

Sheldon Medical Centre

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?

Good 

Summary of findings

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Letter from the Chief Inspector of General Practice

This practice is rated as Good overall. (Previous inspection 20 June 2017 Requires Improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students) – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We undertook a comprehensive inspection of Sheldon Medical Centre on 20 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Requires

Improvement for providing safe, responsive and well led services. The practice was required to produce an action plan to detail how they would meet the legal requirements in relation to the breaches in regulations that we identified in the June inspection. The full comprehensive report on the 20 June 2017 inspection can be found by selecting the 'all reports' link for Sheldon Medical Centre on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection on 28 February 2018 to check that the provider now complied with legal requirements. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. We saw that when incidents did happen, the practice discussed these at clinical meetings and learned from them and improved their processes as a result.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect and the National GP Patient Survey results reflected this.

Summary of findings

- In addition comment cards we received reported high levels of satisfaction with the services at the practice and patients we spoke with also provided positive feedback.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. However we did receive feedback that it was sometimes difficult to get through to the practice on the telephone and the National GP Patient Survey results reflected this.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. This is a training practice who were currently supporting a final year medical student who reported they felt well supported.

The areas where the provider **should** make improvements are:

- Continue to monitor patient satisfaction rates in particular in relation to access to appointments.
- Continue to monitor and improve cancer screening rates.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider **should** make improvements are:

- Continue to monitor patient satisfaction rates in particular in relation to access to appointments.
- Continue to monitor and improve cancer screening rates.

Sheldon Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector supported by a GP specialist advisor.

Background to Sheldon Medical Centre

Sheldon Medical Centre is based in the Solihull Clinical Commissioning Group (CCG) area. This is the partner practice to Arran Medical Centre which is about three miles away. Sheldon Medical Centre serves a population of 2747 patients living in Sheldon and the surrounding area in Birmingham. The total population for both practices is 5649 patients. Patients can attend either practice but choose to be seen at one in particular. This inspection report covers the findings of our inspection of the Sheldon Medical Centre only, however data including GP patient survey results reported on were combined from both practices. It provides primary medical services under a General Medical Services (GMS) contract. (A GMS contract is a standard nationally agreed contract used for general medical services providers.) The contract is for both practices although the two locations have separate CQC registrations and therefore we inspect and report on these services separately under each registration.

The population covered is predominantly white British, over 85%. National data indicates that the area is one that experiences significantly the highest levels of deprivation. The practice population has a significantly higher than average number of patients aged 0 to 39 years and a lower than average number of patients from the 40 to 85 years and over age groups.

The two practices are led by a GP partnership consisting of a female GP partner based at Sheldon Medical Centre and a male GP partner primarily based at Arran Medical Centre. Sheldon Medical Centre is a training practice and is currently supporting a final year medical student in gaining experience of general practice. Additional staff include a female practice nurse a phlebotomist who is training to be a healthcare assistant and a practice manager with administrative team of six staff supporting the clinical team.

The practice operates from a two storey building which has parking facilities on site. There is a disabled access approach to the main reception via a ramp and a bell with a specific ring tone to identify patients who may need assistance. This had been installed following the previous inspection. A spacious waiting area allows easy access for patients with mobility aids to manoeuvre. Consulting rooms are all located on the ground floor and office accommodation and staff facilities are located on the first floor.

The practice offers a range of clinics and services including, asthma, chronic obstructive pulmonary disease (COPD), child health and development, long acting reversible contraception and minor surgery including joint injections.

The practice has opted out of providing out-of-hours services to their own patients. If patients require a GP out of normal surgery hours a service is provided by Badger, who are an external out of hours service provider contracted by the CCG and can be accessed by the NHS 111 telephone service.

The practice is open at the following times:

- Monday: 8am to 6.30pm
- Tuesday: 8am to 6.30pm
- Wednesday: 8am to 6.30pm
- Thursday: 8am to 6.30pm

Detailed findings

- Friday: 8am to 6.30pm

Are services safe?

Our findings

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of providing care and treatment in a safe way to patients were not adequate.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 February 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training. The practice had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance. We saw evidence of close working with social care teams and examples of instances where the safeguarding protocols had been triggered and the GP had reported concerns.
- The practice worked with other agencies to support patients and protect them from neglect and abuse, harassment, discrimination and breaches of their dignity and respect and staff had a clear understanding of their responsibilities. We saw examples of where there had been concerns the relevant steps had been taken and agencies contacted.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to

identify and report concerns. Staff who acted as chaperones were trained for the role and were able to give a good explanation of their responsibilities in relation to this role. They had all received a DBS check.

- There was an effective system to manage infection prevention and control and we saw that a recent infection control audit had been undertaken in December 2017 and no issues were identified.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions and we saw records to demonstrate this. There were systems for safely managing healthcare waste.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. Following concerns identified at the previous inspection the practice had arranged consistent cover if the usual practice nurse was not available and had engaged with the local district nursing team and out of hours provider to provide this. In addition a member of the administration team was in training to become a healthcare assistant and would then be able to support the practice nurse.
- There was an effective induction system for temporary staff tailored to their role.
- The practice had a business continuity plan which included using the Arran Medical Centre as a base if the Sheldon Medical Centre was not accessible and various contact details were included to enable staff to report issues.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections, for example, sepsis. The practice had all necessary equipment in place to identify sepsis for example adult and paediatric pulse oximeters and staff had undergone training and had easy access to guidelines and the sepsis toolkit.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Referral letters included all of the necessary information and were all completed by the GP.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship. Staff had undertaken specific training in this and the guidelines were regularly reviewed by clinical staff.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines and we saw evidence of this. At the previous inspection there was a breach of regulation relating to a patient who was continually prescribed a specific medicine with no rationale documented in the patient's record. As part of the action plan the practice put in place a register of patients who were prescribed certain medicines and this was reviewed on a regular basis to ensure safe prescribing was in place.

Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues. For example, regarding fire and health and safety. We saw that equipment was calibrated and maintained appropriately in line with manufacturer's guidance. The latest fire risk assessment was carried out in February 2018.
- The practice monitored and reviewed activity which helped them to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. The lead GP and practice manager supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice. From the last inspection we saw evidence of an incident regarding out of date medicine which was found in the practice emergency drugs trolley. The incident was recorded, investigated and discussed at a practice meeting. The policy was amended to ensure that two members of staff checked the trolley and both had to sign when all checks had been completed.
- The GP and Practice Manager demonstrated knowledge of recent alerts and there was a system for receiving and acting on safety alerts and we saw that searches had taken place in response to alerts. We saw evidence that these were discussed at practice meetings. The practice also learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as good for providing effective services overall and across all population groups.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The GP demonstrated comprehensive knowledge of the National Institute for Health and Care Excellence (NICE) guidelines and we saw evidence from patient records of how these had been applied in practice. For example, in asthma treatment, diabetes and primary prevention of coronary heart disease and hypertension. We also saw that the practice had discussed changes with GP trainees, this had been recorded in clinical meetings.

- We saw that patients' needs were fully assessed which included both their clinical and mental and physical wellbeing.
- There was no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- The practice had a register of patients which was reviewed and updated at regular intervals. Patients with chronic disease problems were on appropriate registers and had annual recalls and reviews relating to their disease.
- Patients who may be at risk of admission were offered reviews to ensure that they could be managed safely at home. Housebound patients were coded on the system and their key-safe numbers and carers of next of kin's numbers were recoded on the system.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan. Over a 12 month period of the 116 patients who were eligible and were invited for a health check only 58 had attended. The practice recognised the low uptake and patients had reported they felt too well to

have a health check. The practice had put in place a plan to carry out opportunistic checkups and explain the importance to the patients for the next 12 months to improve the uptake.

- Carers' details were noted on the patients' records so the practice could liaise with them to coordinate effective long-term care of the elderly. Housebound patients were flagged on the clinical system to identify those where domiciliary services were being provided for treatments such as monitoring anticoagulant medicine (anticoagulants are medicines used to prevent blood from clotting).
- The practice offered online prescribing and blister packs to assist patients in this group who were prescribed a number of medicines to take their medicines correctly. We also observed that the practice worked closely with the local pharmacies to provide a smooth and safe service to the patients.
- The practice carried out annual polypharmacy medicine reviews for patients who were prescribed more than eight medicines.
- At the time of our inspection, the practice had given flu vaccinations to 87% of all eligible patients aged over 65 during the current flu vaccination period, against the target of 75% for the whole vaccination season.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- The practice held registers of patients with long term health conditions which were regularly updated and assessed annually. All these patients were reviewed on a regular basis.
- Staff who were responsible for reviews of patients with long term conditions had received specific training, for example in chronic obstructive pulmonary disease (COPD) and diabetes.
- Each member of clinical staff was allocated a number of registers to work on so that no patient missed their medication review, annual health assessment and annual blood tests.
- Patients were sent appointments by telephone, text message or letter whichever was appropriate. The blood test results were read and actioned by the GP who then made any required changes to their management plan.

Are services effective?

(for example, treatment is effective)

- The practice participated in post-discharge reviews. Staff contacted every patient discharged from hospital to review their needs and if required would arrange a follow up telephone triage or face to face appointment with the GP. The GP also reviewed all discharge letters weekly and entered the discharge summary information of any patient recently discharged in their notes.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP and nurses worked with other health and care professionals to deliver a coordinated package of care. We saw detailed records of multidisciplinary team meetings where diabetic patients were discussed at length.
- Longer appointments and home visits were available if required.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90%; the practice achieved between 85% and 90% across all groups.
- There were appointments outside of school hours and any child who needed an appointment was seen on the same day.
- The practice building was suitable for children and babies.
- The practice nurse worked as a part-time school nurse and had established effective relationships with children and young girls.
- We saw positive examples of joint working with midwives. Ante-natal appointments could be booked with the midwife at the practice every Wednesday.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines.

Working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 80%, which was in line with the 81% coverage target for the national screening programme.

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74 years. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Telephone consultations were available for patients who did not need a face to face appointment.

People whose circumstances make them vulnerable:

- The practice had a system of identifying carers either from the self-statement of the carer or identified by the social services.
- Carer details were noted on the records so they could be liaised with to coordinate the long-term care of older or vulnerable patients.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice held a register of 25 patients with learning disabilities and 23 of these had received a review within the last 12 months.

People experiencing poor mental health (including people with dementia):

- 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average which was 84%.
- 90% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was in line with to the national average which was also 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 98% higher than the Clinical Commissioning Group (CCG) average of 90% and the national average of 91%.
- The percentage of patients experiencing poor mental health who had received discussion and advice about smoking cessation was 93% comparable to the CCG and national averages of 95%.

Are services effective?

(for example, treatment is effective)

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example the GP had reviewed patients who had been prescribed a particular medicine and identified a number who had not received regular monitoring. This group of patients were reviewed again 12 months later and all patients in this group now had regular tests and reviews carried out.

Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the CCG average of 98% and the national averages of 96%. The overall exception reporting rate was 20% compared with a national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

The last inspection report identified that there had been high exception reporting for diabetic, hypertensive and dementia patients. The practice recognised this and had worked hard resulting in a reduction from 16% to 9% compared to the national average of 7%. Exception reporting was carried out by the GP and practice manager only.

The GP told us that more efforts were being put in place to encourage patients to undergo monitoring of chronic diseases, sending a practice nurse on domiciliary visits where patients were housebound and could not attend the surgery. We saw evidence that QOF was regularly discussed at practice meetings with actions for staff to work on reducing the exception reporting.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example,

- Staff whose role included immunisation and taking samples for the cervical screening programme had

received specific training and could demonstrate how they stayed up to date. In addition some of the nursing staff had undertaken specialist training in chronic obstructive pulmonary disease (COPD) and diabetes.

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, a member of the administration team was training as a healthcare assistant and was mentored by the practice nurse.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The GP trainee told us that he felt well supported.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment and there was evidence in practice meeting minutes that demonstrated this.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment, including health visitors, district nurses and social care staff.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The clinical system supported shared care records.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

Are services effective?

(for example, treatment is effective)

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- The practice manager had undertaken a course to promote healthy lifestyles to patients and was able to demonstrate a wide knowledge of services and support groups available.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Are services caring?

Our findings

We rated the practice, and all of the population groups, as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- All of the five patient Care Quality Commission comment cards we received were positive about the service experienced and patient's comments included helpful and caring attitudes of staff. The NHS Friends and Family test results showed 92% of patients would recommend the practice to family. This aligned with the comments we received from patients.

Results from the July 2017 annual National GP Patient survey showed patients felt they were treated with compassion, dignity and respect. 388 surveys were sent out and 111 were returned. This represented about 29% response rate and approximately 2% of the total practice population. The practice had mixed results for its satisfaction scores on consultations with GPs and higher for nurses. For example:

- 77% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) and national averages of 89%.
- 76% of patients who responded said the GP gave them enough time compared to the CCG average of 86% and the national average of 86%.
- 88% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 96%.
- 80% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national averages of 86%.

- 99% of patients who responded said the nurse was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 99% of patients who responded said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 100% of patients who responded said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 99% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 98% of patients who responded said they found the receptionists at the practice helpful compared to the CCG and national averages of 87%.

The practice recognised that some of the results were low and had put in place an action plan to address this including introducing longer time for some appointments and ensuring that patients were involved in discussions about their care plans.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available. The GP also spoke a number of different languages and was therefore able to support patients. Patients we spoke with, where English was not their first language, told us that they felt very supported by a GP who could speak to them in their own language.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. There was a wide range of information available to advise patients in the waiting area. Practice staff demonstrated how they would help patients ask questions about their care and treatment.

Are services caring?

The practice proactively identified patients who were carers and had involved the carers' trust in particular to identify young carers. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers (approximately 1.6% of the specific practice list).

Staff told us that if families had experienced bereavement, the GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation either at the practice or at home, at a flexible time and location to meet the family's needs by giving them advice on how to find a support service.

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 below local and national averages for GPs and above for nurses:

- 79% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) and national averages of 89%.
- 75% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 96% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 92% and the national average of 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

The practice had reviewed the low results and had put in place an action plan to address patients' comments which included GPs discussing patients' conditions with them and enabling them to make informed choices.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing responsive services as and processes to ensure good access to the service and to respond to and meet people's needs needed improving.

We found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 February 2018. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example, telephone consultations, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered. All services were provided at ground floor level with easy access for patients with limited mobility. The previous inspection identified that there was no emergency pull cord in the disabled toilet. This was rectified immediately.
- We saw from care records and minutes of meetings that care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice displayed posters in the reception to make male patients aware of the facility of a male doctor who was available for intimate examinations at the partner practice.

Older people:

- The practice screened patients who may be at risk of admission for the last two years and they were offered reviews to ensure that their care could be managed safely at home. These patients were given access to the GP through a dedicated telephone line.
- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.

- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP offered home visits for those who had difficulties getting to the practice. At the previous inspection we were told that the GP did not carry any emergency medicines with them on home visits. This had not been formally assessed to determine if they were needed, or how risks would be effectively managed in the absence of such medicines. Following the inspection the practice carried out an audit of medicines used on home visits and a risk assessment was now in place.
- The practice offered online prescribing and blister packs were offered to patients who are on a number of medicines to help with compliance. They worked closely with the local pharmacies to provide a smooth and safe service to the patients.
- We saw from care records and minutes of meetings that care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

People with long-term conditions:

- The long term condition registers were regularly updated and assessed annually and patients were reviewed on a regular basis. Patients with multiple conditions could be reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the community staff to discuss and manage the needs of patients with complex medical issues.
- Patients were sent appointments by telephone, text message or letters whichever was appropriate. The blood results were reviewed and actioned by the GP who made the required changes to the patient's care plan.
- The practice participated in post-discharge reviews where staff contacted every patient discharged from hospital to review their needs and if required, a follow up telephone triage or face to face appointment would be arranged with the GP. Reviews were carried out on a weekly basis where discharge summaries information was added to the patients notes.

Are services responsive to people's needs?

(for example, to feedback?)

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Babies and young children were always seen as a priority.
- A midwife ran a regular antenatal clinic from the practice.
- Contraceptive services were available at the practice, the GP and one of the nurses had a special interest in women's health.
- Patients could be referred or self-refer to a sexual health support service (Umbrella) information about this service was available in the waiting area

Working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. However, extended hours appointments had been suspended due to low uptake. The practice was in the process of joining an informal alliance with a number of local practices and extended hours appointments would then be available from July 2018.
- Telephone consultations were available for patients not requiring a face to face appointment.
- Students were offered vaccination and health checks for travel and applications for recruitment or university.
- The practice actively screened patients for chlamydia, cardio vascular disease (CVD) chronic obstructive pulmonary disease (COPD) cervical screening and offered smoking cessation services.
- Patients were encouraged to engage in bowel and breast screening. Text messages were sent to patients who had not attended, a note was added to repeat prescriptions and the practice had obtained testing kits for the GP to distribute and explain the importance opportunistically to patients. This was in response to low uptake of screening identified at the last inspection.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients were reviewed on an annual basis and were offered longer appointments if required.
- Patients have regular medication reviews and were often seen with their carers to enable them to raise any concerns regarding their health or medicine.

People experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP. Medication reviews were undertaken by the GP and a local pharmacist.
- Patients were offered support from a variety of external agencies for example Solihull Integrated Addiction Service (SIAS), Positive Mental Health Support Group, The Samaritans and Solihull Mind.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual National GP Patient survey showed that patients' satisfaction with how they could access care and treatment was in the main, comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 388 surveys were sent out and 111 were returned. This represented about 2% of the practice population of both locations.

- 75% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 80%.

Are services responsive to people's needs?

(for example, to feedback?)

- 49% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 71%.
- 68% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 72% and the national average of 84%.
- 82% of patients who responded said their last appointment was convenient compared to the CCG average of 81% and the national average of 81%.
- 68% of patients who responded described their experience of making an appointment as good compared to the CCG average of 69% and the national average of 73%.
- 61% of patients who responded said they don't normally have to wait too long to be seen compared to the CCG average of 59% and the national average of 58%.

The practice was aware of the lower results for telephone access and had adjusted the role of the administration team to assist in reception at busy times and were planning to implement a new system in the near future. Patients we spoke with reported easier access to the practice by telephone. Following the last inspection where it was identified that the practice should encourage patients to access online services the practice had actively promoted

use of the online system to improve access for patients. Uptake had improved from 154 to 500 patients registered for online services. In addition patients told us that they were aware that they could access the service at either location. Information regarding this was available in the practice leaflet and on the website.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received five complaints last year. We reviewed three of these and found that they were satisfactorily handled in a timely way. For example, following a complaint about telephone access the practice had put in place a new system to ensure that all administration staff would answer the telephones to avoid patients waiting to get through to the practice at busy times.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 20 June 2017, we rated the practice as requires improvement for providing well-led services. This was because we identified issues with regards to the vision and strategy of the practice, as well as leadership, openness and transparency. We also identified areas for improvement with regards to seeking and acting on feedback from patients, the public and staff.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 28 February 2018. The practice is now rated as good for being well-led.

Leadership capacity and capability

The GP had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- The GP and practice manager demonstrated knowledge of the local area and issues and priorities relating to the quality and future of services. They understood the challenges in providing effective health care in an area of high deprivation and were addressing them.
- Staff told us that the GP, nurses and practice manager were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality care and promote good outcomes for patients.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities these included options for relocating the practice to a new site.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.

Following comments from the previous inspection where staff were not aware of the practice vision, values and strategy, staff we spoke to had been made aware of and understood their role in achieving them.

- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs and support the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- We observed that following comments made at the last inspection the practice had engaged with staff and undertook both formal and informal reviews. Staff stated they now felt respected, supported and valued. They worked well together and were proud to work in the practice.
- Staff were able to demonstrate how they focused on the needs of patients and were empathetic.
- We saw that the practice addressed complaints and incidents with openness, honesty and transparency and engaged with patients and shared the outcomes with them following these. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. Staff felt supported by the managers and were encouraged to further their knowledge through training. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work. Trainee doctors told us that they felt well supported by the GP.
- There was a strong emphasis on the safety and well-being of all staff.

Are services well-led?

Good 

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

- The practice actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care which was led by one of the GPs. This were structures and procedures that ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The GP and nurses had lead roles in key areas. The practice held meetings with all staff to ensure learning was shared from significant events and all staff were aware of issues at both practices as well as how each practice was performing.
- Practice policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, we saw risk assessments for fire and legionella risks and appropriate actions had been taken.
- We saw evidence from the significant event and complaints log that lessons had been learnt and shared with staff. These were discussed at practice meetings that all staff attended.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Performance of employed clinical

staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of MHRA alerts, incidents, and complaints.

- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. We noted that audit activity was recorded across both locations.
- The practice had plans in place and had trained staff for major incidents. A business continuity plan detailed what would happen in a range of emergency situations, including the sudden unavailability of the practice building. Copies of this were kept by key staff off-site for use in emergency.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance which was regularly reviewed in relevant meetings. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account. This was linked to staff appraisal and training.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care. Recently, the practice had started to encourage a greater use of its on-line services and had seen an increase in the numbers of patients doing so each month.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

Are services well-led?

Good 

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

- The practice now had an active patient participation group (PPG) who met four times a year. A variety of topics were discussed for example, analysis of internal patient surveys. The practice fed back to the PPG about any changes within the practice and gave updates on current health issues and took on board suggestions from the PPG for example, additional posters were put in the waiting area advertising the PPG meetings and membership.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice involved patients, the public, staff and external partners to support high-quality sustainable services.
- The practice had examined the results of the National Patient Survey of July 2017 which were in line with other practices in the area and nationally in most areas. They had also reviewed the patient comments on NHS Choices which were in the main positive and had taken

measures to capture patient feedback in the waiting area using patient feedback forms and a suggestion box. We saw an action plan developed to address any low results. The practice had adjusted the role of administration staff to support the receptionists at busy periods of the day staff, to improve patient access.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice.
- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.