Dr B Sahota & Dr K Cassam

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr K Sahota and Dr B Cassam's Kingstanding Circle Surgery on 8 July 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice facilities were mostly satisfactory and equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Ensure that processes for managing prescription recording, handling, storing and security are strengthened.
- Ensure that all complaints are recorded and action taken is detailed to capture the positive approach staff take in response to resolving patient's complaints.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients and staff were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and training needs assessment for all staff. Staff worked with multidisciplinary teams to improve outcomes for patients.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that 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. We also saw that staff were helpful and treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to any issue raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led. Staff told us about the vision they had for the service, although this was not a formal documented strategy. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Summary of findings

The six population groups and what we found

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

Older people

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were generally good for conditions commonly found in older people. For example, patients with diabetes who had received an annual review including foot checks was 88.89% which was higher than the national average of 88.35%.The practice offered proactive, personalised care to meet the needs of the older people in its population for example, a healthcare assistant carried out blood tests and blood pressure checks for those patients who were house bound. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

People with long term conditions

Good

The practice is rated as good for the care of people with long-term conditions. Each of the GP partners specialised in a long term condition; one in diabetes and the other in respiratory care. Nursing staff supported the GP partners 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 that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

The practice is rated as good for the care of families, children and young people. 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. Immunisation rates were above local and national averages for all standard childhood immunisations. For example, childhood immunisation rates for the vaccinations given to under two year olds at the practice ranged from 95.1% to 100% compared to national averages of 86.9% to 95.8% and for five year olds from 88.2% to 100% compared to national averages of 84.8% to 96.3%. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives and health visitors.

Summary of findings

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered two early morning surgeries on Monday and Thursday each week from 7.30am and a late evening on a Monday from 6.30pm to 8pm particularly for those who were in full time employment. The practice was proactive in offering online services which allowed patients to order repeat prescriptions, book appointments and update personal details. The practice also offered a full range of health promotion and screening that reflected the needs for this age group. The practice's uptake for the cervical screening programme was 96.07%, which was better than the national average of 81.88%.

People whose circumstances may make them vulnerable

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. It had carried out annual health checks for people with a learning disability and 100% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. We saw that vulnerable patients were informed about how to access various support groups and voluntary organisations. 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.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). 80% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results for 8 January 2015 showed that the practice was performing mostly above the local and national averages. There were 110 responses which represented a 25.6% completion rate.

- 69% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 82% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 84% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 96% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 74% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 79% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 74% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were almost all positive about the standard of care received, however two completed cards included comments from patients who felt that the waiting area was too stuffy and hot. There were also three negative comments about the attitude of two staff members. Most patients commented that they received an excellent service by everyone at the practice and that staff were helpful, respectful and listened to them. Patients also commented that they could always see a GP when they needed to.

Dr B Sahota & Dr K Cassam

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, a practice manager and a practice nurse who were all specialist advisors.

Background to Dr B Sahota & Dr K Cassam

The practice of Dr B Sahota and Dr K Cassam is known as Kingstanding Circle Surgery. It currently provides services to 4850 registered patients, with two full time GP partners, (both male), two part time nurse practitioners (one of which is the nurse manager), a practice nurse, a practice manager, two healthcare assistants, one secretary and six administrative/reception staff.

The practice is located in purpose built premises in the town of Kingstanding which is an area in North Birmingham, West Midlands.

The practice is open for appointments from 8am to 6.30pm Monday to Friday. It also offers two early morning surgeries from 7.30am on a Monday and Thursday each week and a late evening on a Monday from 6.30pm to 8pm. The extended hours are for mostly for those patients who have work commitments. The practice is closed at weekends. Home visits are available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book appointments and update personal details.

The practice treats patients of all ages and provides a range of medical services. The practice provides a number of clinics which includes asthma, diabetes and heart disease. The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

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

Please note that 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.

How we carried out this inspection

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?

Detailed findings

- Is it well-led?

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

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

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 July 2015. During the inspection we spoke with a range of staff, including two GPs, the practice manager, the advanced nurse practitioner (nurse manager), two healthcare assistants, the medical secretary, receptionists and two members of the Patient Participation Group. We also spoke with patients who used the service. We reviewed comment cards where patients shared their views and experiences of the service.

Good

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available for them to use on the practice's computer system. The practice carried out an analysis of the significant events to identify trends and patterns and any key areas for improvements.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw that minutes from the meetings were also provided on the staff notice board. Lessons were shared to make sure action was taken to improve safety in the practice. We saw a record of a significant event meeting that had taken place on 1 July 2015. A number of significant events were discussed and we found that each of these were shared with staff and actions taken to prevent the event occurring again in the future. For example, a patient had complained that their prescription was not ready and this had happened before. The practice had investigated this and found that the patient had not completed the necessary boxes on the prescription form. We saw that action had been taken to address this issue by placing a sign by the prescription box to remind patients to complete all relevant boxes on the form and to only order that medicine which was due.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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. One of the GP partners was the designated lead for safeguarding and the practice worked in close liaison with a GP safeguarding champion from the CCG. We saw that the practice was proactive in identifying children with high attendance at the A&E department and action was take as result of this. The GPs and practice manager worked closely with other agencies and we saw evidence of minutes from meetings where safeguarding issues were discussed for example with the health visitor. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room and on the consulting room doors, advising patients that nurses would act as chaperones, if required. All clinical staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments (last one completed February 2015) and regular fire drills were seen to be carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. We saw that the practice had an inspection of their fire alarm system prior to our inspection and this had identified improvements were needed to improve the system. The practice manager confirmed that quotes were being sourced to address this.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. The advanced nurse practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy and supporting procedures in place and staff had received up to date training. We saw that the last infection control audit which took place in January 2014 showed that the practice had achieved an infection control status of 92%. We also saw that the areas identified for improvement were addressed.

Good

Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We found that prescription pads were stored in an unlocked stationery cupboard although in a locked reception area. They were then removed and placed in a locked cupboard in the nurses room. We found that there were systems in place to monitor the use of prescriptions once they were moved from the stationery cupboard. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing.
- Recruitment checks were carried out and the four files we reviewed showed that the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice had recently appointed a practice nurse and had followed its recruitment process. However, a gap had been identified in the process. We saw that the practice had taken immediate steps to address this. Further discussion with the practice manager and information sent to us following the inspection showed that the recruitment processes had been strengthened as a result of this experience and demonstrated that processes were much more robust as a result of this incident.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and a panic alarm on the telephones for staff to use if necessary. All staff received annual basic life support training and the practice was seen to have 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 fit for use.

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.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of practice meetings where new guidelines were disseminated. We saw that these minutes identified the implications of the new guidelines for the practice's performance and patients. We saw that discussions were recorded and required actions agreed and followed through. For example in relation to treatment for asthma and myocardial infarction (heart attack).

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework(QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 88% of the total number of points available, with 5.4% exception reporting. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2013/2014 showed;

- Performance for diabetes related indicators such as patients who had received an annual review including feet checks was 88.89% which was higher than the national average of 88.35%.
- The percentage of patients with hypertension having regular blood pressure tests was 78.47% which was lower than the national average of 83.11%.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 72.22% which was lower than the national average of 86.04%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 94.56% and above the national average of 83.82%.

This practice was an outlier (negative indicator) in 2014 for the QOF clinical target in relation to prescribing hypnotic medicines of 0.69% compared to a national average of 0.28%. We saw that the practice had identified this as a priority and had taken steps to improve this. The practice manager confirmed that the practice had been working hard to improve this and with the Clinical Commissioning Group (CCG) medicines management team had seen some improvements already this year. We were not able to evidence this at the time of the inspection.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at two clinical audits which had been completed in the last 12 months. We saw that one of these was a completed audit where the improvements made were implemented and monitored. The other audit was due for review in December 2015.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as fire safety awareness and health and safety.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors.
- Staff received protected learning time for training that included: safeguarding, fire procedures and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Each of the GP partners specialised in a long term condition; one in diabetes and the other in respiratory care.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Clinical staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. A health trainer attended the practice once per week to support patients and offer advice on their diet or for smoking cessation. Patients were then signposted to the relevant service for example exercise or weight management.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 96.07%, which was better than the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds at the practice ranged from 95.1% to 100% compared to national averages of 86.9% to 95.8% and for five year olds from 88.2% to 100% compared to national averages of 84.8% to 96.3%. Flu vaccination rates for the over 65s were 45.98% and lower than the national average of 52.29%, and at risk groups 75.94% which was higher than the national average of 73.24%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all of the 35 patient CQC comment cards we received were positive about the service experienced. All but one patient said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three patients commented negatively about the attitude of two staff members on occasions. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They told us that 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 8 January 2015 showed patients were overall happy with how they were treated and that this was with compassion, dignity and respect. The practice was mostly above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 82% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey 8 January 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw that information for patients about this service was available in the reception area.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers (30) and the practice had a designated carer's champion who was one of the receptionists. Staff told us that all carers received a letter from the carer's champion informing them about the information pack for carers available from the practice. Other written information was available for carers at the practice to ensure they

Good

Are services caring?

understood the various avenues of support available to them. Specifically we saw that there was carer information for young carers on the noticeboard in the practice signposting young carers to a local carer's support group.

The practice also offered support for patients with depression and other mental health issues by referring appropriate patients to the NHS Birmingham Healthy Minds service.

Staff told us that if families had suffered bereavement, they sent a bereavement card to the family. One patient we spoke with told us that the staff were very supportive when they lost a relative last year which had been a great help to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, in relation to improving services and offering reviews at home for patients with diabetes and asthma who were housebound.

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

- The practice offered extended hours from 7.30am on a Monday and Thursday each week and from 6.30pm to 8pm every Monday to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability or for those who required an interpreter.
- Vulnerable patients who were homeless were held on the system to ensure they received continuity of care when they needed it and relatives contact details were recorded on the patient record.
- GPs provided home visits for older patients / patients who would benefit from these.
- Staff visited patients at home to provide them with reviews of their conditions such as diabetes and respiratory diseases.
- Blood tests, diabetic foot checks and blood pressure checks were carried out for those patients who were housebound by the healthcare assistant.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled and baby changing facilities and translation services available.

Access to the service

The practice is open for appointments from 8am to 6.30pm Monday to Friday. It also offered two early morning surgeries on Monday and Thursday each week from 7.30am and a late evening on a Monday from 6.30pm to 8pm. The extended hours were for those patients who had working commitments. The practice was closed at weekends. Home visits were available for patients who were too ill to attend the practice for appointments. Urgent appointments were also available for people that needed them. Routine appointments could be booked six to eight weeks in advance. There was an online service which allowed patients to order repeat prescriptions, book appointments and update personal details.

Results from the national GP patient survey 8 January 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and patients we spoke with on the day were able to get appointments when they needed them. For example:

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 74% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 for example a complaints and comments leaflet which detailed how their complaint would be managed. Patients we asked told us that they were aware of the process to follow if they wished to make a complaint but told us that they had never had to make a complaint.

We looked at the one complaint received by the practice in the last 12 months and found that this had been satisfactorily handled, dealt with in a timely way and an apology offered to the complainant. Staff told us that they dealt with concerns/complaints as soon as possible. This was not always recorded and did not reflect the positive approach staff told us about in relation to resolving patient's complaints.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Staff told us that lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. However due to the practice having had only one complaint in 12 months, it was difficult to evidence this on the day of the inspection.

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

Staff told us that they had various discussions and plans for the future of the practice. However the practice was not able to provide a written record of this at the time of the inspection. This had been raised by a member of staff and identified as a area for improvement by the practice prior to the inspection. The practice manager told us that this was a priority for the practice to complete. We saw a copy of the practice's Statement of Purpose which identified key aims and objectives such as:

- We aim to ensure high quality, safe and effective services
- We aim to provide monitored, audited and continually improving healthcare services

Staff we spoke with were committed to providing high quality care and working together to improve services for patients.

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.
- Staff had a comprehensive understanding of the performance of the practice.
- A programme of continuous improvement which was used to monitor quality and outcomes for patients.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and accessible.

There was a clear leadership structure with named members of staff in lead roles and photographs of staff members in reception. For example, there was a lead nurse for infection control and one of the GP partners was the lead for safeguarding. We spoke with eight members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We saw from recorded minutes that staff meetings were held regularly, at least monthly. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at staff meetings.

The practice manager was responsible for human resource policies and procedures at the practice. We reviewed a number of policies which were in place to support staff. We were shown the staff handbook March 2015 that was available to all staff, which included sections on equality and harassment and bullying at work. Staff we spoke with knew where to find these policies if required.

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

The practice had gathered feedback from patients through surveys, suggestion box comments and complaints received. We saw that the findings of the family and friends survey which was completed during January – March 2015 were positive. We were told that the friends & family test results were shared with the PPG forum. PPG representatives we spoke with confirmed this. We saw that 76% of the patients that completed this test said that they were extremely likely to recommend the practice to their friends and family followed by 21% of the patients stating they were likely to recommend the practice. We looked at the notice boards in the waiting area. One of these provided information to patients about the actions that the practice had taken in response to patients comments. Examples included were more available car parking, extended hours and improvements that had been made to the waiting area, which included new chairs and redecoration.

The practice had an active patient participation group (PPG) which had steadily increased in size to 11 members at the time of the inspection. The PPG included representatives from various population groups including a young person and retired people. We met with representatives from the PPG who said that they had been

Are services well-led?

Good

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

involved in surveys previously but not recently. However they confirmed that they were kept informed of all patient feedback and any issues or suggestions that they raised were listened to and action taken.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients. The practice manager confirmed that staff had reported that they were having difficulties in relation to available appointments for patients. As a result of this the management of the practice made more appointments available to alleviate some of the issues. They also confirmed that further discussions were taking place to see what more can be done to improve this situation even more for patients and staff.

The practice manager told us that the GP partners were very supportive of staff and had agreed to reward staff who were proactive and had completed all required training. The practice manager said that they all felt this would help to boost staff morale and demonstrated how valued the staff were.

The practice had a whistleblowing policy which was available to all staff on the staff noticeboard and electronically on any computer within the practice. Staff are aware of it and understand about what it means. Staff said that they would not have any hesitation to report any concerns.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that the practice supported them to maintain their clinical professional development through training and mentoring.

We looked at four staff files and saw that regular appraisals took place which included a personal development plan. Staff told us that the practice was supportive of training and felt they could request relevant training at any time.

We saw that the practice had signed up to the local Clinical Commissioning Group (CCG) programmes; ACE Foundations, ACE Excellence and ACE Plus scheme. The purpose of these programmes is for GP providers to work with the CCG to provide better services for patients and, in the case of the ACE Plus initiative, to test innovations that go beyond the ACE Excellence programme. As part of this, we were told that the practice were working with the CCG to reduce any unplanned admissions to A&E where possible and to enable paramedics to telephone the practice about individual patients if an admission to hospital was not found to be required. We also saw that the practice was reviewing all patients over the age of 65 years who were housebound and had not been seen by the practice for over one year.

We looked at records of the last ACE appraisal visit to the practice on 16 April 2015. We saw that the practice had achieved most of the required components. For example we saw positive comments from the CCG about how the practice had worked well with the prescribing advisor which included audits in antibiotic prescribing and engagement in the waste campaign. One area for improvement identified was for the practice to ensure a better uptake for the seasonal flu for patients over the age of 65 and those under 65 years of age who had been identified 'at risk'.

We found that the GPs and other members of the staff team attended forums and education events which included a urology event and a nurse meeting which covered topics such as revalidation and co-commissioning.