

Dr AP Blight & Partners

Quality Report

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

Ratings

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

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 Dr AP Blight & Partners of Ashfield Surgery on 25 August 2016. Overall the practice is rated as Good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used innovative and proactive methods to improve patient outcomes, For example diabetes group session for newly diagnosed patients were held every two weeks.
- Feedback from patients about their care was consistently positive.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We saw that staff were friendly and helpful and treated patients with kindness and respect. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example the practice ran a Contraception and Advanced Sexual Health Service (CASH) for the local community.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

Summary of findings

- There was a clear leadership structure, but staff felt they were not supported enough by management and the GPs.
- The provider was aware of and complied with the requirements of the duty of candour.
- Staff spoken with demonstrated a commitment to providing a high quality service to patients.
- The practice operated a consultant led vasectomy clinic. This was a two part service; one of the GPs at the practice offered a weekly counselling service for patients who were considering having this procedure.
- The practice held a twice weekly Contraceptive and Sexual Health Clinic (CASH) for the local community which was run by two of the practice GPs who had specialised in this area.

We saw an area of outstanding practice including:

A diabetic group session was held every two weeks for newly diagnosed patients by one of the practice nurses who had qualified in diabetic care and with the support of one of the GPs. The group supported a maximum of ten patients at each session and the practice had seen

positive outcomes from the sessions with an improvement in the diabetic blood monitoring (HbA1c test) with 84% of patients having a lower result of 7 or less. The practice attributed this to the positive effect of having an expert patient group, with an innovative approach to the management of diabetes and lifestyle changes.

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

- Review infection control processes to ensure infection prevention continues to be monitored effectively and cleaning schedules are monitored and completed to reduce the risk of infection.
- Continue to encourage patients to attend health checks including patients with learning disabilities.
- Review current procedures and management support for non clinical staff and implement a system of appraisals for all staff.

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?

- There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. The GP partners held monthly significant event meetings to discuss lessons learnt.
- When things went wrong patients received reasonable support 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. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example we found one of the clinical waste bins unlocked and accessible to the public.
- The practice did not have a clinical lead for infection control, the practice manager told us that this role was to be allocated to a member of the nursing team, but this had not been actioned.

Good



Are services effective?

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was a proactive approach to supporting patients with newly diagnosed diabetes, group sessions were held with the support of specialist nurse and GP and improved outcomes had been achieved.

Good



Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- The practice ran a contraceptive and sexual health clinic (CASH) twice a week for the local community.
- The practice was part of the Badger umbrella service for sexual health commissioned Public Health. The service included contraception advice and counselling and treatment for patients with sexually transmitted diseases.
- A consultant run vasectomy service was offered by the practice which included a counselling session with a GP to support patients.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice's computer system alerted GPs if a patient was a carer and 3% of the practices population had been identified as carers.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations. We also noticed that there was a weight and height machine available for all patients to use which gave them printed results to take into the GP for their consultation.
- We saw that staff were helpful and treated patients with kindness and respect and maintained patient and information confidentiality. The practice also supported patients by referring them to a number of support groups, onsite stop smoking service and other support agencies.

Good



Are services responsive to people's needs?

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example an advanced contraceptive and sexual health service was offered twice a week for patients within the local community.

Good



Summary of findings

- There are innovative approaches to providing integrated patient-centred care. For example the practice held a diabetes group session every two weeks for newly diagnosed patients.
- Patients can access appointments and services in a way and at a time that suits them. Telephone consultations and extended hours were also available.
- The practice had held an information session with the support of the patient participation group (PPG) to encourage patients to use online appointment booking.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. Whole staff meetings were not regular, but the practice had a schedule of departmental meetings in place to ensure all staff had an opportunity to formally contribute to the running and development of the practice.
- 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.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- There was a documented leadership structure but some staff felt there was no clear leadership from management.
- All staff had received inductions but not all staff had received regular performance reviews.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were housebound.
- The premises were accessible to patients with mobility difficulties. A ramp and designated car parking spaces were in place.
- The practice had systems in place to identify and assess patients who were at high risk of admission to hospital. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice worked closely with multi-disciplinary teams so patient's conditions could be safely managed in the community.
- The practice support pharmacist carried out medicine reviews and held regular meetings with the GPs to discuss patient's needs.
- The practice supports a local nursing home and carries out a daily visit to review patients.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence that meetings were held on a monthly basis.
- The practice offered a range of services to support the diagnosis and management of patients with long term

Summary of findings

conditions for example newly diagnosed diabetics. Group sessions for a maximum of 10 patients were held every two weeks and the practice had seen positive outcomes from the sessions with an improvement in the diabetic blood monitoring HbA1c test with 84% patients having a lower result of 7 or less. The practice attributed this to the positive effect the group sessions were having on advising patients on lifestyle changes.

- There were 957 patients on the asthma register and 75% of these patients had received a review in the past 12 months.

Families, children and young people

- 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 had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care every week at the practice.
- Childhood immunisation rates for under two year olds ranged from 83% to 98% compared to the CCG averages which ranged from 80% to 95%. Immunisation rates for five year olds were ranged from 81% to 99% compared to the CCG average of 87% to 96%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.
- The practice's uptake for the cervical screening programme was 80% which was in line with the national average of 82%.
- The practice was part of the Badger umbrella service for sexual health which had been commissioned by NHS Public Health England. This included contraception advice and counselling and treatment of sexually transmitted diseases.
- The practice offered an advanced contraceptive and sexual health service (CASH) twice a week to the local population.
- A weekly vasectomy clinic was offered. This was a two part service, with a counselling service being offered by one of the GPs to support the patients through the process and a consultant urologist to carry out the procedure.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The health care assistant had completed the course for stop smoking and this service was offered at the practice.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice offered a choice of extended hours to suit their working age population, with later evening appointments available two days a week. Results from the national GP survey in July 2016 showed 75% of patients were satisfied with the surgery's opening hours which was higher than the local average of 74% and the national average of 76%.

People whose circumstances may make them vulnerable

Requires improvement



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Following the inspection, the practice ran searches on their clinical system and we saw evidence that there were 55 patients on the learning disability register; between the period August 2015 to August 2016, 22 had received their annual health checks. The practice did send reminders to the patients of their appointments and was actively trying to increase the number of patients attending health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every month
- 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. We saw evidence of monthly meetings with the health visitor to discuss vulnerable children.

Summary of findings

- The practice's computer system alerted GPs if a patient was also a carer. There were 408 patients on the practices register for carers; this was 3% of the practice list.

People experiencing poor mental health (including people with dementia)

- 63% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 94% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, which was higher than the national average of 88%.
- Results from the Quality and Outcomes Framework (QOF) showed the practice had achieved 99.8% in mental health related indicators, which was higher than the national average of 92.8%
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



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 the practice was performing in line with local and national averages. 228 survey forms were distributed and 119 were returned. This represented 38% response rate and 0.75% of the total practice population.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 91% 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%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 78% 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 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 31 comment cards which were all positive about the standard of care received. Some of the comments received, detailed how helpful the reception staff were and how GPs listened to what the patient had to say.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice had analysed its results from the friends and family test and scored 94% with patients saying they were very likely or likely to recommend the practice to others; this was based on 99 responses

Areas for improvement

Action the service SHOULD take to improve

- Review infection control processes to ensure infection prevention continues to be monitored effectively and cleaning schedules are monitored and completed to reduce the risk of infection.
- Continue to encourage patients to attend health checks including patients with learning disabilities.
- Review current procedures and management support for non clinical staff and implement a system for appraisals for all staff.

Outstanding practice

A diabetic group session was held every two weeks for newly diagnosed patients by one of the practice nurses who had qualified in diabetic care and with the support of one of the GPs. The group supported a maximum of ten patients at each session and the practice had seen positive outcomes from the sessions with an

improvement in the diabetic blood monitoring (HbA1c test) with 84% of patients having a lower result of 7 or less. The practice attributed this to the positive effect of having an expert patient group, with an innovative approach to the management of diabetes and lifestyle changes.

Dr AP Blight & Partners

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 adviser and a practice manager specialist adviser.

Background to Dr AP Blight & Partners

Dr AP Blight & Partners are located at Ashfield surgery in Sutton Coldfield, an area of the West Midlands. There are approximately 16,000 patients of various ages registered and cared for at the practice

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to ensure practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as advanced minor surgery, childhood vaccination and immunisation schemes. The practice supports a local nursing home and carries out a daily visit to review patients.

The practice is a training practice for doctors and fifth year medical students. The practice also supports the Ministry of Defence in the training of doctors. The practice runs the vasectomy service for patients registered with practices in Birmingham Cross City Clinical Commissioning Group and Solihull Clinical Commissioning Group.

There are eight GP partners (4 male, 4 female) and one salaried GP (female). A new salaried GP (male) will be starting at the practice in September 2016. The practice currently has two GP registrars (doctors in training). The

nursing team consists of five nurses, one health care assistant and one phlebotomist. The non-clinical team consists of a practice manager, administrative and reception staff.

The area served has lower deprivation compared to England as a whole and ranked at eight out of ten, with ten being the least deprived.

The practice is open to patients between 8.15am and 6.30pm Monday to Friday. Extended hours appointments are available 6.30pm to 8pm Monday and Wednesday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The practice had a messaging service for patients to remind them of their appointment times.

The out of hours service is provided by Badger Out of Hours Service and NHS 111 service and information about this is available on the practice website.

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.

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 25 August 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice manager, practice nurses, reception and administration staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public 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 told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. 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 when things went wrong with care and treatment, patients were informed of the incident, received reasonable support and 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 the significant events and held monthly GP partner meetings to discuss incidents, significant events and any safeguarding concerns.
- There was a programme of continuous clinical and internal audit which were often initiated as a result of national patient safety alerts.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. 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 the appropriate level to manage child safeguarding (level 3).

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the 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).
- We observed the premises to be clean and tidy. No reviews of the cleaning had been completed by the provider to confirm that the cleaning was being done effectively. Following our inspection, the practice has introduced a process to ensure completion of cleaning schedules.
- There was no designated clinical lead for infection control, the practice manager informed us that one of the nursing team was to be allocated this role, but this had not been actioned to date. The practice manager with the support of the nursing team liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed by the clinical commissioning group (CCG) infection prevention team in June 2015 and the practice had scored 95%. The practice had carried out a further inhouse audit to follow up on any actions identified to confirm they had been completed in April 2016.
- We found one of the clinical waste disposal bins unlocked and situated in an area that could be accessed by patients. On speaking with the provider they immediately organised for the bin to be locked.
- 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

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

- Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The vaccine fridge temperatures were recorded and monitored in line with guidance by Public Health England.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a sharps policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some information was not available as separate files were kept by the human resources department and were not available on the day of inspection. For example proof of identification.

Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy and risk assessments were available. The practice had up to date fire risk

assessments and carried out regular fire drills. 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 had carried out a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This was completed in March 2016.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty

Arrangements to deal with emergencies and major incidents

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

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 were 90.9% of the total number of points available; this was lower than the national average of 94.8%. Exception reporting was 6.1% which was lower compared to the national average exception reporting of 9.2%. (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 2014/15 showed:

- Performance for diabetes related indicators was 88% which was slightly lower than the CCG average of 89% and the national average of 89%.
- Performance for mental health related indicators was 100%, with an exception reporting rate of 5%. This was higher than the CCG average of 92% and the national average of 93%

There was evidence of quality improvement including clinical audit.

- There had been regular audits completed at the practice. We reviewed one audit where the improvements made were implemented and

monitored. For example, a review of patients attending diabetic reviews was carried out on a yearly basis to monitor the effectiveness of the chronic disease recall system.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of the administration of supplementary food supplements to patients at the local nursing home.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse had completed a diabetic care course.
- 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 by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a review of practice development needs. Staff told us that they had recently had appraisals, but these had not been regular with some staff not receiving appraisals for several years. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included clinical supervision and facilitation and support for revalidating GPs.
- Staff received 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.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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.

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 when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

- The practice was part of the Badger umbrella service for sexual health which had been commissioned by Public Health. This included contraception advice and counselling and treatment of sexually transmitted diseases.
- Add in vasectomy service arrangements

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were higher than the CCG and national averages. For example,

- 81% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 69% and the national average of 72%.
- 63% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 51% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100%, which was comparable to the CCG average of 80% to 95% and five year olds from 81% to 99%, which was comparable to the CCG average of 86% to 96%.

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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with the chair of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% 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%.
- 89% 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%.
- 84% 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% and the national average of 85%.

- 90% 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 the national average of 91%.

The practice achieved lower results for the helpfulness of receptionists. For example:

- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice reviewed the feedback received through the Friends & Family test. The latest results showed that 98% of patients recommend the practice; this was based on 99 responses.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 86% 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%.
- 79% 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 the national average of 82%.
- 80% 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%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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. There were 408 patients on the practice register for carers; this was 3% of the practice list. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card. If the family required further support the GP would call to offer advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice 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. For example the practice offered a vasectomy service for patients registered with GP practices within Birmingham Cross City and Solihull CCGs.

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

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Monday and Wednesday evening from 6.30pm to 8pm.
- The practice had a call centre of staff to answer the telephones and deal with patient queries.
- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients /were referred to other clinics.
- There were disabled facilities and translation services available. The practice had an electronic booking in system for patients which could be accessed in various languages. There was no hearing loop at the practice, but patients with hearing difficulties had alerts added to their medical records.
- The practice had consultation rooms on two floors. The rooms on the second floor were accessible by a lift. Staff

told us that patients with wheelchairs could access the rooms on both floors, but if a patient had any difficulties they were offered an appointment in a ground floor room.

- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example newly diagnosed diabetics. Group sessions for a maximum of 10 patients were held every two weeks and the practice had seen positive outcomes from the sessions with an improvement in the diabetic blood monitoring HbA1c test with 84% patients having a lower result of 7 or less. The practice attributed this to the positive effect the group sessions were having on advising patients on lifestyle changes and supporting them to manage their diabetes more effectively.

Access to the service

The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments were available from:

- Monday 8.30am to 12pm and 3.20pm to 6pm
- Tuesday 8.30am to 12.30pm and 2.20pm to 6pm
- Wednesday 8.30am to 12.20pm and 5pm to 6pm
- Thursday 8.30am to 11am and 2pm to 6pm
- Friday 8.30am to 11.20am and 3pm to 6pm

Extended hours appointments were offered on Monday and Wednesday evening from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent 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 comparable to local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 70% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

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

We looked at four complaints received in the last 12 months and these were satisfactorily handled and dealt with in a timely way. We also looked at complaint records and found that they had been satisfactorily handled and responses demonstrated openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Requires improvement 

(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 clear vision to deliver high quality care and promote good outcomes for patients. The management team held weekly business meetings to discuss objectives and overall vision of the practice; this was also discussed and monitored through partner meetings. We spoke with five members of staff who demonstrated a commitment to providing a high quality service to patients. Staff commented that it was a busy practice, but some of the staff we spoke with said they did not feel supported by the GPs. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed its progress in relation to the CCG led ACE scheme.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Weekly partner and practice manager meetings were held to discuss any issues arising in relation to the practice. Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to, who to go to with a confidentiality query and who to go to for infection control guidance.

Leadership and culture

The GPs told us they prioritised safe, high quality and compassionate care. Staff told us the partners were unapproachable and did not have time to listen to all members of staff.

The GP partners and practice manager formed the senior management team at the practice; they were also supported by a human resources manager, a reception manager and a personal assistant. Members of the management team were not based at the practice on a regular basis and contact had to be made by email or telephone. This was discussed with the senior GP partner and the practice manager.

Following our inspection, the practice told us that the Practice Manager was on-site Monday to Friday from 1pm to 9pm due to extended opening hours and a senior member of staff was on site during the mornings to deal with any issues arising.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), complaints received and the friends and family test. The PPG consisted of 12 members. We spoke with the chair of the PPG as part of our inspection.
- PPG meeting minutes were circulated to members who could not always attend the meetings; but there was no access to the minutes on the practice website.

Are services well-led?

Requires improvement 

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

- The practice had not proactively gathered feedback from staff and staff told us they had minimal opportunities to discuss any ideas or concerns they may have.
- Staff told us that whole team meetings were not regular, but the practice had a schedule of departmental meetings which included weekly nurse meetings and monthly administration staff meetings. Staff appraisals had been completed prior to the inspection, but we were told that this had been the first appraisal for some staff in several years. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, but felt that management did not listen to their views. Staff told us that the practice manager was not regularly on site and they feel that

they do not get enough support from the GPs. Since the inspection we have been told that a senior member of staff was available in the absence of the practice manager to support staff.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was supportive of the CCGs ACE programme in introducing services locally for patient convenience. For example, the practice was part of the Badger umbrella service for sexual health which was commissioned by Public Health. This service included supporting patients with contraception, sexually transmitted disease treatment and counselling.