCG average of 90% and the national average of 88%. The practice's exception reporting for this indicator was 0%, once again lower than the CCG average of 5% and the national average of 8%.

- The practice's performance for patients with a variety of other long term conditions was also above average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 100%. This was similar to the CCG average of 92% and the national average of 90%. The practice's exception reporting for this was 0%, significantly lower than the CCG average of 7% and the national average of 11%. 99% of the practice's patients with asthma had received a review in the previous 12 months, compared with the CCG average of 76% and the national average of 75%. The practice had exception reported 0% of patients for this indicator, whereas the CCG average was 3% and the national average was 8%.
- The practice offered health promotion clinics on weight reduction, heart disease, cholesterol, hypertension, diabetes and asthma for patients who needed this input. The practice encouraged health promotion by providing information and referrals to support services.
- Clinical staff engaged with healthcare professionals to provide a multidisciplinary package of care.

## Families, children and young people

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

- Staff assured us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Immunisation rates were higher than the national average for all standard childhood immunisations.
- It was the practice's policy to offer all children aged under five years same day appointments.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 99%, which was significantly higher than the CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Clinicians held frequent meetings which the local health visitor and midwife were invited to. During these meetings children on the at risk register were discussed. The practice also held a specific register for children at risk of female genital mutilation and staff had completed training in this area of safeguarding.
- Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.

## **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).

- Patients could access online appointment booking and text messaging reminders for convenience.
- The practice offered end of day appointments after 6pm to working people, and telephone consultations for who did not feel they required a physical consultation or who had difficulty in attending the practice during opening hours.
- A full range of health promotion and screening was available, including well man and well woman checks and NHS health checks for those aged 40 to 74.
- There were arrangements to direct patients to My Healthcare hub services for extended hours' appointments when the practice was closed between 8am and 8pm seven days a week.

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.

- Approximately 60% of the practice's patient list were Arabic speaking. GPs, the practice nurse, and all reception staff were able to translate for patients and spoke languages including Arabic, Urdu, Punjabi, Mirpuri and Farsi. Information was also displayed on a television screen in the waiting area and this

Good



# Summary of findings

was displayed in Arabic as well as English, to cater for the majority of the practice's patients. External translation services were available for patients who required them and the practice website could be displayed in a variety of languages. The practice had a number of patients who did not speak English and were also unable to read in any language, and staff explained information to these patients verbally to help them understand the information they needed to know about their health.

- The practice had a large proportion of patients whose religious beliefs required burial within 24 hours of death. The practice had implemented special measures to accommodate bereaved families from these groups. GPs prioritised ensuring that death certificates were issued quickly for these patients to allow the burial to take place. GPs made themselves available to patients on weekends to facilitate this where necessary.
- The practice held registers of patients living in vulnerable circumstances including those with a learning disability and patients at high risk of hospital admission. The practice offered longer appointments for patients with a learning disability.
- The practice had protocols in place to register homeless people and those from traveller communities. There were also a number of patients registered with the practice who were resident in a local alcohol misuse rehabilitation centre. The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice offered additional services to carers such as a free annual flu vaccination and health check.
- The practice had systems and processes in place to safeguard patients from abuse and staff were up to date with training. The practice regularly worked with other health care professionals in the case management of patients living in circumstances that made them vulnerable.

## 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 liaised with multi-disciplinary teams in the management of patients experiencing poor mental health, and these patients had care plans in place.
- Patients could access Improving Access to Psychological Therapies (IAPT) counselling sessions through the practice.
- Performance for mental health related indicators was higher than local and national averages. For example, 96% of patients

Good



# Summary of findings

experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 91% and the national average of 89%. Exception reporting was 7%, in line with the CCG average of 8% and the national average of 13%. 100% 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 of 87% and the national average of 84%. Exception reporting was 0% for this indicator, lower than the CCG average of 5% and the national average which was 8%.

- The practice maintained a mental health register which it used to monitor patients and offer relevant information and services. For example, patients on the mental health register were entitled to an NHS health check.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that overall the practice was performing in line with or higher than local and national averages. There were 359 survey forms distributed and 80 were returned. This represented a 22% completion rate and 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 85% 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 the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.

- 79% 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 75% and the 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 36 comment cards, all of which provided positive feedback about the standard of care received. Patients particularly commented on the friendly manner of reception staff.

We spoke with one patient during the inspection who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients who meet with their practice at regular intervals to improve services. The patient said they were happy with the care the practice provided and found clinical staff very supportive.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to monitor stocks of emergency medicines and carry out a risk assessment to ensure the medicines held are appropriate.

- Continue to review and encourage patient uptake of bowel cancer screening.

## Outstanding practice

- The practice had begun running its own screening program in 2003 with the aim of identifying patients at risk of a long term condition before they became symptomatic. The practice reviewed patients identified as being at risk at six monthly intervals to monitor their progress. As a result the practice was able to reduce the risk of these patients developing long term conditions. For example, of the patients identified as at risk of developing diabetes, over 50% were no longer at risk following the involvement of the practice.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were higher than CCG and national averages, particularly excelling in breast and cervical cancer screening, childhood immunisations and all long term conditions. The patient population had high levels of social deprivation and cultural diversity which made it more challenging to engage patients with services. This made the practice's high level of performance particularly significant when compared with averages in the local CCG area.

# Strensham Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

## Background to Strensham Road Surgery

Strensham Road Surgery is a small local GP practice in the Balsall Heath area of Birmingham. It operates under a Personal Medical Services (PMS) contract with NHS England. A PMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice is based in premises converted from a residential property in 1993, and offers accessible facilities for patients with disabilities. Strensham Road Surgery has a current patient list size of 4,044.

Children and young people make up approximately 45% of the patient list at Strensham Road Surgery which includes a very small number of older people compared with national average demographics. Levels of social deprivation are significantly higher than average. The patient group is ethnically diverse with an estimated 65% of patients coming from Arab communities and around a further 20% Asian and Pakistani. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, online access and improved services for patients at risk of or following unplanned admissions.

The clinical team includes two male GP partners, one male and one female salaried GPs and one practice nurse. The team is supported by a practice manager and a reception and administrative team of seven.

Strensham Road Surgery opens from 9am to 1pm and from 3pm to 6.30pm from Monday to Friday. A variety of appointments are available between these times. There are arrangements in place to direct patients to My Healthcare hub services or out-of-hours services provided by Primecare when the practice is closed.

## Why we carried out this inspection

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.

## How we carried out this inspection

Before our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection visit on 27 October 2016.

During the inspection we:

- Spoke with staff including GPs, the practice nurse, the practice manager and other non-clinical staff.

# Detailed findings

- Observed how patients were being cared for and spoken to.
- Spoke with a member of the Patient Participation Group (PPG).
- Reviewed comment cards where patients shared their views and experiences of the service.

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.

- Staff we spoke with during the inspection knew how to escalate incidents to the practice manager or one of the GPs. There was a significant event policy and an incident reporting form available to staff on the practice computer system. A guide showing staff how to access and use the incident reporting form was stored in an accessible location.
- We were shown evidence that the practice had recorded 11 significant events the previous year. We reviewed details of these and were satisfied that these had been properly managed and resolved. Action was taken and learning outcomes were recorded.
- Where a patient was affected by an incident the practice manager contacted them to discuss the events. If the patient desired it this was followed with a letter of apology. The practice manager showed understanding of 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.
- Significant events were discussed at quarterly whole practice staff meetings, and any serious incidents were raised by the practice manager during daily shift briefing meetings with staff.
- The practice received patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). New alerts were received by the practice manager and circulated to staff by email. Alerts requiring follow up action were also placed on staff notice boards in clinical rooms. The GPs held a weekly meeting where any clinical updates were discussed. We checked a sample of recent alerts and saw that these had been actioned.

### 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:

- There were suitable arrangements to safeguard children and vulnerable adults from abuse, and these met with the requirements of local agencies and current

legislation. Staff were able to access policies which explained who to contact for further guidance in the event of a patient concern. Members of the team we asked were able to identify one of the GP partners as the practice lead for safeguarding. The GPs provided reports for other agencies when needed and met with health visitors to monitor children at risk of harm. Staff we spoke with demonstrated awareness of their safeguarding responsibilities. Both non-clinical and clinical staff had received training to the appropriate levels in children and vulnerable adults safeguarding. Staff files also showed evidence that the practice manager had carried out quizzes about children's safeguarding with non-clinical staff to reinforce their training.

- Chaperoning was available to patients attending the practice for examinations and procedures. Notices were displayed in the waiting area and in clinical rooms to offer patients this service. All members of staff were able to act as chaperones and had received both eLearning and in-house training for the role, as well as an enhanced 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.
- Policies and procedures had been implemented to maintain proper standards of cleanliness and hygiene. The premises were visibly clean and tidy on the day of the inspection. The practice manager was the lead for infection control. All staff had completed appropriate eLearning training and a presentation was also delivered in-house by the infection control lead. Annual infection control audits had been carried out and we saw evidence that action was taken to address any areas identified for improvement. The most recent audit had been carried out in April 2016 and we saw that an action plan had been created and the required improvements recorded as completed within one month. Spill kits were available for dealing with spillages of body fluid and non-clinical staff had received training in how to use these. Staff we spoke with demonstrated understanding of their infection control responsibilities.
- The practice used a number of processes to ensure prescription security. A spreadsheet was used to track the serial numbers of all prescription stationery and this was stored securely both before and during use. There was a system for managing repeat prescription requests



## Are services safe?

safely and ensuring medicine reviews were conducted at the required intervals. GPs dealt with any changes to patients prescriptions recommended by secondary care services. Uncollected prescriptions were checked on a weekly basis to ensure any patients who needed their medicine urgently were followed up.

- Staff areas and clinical rooms were locked when they were not in use and staff removed computer access cards when they left their computers unattended. Paper patient records were securely stored in a locked area that was not accessible to the public.
- GPs explained the arrangements for monitoring patients who were prescribed high risk medicines (medicines that have a high risk of causing patient harm if they are not monitored closely), some of whom also received treatment from specialists in their particular illness under shared care agreements. Secondary care monitoring results were provided electronically by the hospital for these patients, and GPs assured us these were checked and confirmed to be satisfactory prior to issuing repeat prescriptions.
- The practice maintained a computerised checklist to log fridge temperatures for medicines that required cold storage. We checked a sample of the medicines stored in fridges had these had been rotated to ensure older stock was used first. All the medicine was within date. The practice nurse and the practice manager were responsible for ordering medicines every two to three weeks as needed. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice used Patient Group Directions (PGDs) to allow the practice nurse to administer medicines in line with legislation. We reviewed the practice's PGD folder and saw that these had been signed by the nurse when they were adopted.
- The practice did not hold any stocks of controlled drugs on the premises (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed documentation contained in four staff files. These verified that appropriate recruitment checks had been made prior to employment, including references, proof of identity, qualifications, registration with the appropriate professional body and DBS checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice monitored and managed risks to patient and staff safety using a number of policies and processes. A health and safety premises risk assessment had been carried out in October 2016 and actions identified had subsequently been recorded as rectified. The practice had a fire risk assessment last completed in May 2016. Staff had been provided with fire safety training and we saw evidence that fire drills were conducted following every risk assessment. Fire alarms were tested monthly to ensure they were in working order.
- Electrical equipment had been checked to ensure it was safe to use. Portable appliance testing had been carried out in October 2016, and we checked a sample of equipment which confirmed this. Clinical equipment had been calibrated in February 2016 to ensure it was working properly. There was a record of Legionella testing in March 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The practice used a variety of other risk assessments and regular professional visits in place to monitor safety of the premises, such as control of substances hazardous to health and infection control.
- Although staff had specific roles within their individual jobs the practice trained non-clinical staff to cover other positions during absence and annual leave. The practice manager coordinated annual leave to ensure adequate numbers of clinical and non-clinical staff were always available to patients and were able to meet the needs of patients.

### Arrangements to deal with emergencies and major incidents

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

- Staff made use of the panic button on the computer system to alert staff in the event of an emergency, or used the phone or physically called for help where use of the computer was not appropriate.
- There was a protocol for medical emergencies and a copy of this was laminated on the wall behind reception for staff to refer to. Staff received annual basic life support training.
- We saw that a supply of oxygen with both adult and children's masks was available on the premises, as well

## Are services safe?

as a defibrillator with adult and children's pads. All the equipment we checked was properly stored and in date, and this was checked regularly by staff. A first aid kit and accident book were also available.

- Emergency medicines were available in a secure, staff accessible area of the practice. Two members of staff were responsible for conducting a monthly check of emergency medicines and we saw evidence of this. The practice had a number of medicines for use in an emergency; however, we noted there were two medicines on the recommended list of emergency

medicines the practice did not stock. Following discussions with the practice, they decided that these would be included in their medicines list and these were ordered immediately.

- There was a business continuity plan which contained information about how the practice would operate in the event of major incidents such as power failure or building damage. This contained suitable information such as contingency planning and useful contact details. Electronic copies were kept off site by one of the GP partners and the practice manager for use in such an event.



# 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. Staff had online access to up to date guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We checked a sample of recent updates and saw that action had been taken, for example by conducting clinical audits. Clinical staff discussed updates during weekly clinical meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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 (for 2015/2016) showed the practice had achieved 100% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The practice's exception reporting was 5%, lower than the CCG average of 9% and the national average which was also 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

Performance for diabetes related indicators was consistently higher than local and national averages. For example:

- 83% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG average of 77% and the national average of 78%. Exception reporting was 6%, significantly lower than the CCG and national averages which were both 12%.

- 99% of patients with diabetes had a blood pressure reading within the acceptable range, considerably higher than the CCG and national averages of 78%. Exception reporting was 0%, whereas the CCG average was 8% and the national average 9%.
- 100% of patients with diabetes had a record of a foot examination and risk classification in the previous 12 months, again considerably higher than the CCG average of 90% and the national average of 88%. The practice's exception reporting for this indicator was 0%, once again lower than the CCG average of 5% and the national average of 8%.

Performance for mental health related indicators was higher than local and national averages. For example:

- 96% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 91% and the national average of 89%. Exception reporting was 7%, in line with the CCG average of 8% and the national average of 13%.
- 100% 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 of 87% and the national average of 84%. Exception reporting was 0% for this indicator, lower than the CCG average of 5% and the national average which was 8%.

The practice's performance for patients with a variety of other long term conditions was also above average. For example:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 100%. This was similar to the CCG average of 92% and the national average of 90%. The practice's exception reporting for this was 0%, significantly lower than the CCG average of 7% and the national average of 11%.
- 99% of the practice's patients with asthma had received a review in the previous 12 months, compared with the CCG average of 76% and the national average of 75%. The practice had exception reported 0% of patients for this indicator, whereas the CCG average was 3% and the national average was 8%.

The practice had begun running its own screening program in 2003 with the aim of identifying patients at risk of a long



# Are services effective?

## (for example, treatment is effective)

term condition before they became symptomatic. Screening appointments were offered to all patients aged 35 to 75 and were carried out by a doctor, nurse or health trainer. Patients were screened for health indicators including levels of blood glucose, cholesterol, blood pressure and body mass index. The practice reviewed patients identified as being at risk at six monthly intervals to monitor their progress. As a result the practice was able to reduce the risk of these patients developing long term conditions. For example, of the patients identified as at risk of developing diabetes, over 50% were no longer at risk following the involvement of the practice.

There was evidence of quality improvement including clinical audit.

- We saw evidence of nine clinical audits in total, five of which had been completed in the last year and two of which were ongoing audits where the improvements made were implemented and monitored annually. We reviewed a sample of audits and found these to be of a high quality.
- The practice identified areas for audit in response to NICE updates and prescribing guidelines.
- The practice participated in quality improvement activities such as local benchmarking. For example, the practice attended cluster group meetings with other local GPs to discuss A&E attendances and unplanned admissions.
- Findings were used by the practice to improve services, for example an audit was carried out to improve early detection and treatment of renal disease in patients with diabetes. As a result the practice was able to identify patients with excess proteins in their urine (a sign of renal dysfunction) and offer treatment. Following the first cycle of the audit 26 patients were identified, and 31% of these patients were either improved or stable following the treatment offered. The practice implemented learning from the first audit cycle and conducted a second cycle which identified 81 patients, 60% of whom were improved or stable following treatment.

### Effective staffing

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

- There was an induction programme for staff to complete as part of the recruitment process. This covered topics such as infection control, fire safety, emergency life support and confidentiality.
- Members of staff who administered vaccines and took samples for the cervical screening programme had completed training which included a competency assessment. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.
- The practice used annual appraisals and a training tracker to identify staff training needs as well as meetings and discussions. All staff had received an appraisal within the last 12 months.
- The practice facilitated and supported the revalidation process for GPs and the practice nurse.

### Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services efficiently, such as when referring patients to other services.

Staff liaised with other health and social care professionals to recognise patients' needs and adapt care and treatment as required. This included when patients were referred between services or were discharged from hospital. The practice held quarterly multidisciplinary team meetings with other health care professionals to discuss and update care plans for patients with complex needs.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Clinical staff demonstrated an awareness of consent and best interest decision-making requirements in accordance with current legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff carried out assessments of capacity to consent in line with relevant guidance when they provided care and treatment for children and young people.



# Are services effective?

(for example, treatment is effective)

- If a patient's mental capacity to consent to care or treatment was unclear the clinician conducted an assessment of capacity and recorded the outcome.
- The practice used a standard form to record written consent for treatments such as minor surgery.

## Supporting patients to live healthier lives

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

- The practice maintained registers of carers, patients nearing the end of life, those with a learning disability, patients with mental health issues and those with long-term conditions. Patients on these registers were offered medicine reviews and health checks at the appropriate intervals to monitor their health.
- The practice offered health promotion clinics on weight reduction, heart disease, cholesterol, hypertension, diabetes and asthma for patients who needed this input.
- The practice encouraged health promotion by providing information and referrals to support services.

The practice carried out cervical cancer screening for women within the target age range. The practice was consistently the highest performing practice in the CCG from 2012 to 2014 and had also been the fifth highest performing in England in 2014. QOF data for 2015/2016 showed that the practice's performance remained considerably higher than average:

- The practice's uptake for the cervical screening programme was 99%, which was significantly higher than the CCG average of 80% and the national average of 81%. Exception reporting for this indicator was 6%, lower than the CCG average of 11% and in line with the national average of 6%. The practice made follow up phone calls to patients who did not attend for their cervical screening test following invitation, and this work was often done by the senior GP outside of the practices opening hours. There was always a female sample taker available to patients and systems were used to verify that results had been received for all samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's performance for breast cancer screening was the highest in the CCG during 2014 and the highest in the United Kingdom in 2013. Data from Public Health England in relation to 2015/2016 showed that:

- 78% of women aged 50 to 70 had been screened for breast cancer within the target period, higher the CCG average of 67% and the national average of 73%.
- 34% of patients aged 60 to 69 had been screened for bowel cancer within the target period, lower than the CCG average of 44% and the national average of 58%. The practice was aware that this required improvement and had begun to code all patients who had returned a sample for screening, to allow staff to effectively identify and target those who had not. While the clinical team told us that patients could be resistant to bowel cancer screening they had found a personal approach to be effective in encouraging women to attend for breast and cervical cancer screening and were discussing this with patients opportunistically during other appointments.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring between 92% and 99% in all indicators. The practice achieved an overall score of 9.7 out of 10, compared with the national average score of 9.1.

Patients had access to appropriate health assessments and checks. These included new patient health checks carried out by a GP partner, the Wellman and Wellwoman clinics and NHS health checks for patients aged 40–74 and those aged over 75. 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

During the inspection staff members were seen to be helpful to patients and to treat them with dignity and respect.

- The practice had curtains in consulting rooms to maintain privacy and dignity during patient examinations and treatments.
- Clinicians closed doors to consultation and treatment rooms when they were seeing patients. We noted that we were not able to overhear conversations taking place in these rooms.
- There was a notice on the TV in the waiting area advising patients that they could ask the receptionist for a private room if they needed to discuss a private matter, and this information was also displayed in Arabic. Reception staff also told us that if a patient was distressed they offered to take them to a private room.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, all of which provided positive feedback about the standard of care received. Patients particularly commented on the friendly manner of reception staff and that GPs were trustworthy and good at taking their concerns seriously.

We spoke with two patients during the inspection, one of whom was also a member of the Patient Participation Group (PPG). The patients said they were happy with the care the practice provided and found clinical staff very supportive.

Results from the National GP Patient Survey 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:

- 95% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average which were both 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 96% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 95% of patients said the nurse was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 96% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

The PPG member and the patient we spoke with during the inspection told us they felt involved in decisions about their care and treatment. Patient comment cards confirmed this and commented on positive experiences with the clinical team.

Results from the National GP Patient Survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, results showed that the practice's performance was higher than average for consultations with GPs and nurses. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 86% 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 the national average of 85%.
- 93% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

## Are services caring?

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

- A number of staff members were able to translate for patients, including GPs, the practice nurse, and all reception staff. The languages spoken included Arabic, Urdu, Punjabi, Mirpuri and Farsi. Information was also displayed on a television screen in the waiting area and this was displayed in Arabic as well as English, to cater for the majority of the practice's patients. The practice website could also be displayed in a variety of languages. External translation services were also available for patients who required them.
- Staff explained to us during the inspection that a number of patients who did not speak English as a first language were also unable to read in any language, and all staff were required to explain information to these patients verbally to help them understand the information they needed to know about their health.
- A large number of information leaflets were available providing patients with information about health and support services.
- The premises were equipped with a hearing loop to assist patients with a hearing difficulty.

### **Patient and carer support to cope emotionally with care and treatment**

A variety of information leaflets and posters were displayed in the patient waiting area to help direct patients to relevant support groups and organisations. Similar information could be accessed on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (1.6% of the practice list). The flu vaccine and health checks were available to carers. Clinical staff directed carers to relevant support services they could access.

The practice had a large proportion of patients whose religious beliefs required burial within 24 hours of death. The practice had implemented special measures to accommodate bereaved families from these groups. Staff told us that if families had suffered bereavement, a GP prioritised ensuring the death certificate was issued quickly to allow the burial to take place. GPs also made themselves available to patients on weekends to facilitate this if necessary. All bereaved patients were contacted by their GP and if appropriate a home visit was made and patients were signposted to support services.

# 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 had also increased its appointment availability to meet patient demand, and at the time of the inspection was offering 19% more appointments per year than the national average.
- Telephone consultations were available for patients who did not feel they required a face-to-face consultation.
- Same day appointments were always made available for children and older people, and for those patients with medical problems that required same day consultation.
- Patients could access Improving Access to Psychological Therapies (IAPT) counselling sessions through the practice.
- Longer appointments were available for patients with a learning disability and others who needed them. The practice had coded particular patients for longer appointments based on their individual needs.
- Patients could access online appointment booking and text messaging reminders.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- GPs, the practice nurse, and all reception staff were able to translate for patients and spoke languages including Arabic, Urdu, Punjabi, Mirpuri and Farsi. Information was also displayed on a television screen in the waiting area and this was displayed in Arabic as well as English, to cater for the majority of the practice's patients. External translation services were also available for patients who required them and the practice website could be displayed in a variety of languages.
- There were disabled facilities and a hearing loop available.

### Access to the service

The service was open from 9am to 1pm and from 3pm to 6.30pm from Monday to Friday. A variety of appointments were available between these times. There were arrangements to direct patients to My Healthcare hub services or out-of-hours services provided by Primecare when the practice was closed including from 8am to 9am. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments, home visits and telephone appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or higher than local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 93% of patients said the last appointment they got was convenient, compared to the CCG average of 90% and the national average of 92%.
- 78% of patients described their experience of making an appointment as good, compared to the CCG average of 70% and the national average of 73%.

But the practice had scored lower than average for patient waiting times:

- 36% of patients felt they had to wait too long to be seen, compared with the CCG average of 53% and the national average of 58%.

As a result the practice had analysed appointments data and found that the senior GP partner who was the lead for patients with multiple conditions took longer in consultations, and that waiting times for the practice nurse were also variable. In response the practice now allowed longer appointment times for patients of the senior GP partner, and staff requested to know the type of appointment when booking patients with the nurse in order to allocate the appropriate length of appointment. The practice had also increased its appointment availability to meet patient demand, and at the time of the inspection was offering 19% more appointments per year than the national average.

The practice had a system in place to assess:



# Are services responsive to people's needs?

(for example, to feedback?)

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

Reception staff transferred calls requesting for home visit to a GP to assess, or if necessary the GP would return the call when possible. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Staff we spoke with were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

There was an effective system in place for handling complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the lead member of staff for dealing with complaints in the practice.

- Information was available to help patients understand the complaints system. There was an up to date complaints and comments leaflet displayed in the patient waiting area and this had a feedback form attached. Details of how to complain were also included in the practice leaflet and on the website.
- We saw evidence that the practice had responded to complaints appropriately and within a reasonable timescale.

We looked at details of six complaints received in the previous year and these had been properly handled within reasonable timescales. The practice maintained records of actions taken to improve practice and learning outcomes from complaints. For example, we saw how the practice had implemented a specific protocol for dealing with certain appointments following investigation of a complaint and this was shared with staff. Complaints were discussed during staff meetings.

# 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 a mission statement which stated that prevention is better than cure. This was displayed beside computer screens in the practice and all staff we spoke with during the inspection were aware of it and worked in a way that supported it. The practice supported the mission statement with solid values and clear aims to improve the overall health of patients and accommodate the needs of the local community. For example the practice offered health screening for all patients aged 35 to 75 to support early detection of health risks and encourage health awareness. The practice planned to continue striving for excellence in the future.

### Governance arrangements

The practice governance arrangements supported the delivery of its future plans and inspired good quality care.

- We spoke with staff present on the day of the inspection and were satisfied that they all had a clear awareness of their roles and responsibilities and knew who to report to in a variety of situations.
- There were practice specific policies available to all staff. We saw examples of how these policies were used, for example significant events and complaints.
- The practice monitored its performance and used this information to make improvements. Clinical audit was used to monitor quality and to implement changes.
- There were processes in place for managing risks and protecting staff and patients from harm.

### Leadership and culture

The GP partners and practice manager demonstrated that they possessed the knowledge and experience necessary to ensure the practice was operating effectively and providing a high standard of care. Staff said they had the support they needed to carry out their roles and that they were offered opportunities to speak with the GP partners and practice manager.

The practice 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. There were processes to ensure that when things went wrong with care and treatment

affected patients received reasonable support and sufficient information to help them understand. It was the practice policy to make a formal written apology only where this was desirable to the patient, as some patients had found an overly formal approach offensive.

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

- Staff told us the practice held informal daily briefings and clinical meetings. There were quarterly whole practice meetings which were minuted and audio recorded for staff who were unable to attend.
- Staff described the culture of the practice as warm and friendly and felt able to share concerns and address problems as a team.
- The practice organised staff social events such as nights out and lunches held on the premises.
- The practice manager told us about a range of actions that were taken to support the wellbeing of staff and show appreciation for individual work. Members of staff we spoke with told us they were respected in their roles and we observed that the practice team worked well together.

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

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

- The practice had gathered feedback through the Patient Participation Group (PPG) which met with the practice on a quarterly basis. The PPG had 12 members and had been established for three years. The group was actively involved with improvements at the practice. For example it had suggested the television be installed in the patient waiting area to improve signposting of information to patients.
- The GPs worked with the practice team and were open to suggestions for improvements. Staff told us they were able to speak to the GPs and the practice manager if they needed to discuss anything. Appraisals were held annually and provided staff with an opportunity to give formal feedback to the practice.

### Continuous improvement

# Are services well-led?

Good 

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

The practice was committed to continuous learning and improvement. For example, the practice had recently agreed a university contract to take on trainee GPs as a training practice and would commence this the following year. There were also plans in place to make some further improvements to the premises.

The practice shared learning to promote better outcomes for people. For example the practice had given a presentation to Public Health England about the success of its screening programme in improving the health of patients at risk of long term conditions.

The practice had won a number of awards including the Heart of Birmingham Health and Inequalities award in 2006/2007, and the Birmingham South Central Clinical Commissioning Group Outstanding Contribution to General Practice award in 2015. During 2016 a patient nominated the senior GP partner to be recognised on the New Year's Honours list for 2017 in light of his contribution to the local community.