

# University Southgate Practice

## Quality Report

11 Bournbrook Road  
Birmingham  
B29 7BL  
Tel: 0121 415 5237  
Website: [www.southgatesurgery.nhs.uk](http://www.southgatesurgery.nhs.uk)

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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 University Southgate Practice on 1 November 2016. The overall rating for this service is good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Information about patient safety alerts was reviewed and communicated to staff by the practice manager.
- Although clinical audits and patient searches were carried out and improvements made to enhance patient care, repeat audit cycles were not completed to demonstrate that changes made were effective.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team. Patients' needs were assessed and care was planned and delivered following best practice guidance.

- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. This included easy access for patients who used wheelchairs and baby changing facilities.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

The areas where the provider should make improvements are:

- Take action to ensure the system put in place for monitoring of uncollected prescriptions is fully implemented.

# Summary of findings

- Carry out clinical audits with re-audits to ensure improvements to patient outcomes are monitored and evaluated for their effectiveness.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, recording and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received a verbal and/or written apology. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff had received training relevant to their role.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both the National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and that clinicians used these as part of their work.
- Although clinical audits and patient searches were carried out and improvements were made to enhance patient care, audit cycles were not completed regularly to demonstrate that changes made were effective.
- Data from the Quality and Outcomes Framework (QOF) (2014/2015) showed that patient outcomes were above average when compared with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received appraisals and had personal development plans in place to ensure they received training appropriate to their roles.

# Summary of findings

- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Arrangements were in place to review and monitor patients with long term conditions and those in high risk groups.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients were treated with dignity and respect.
- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice higher than others for several aspects of care.
- Patients were very complimentary about the practice and commented that staff were very friendly and they received excellent care from the GP and the nurse.
- We observed that staff treated patients with kindness and respect, and took care to maintain patient and information confidentiality.
- Information to help patients understand and access the local services was available.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- The practice worked closely with other organisations and the local community in planning how services were provided to meet patients' needs. Meetings were regularly attended with other practices and partner organisations from the locality so that services could be monitored and improved as required.
- Patients said they were able to make an appointment with the GP and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available to guide patients should they have a complaint. The practice had received one complaint in the past year and their procedures had been followed in response to this complaint.

## Are services well-led?

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

Good



# Summary of findings

There was a clear leadership structure and staff felt supported by the GP and the practice manager.

- There systems in place to support the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Regular multidisciplinary and staff meetings were held. The practice manager and GP partners had informal meetings on a regular basis.
- The practice had an active Patient Participation Group (PPG) which met regularly and responded to feedback from patients about suggestions for service improvements.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.
- Staff morale was high with a high level of staff satisfaction and evidence of a strong teamwork approach. Staff told us they enjoyed working at the practice and felt well supported.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older patients.

- The practice offered personalised care to meet the needs of the older patients in its population. It was responsive to the needs of older patients, offered home visits and rapid access appointments for those patients with enhanced needs.
- All staff had received training on the Mental Capacity Act and the Deprivation of Liberty guidance.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.

Good



### People with long term conditions

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

- The GP and nurses managed patients with chronic diseases. Patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition were offered six monthly reviews to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date and joined up care.
- NHS health checks were offered for early identification of chronic disease and proactive monitoring.
- Patients were signposted to the practice website which had links to other patient information websites.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk of abuse.

Good



# Summary of findings

- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence that confirmed this.
- Appointments were available outside of school hours and the premises were suitable and accessible for children. There was a play area in the waiting room for children.
- We saw good examples of joint working with midwives, health visitors, and district nurses and a midwife led clinic was provided at University Southgate Practice.
- A number of online services were offered including booking appointments and requesting repeat medicines.
- The practice provided routine immunisations for children, coil fitting, contraception and family planning.

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

The practice is rated as good for the care of working-age patients (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 was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurse had oversight for the management of a number of clinical areas, including immunisations and cervical cytology.
- The practice provided extended hours appointments during evenings on Mondays and Tuesdays until 7pm and on Fridays until 6.30pm each week to support patients with work commitments.
- Health promotion advice was offered and there was accessible health promotion material available at the practice and on their website.
- The practice used the E-Referral system (formerly Choose and Book) to allow patients to choose the location and timings of their secondary care appointments.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including 15 patients with a learning disability. The practice offered longer appointments for patients with a learning disability and 10 of the 15 patients on their register had received a care review so far this year.
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff were aware they might need to be prioritised for appointments and offered additional attention such as longer appointments.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

The practice is rated as good for the care of patients experiencing poor mental health (including patients with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found for patients with poor mental health.

Good



# Summary of findings

## What people who use the service say

What people who use the practice say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 344 surveys sent to patients and 65 responses which represented a response rate of 19% (compared with national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and the national averages. Results showed:

- 96% of patients found it easy to get through to this practice by telephone which was well above the CCG average of 70% and the national average of 73%.
- 97% of patients found the receptionists at this practice helpful which was well above the CCG average of 86% and the national average of 87%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried which was well above the CCG average of 81% and the national average of 85%.
- 100% of patients said the last appointment they got was convenient which was above the CCG and the national averages of 90% and 92% respectively.
- 100% of patients described their experience of making an appointment as good which was well above the CCG average of 70% and the national average of 73%.

- 81% of patients usually waited 15 minutes or less after their appointment time to be seen which was above the CCG average of 60% and the national average of 65%.
- 85% of patients felt they did not normally have to wait too long to be seen which was well above the CCG average of 53% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all extremely positive about the standard of care received. Patients were very complimentary about the practice and commented that they always received an excellent service; that staff were wonderful, very friendly and understanding; that they received excellent care from the GP and the nurses, and could always get an appointment when they needed one.

We spoke with a patient who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. This patient was very positive about the service they received and their relationship with the practice. They confirmed patients views received in the comment cards that the GP was excellent and very caring; that nothing was ever too much trouble and that staff were always friendly and helpful.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Take action to ensure the system put in place for monitoring of uncollected prescriptions is fully implemented.
- Carry out clinical audits with re-audits to ensure improvements to patient outcomes are monitored and evaluated for their effectiveness.

# University Southgate Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector and included a GP specialist advisor.

## Background to University Southgate Practice

University Southgate Practice is located in Selly Oak in Birmingham and provides primary medical services to Selly Oak and the surrounding area. It has a transient population of mainly students attending nearby universities making up over 50% of the registered patient list for the practice. The remainder of the practice patient list comprises 250 patients up to 17 years of age; 1070 patients aged 26 to 64 years; 60 patients aged 65 to 74 years and 72 patients over the age of 75 years. Due to the higher number of younger patients the practice prevalence rates are lower than local and national averages.

Although University Southgate Practice is registered with the Care Quality Commission (CQC) as a partnership of two GP partners for business continuity, the practice has a working arrangement in place to operate as a single-handed GP practice. The GP is supported by a practice manager, a practice nurse, (a locum nurse who provides additional support) administration and reception staff. There were 2600 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract requires GPs to meet set quality standards and the particular needs of their local population.

Opening hours are from 8.30am to 12.30pm and 3.30pm to 7pm on Mondays and Tuesdays; 8.30am till 12.30 pm on Wednesdays and Thursdays; and 8.30am to 12.30pm and 3.30pm to 6.30pm on Fridays. The practice is closed on Wednesday and Thursday afternoons and at weekends. Southdoc provides cover during daytime hours when the practice is closed.

They do not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare and linked to the 111 service) is available on the practice's website and in the patient practice leaflet.

Online access has been provided for patients since 2006 to book and cancel appointments, request repeat medicines, send secure messages and update contact details. Patients can also apply to access their medical records online. Home visits are also available for patients who are too ill to attend the practice for appointments.

The practice treats patients of all ages and provides a range of medical services. This includes the management of chronic diseases such as asthma and diabetes. The practice offers a wide variety of other medical services including antenatal and postnatal care, minor surgery, childhood vaccinations, travel vaccinations and well-person check-ups.

## 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

# Detailed findings

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 (QOF) data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

Before our inspection of University Southgate Practice we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We contacted the NHS Birmingham South and Central Clinical Commissioning Group (CCG) and the NHS England area team to consider any information they held about the practice. We reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.

We carried out an announced inspection on 1 November 2016. During our inspection we spoke with a range of staff that included the lead GP partner, the practice manager, the practice nurse, and reception and administration staff. We also looked at procedures and systems used by the practice. During the inspection we spoke with a patient

who was a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.

We observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to patients' needs?
- Is it well-led?

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff told us about the process they followed for reporting incidents and the learning outcomes that were shared and discussed with them.
- There was an incident reporting policy seen at the practice and staff confirmed that they could access this document via the practice computer intranet system.
- The practice demonstrated a track record in recording and responding to significant events with records as far back as 2002 (a total of 80 events), with two recorded for this current year. An analysis of the significant events had been carried out each year and learning from these had been shared with appropriate staff. For example, the practice had found that a number of patients had failed to attend secondary services for scan appointments. They had recorded this as a significant event, carried out an investigation and found that patients had been missed off the appointments list. This was resolved through further requests for appointments, shared feedback with secondary services and the outcomes were discussed at the practice quarterly significant event meetings.
- The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed.

- Patient safety alerts were received by the lead GP and the practice manager by email. The GP shared relevant alerts with clinical staff.
- The practice manager conducted patient searches where alerts related to prescription medicines, to assist clinical staff where action was needed.

- Printed copies of alerts were kept with details of action taken in response. For example, we saw that a patient search had been carried out in response to an alert received in September 2016 regarding insulin pumps. No patients had been affected.

### Overview of safety systems and processes

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

- Arrangements to safeguard adults and children from the risk of abuse which reflected relevant legislation and local requirements. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Laminated flow charts were available to all staff in the consultation rooms and in the administration office to guide them on action to take should they have concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was the lead for safeguarding concerns and had completed safeguarding training for adults and children to level three. Staff confirmed they would contact the GP or the practice manager if they had any concerns. Safeguarding was discussed at multidisciplinary meetings with other professionals such as the health visitor. Minutes of meetings showed that discussions had taken place about children who were at risk of harm.
- A notice was displayed in the waiting room advising patients that chaperones were available if required. Clinical staff provided chaperone duties and training records confirmed they were trained for the role. Relevant staff had also received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The practice employed their own cleaner who had responsibility for managing storage and stock of cleaning materials. We saw that records of cleaning with completed schedules for all aspects within the building were well organised.
- The practice nurse was the infection control clinical lead who worked with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Annual infection

## Are services safe?

control audits were undertaken with the most recent audit carried out in June 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, alternative seating for the patient waiting area had been ordered from a supplier and the practice awaited delivery.

There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use. We found however, that monitoring of uncollected prescriptions needed to be improved as three prescriptions had not been collected, one dated June 2016. The practice provided information following the inspection to demonstrate that a process that had been put in place to manage prescription collection more effectively.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records where particular high risk medicines had been prescribed to ensure the frequency of reviews was carried appropriately. These records showed that appropriate monitoring was maintained.

The practice had a recruitment policy in place dated December 2015.

- We looked at files for different staff roles including a practice nurse and two receptionists to see whether recruitment checks had been carried out in line with legal requirements. These files showed that recruitment

checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS.

- We saw that processes were also in place when locums were employed by the practice to ensure appropriate checks had been carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We discussed with staff how they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave.

### Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available which had been updated in December 2015. A health and safety poster was displayed and accessible to all staff in the administration area of the practice. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest electrical checks had been carried out in February 2016. Checks on equipment to make sure it was safe to use was carried out (October 2016) and included equipment such as blood pressure machines and weighing scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as environmental safety, electrical safety and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella check was last completed in October 2016.
- The practice had an up to date fire risk assessment in place (dated 18 April 2016) and regular fire drills were carried out with the latest one completed in October 2016.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to 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.
- All staff received annual basic life support training.

## Are services safe?

- Emergency medicines and equipment was available as required and all staff knew of their location. Medicines included those for a range of emergencies including the treatment of cardiac arrest (where the heart stops beating) and a severe allergic reaction. All the medicines we checked were in date and stored securely. Oxygen and a defibrillator (used to help restart the heart in an emergency) were available and records showed that these had been regularly checked and maintained.
- The practice had a disaster handling and recovery plan to deal with a range of emergencies that may affect the daily operation of the practice. This was last updated in December 2015. Copies of the plan were kept within the practice and offsite by key members of the practice (GP and the practice manager). The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- There were systems in place to ensure all clinical staff kept up to date. They had access to best practice guidance from the National Institute for Health and Care Excellence (NICE) and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK 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. The most recent published results (2014/2015) for the practice showed they achieved 96% of the total number of points available which was in line with the local and the national averages of 94% and 95% respectively.

Data showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators such as patients who had received an annual review including foot examinations was 98% which was above the local average of 89% and above the national average of 88%. The practice exception rate of 2% was below the Clinical Commissioning Group (CCG) average of 6% and below the national average of 8%. 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.

- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the CCG average of 82% and above the national average of 84%. The practice exception rate was 0% which was below the local and the national averages of 8%.

The practice had a system in place for completing clinical audits where they considered improvements to practise could be made. However, improvements were needed to ensure that clinical audits and re-audits were completed regularly to ensure the effectiveness of changes and improvements to patient outcomes were monitored and maintained.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the three audits we looked at.
- An audit had been carried out on the use of a medicine for those patients with Atrial Fibrillation (AF) (an abnormal heart rhythm characterised by rapid and irregular beating) following guidance from NICE. The original audit was completed in 2015. Although a re-audit had not been completed, patient searches had been carried out regularly to check that monitoring of patients diagnosed with AF was maintained.
- The practice was aware that the number of patients diagnosed with AF was lower than expected and had embarked on an opportunistic programme to take the pulse of patients in order to increase the diagnosis of AF among the patient population. This had resulted in an improved level of diagnosis but a second audit was needed to fully assess the effectiveness of the screening programme.

### 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 safeguarding, fire safety, health and safety and confidentiality. The practice manager confirmed that shadowing of other skilled staff was also provided for new staff. We observed a new member of staff being supported during the inspection.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.

- Staff told us that the GP and the practice manager were always supportive of their training needs. Clinical staff confirmed they kept up to date with their skills through training and updates. Training records confirmed this.
- Staff training included safeguarding, fire procedures, basic life support, health and safety, infection prevention and control, confidentiality, safeguarding and information governance awareness. Staff had access to and made use of e-learning training modules.

### Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Information such as NHS patient information leaflets were available. Scanned paper letters were saved on the system for future reference. All investigations, blood tests, X-rays and the results were requested and received electronically.
- We saw evidence that multi-disciplinary team meetings took place when required, for example, when patients were added to the palliative care register or when patient concerns required further discussion and sharing with other agencies. Palliative care meetings were held as required due to the low numbers of patients on the practice register who needed end of life care and support. We saw minutes of previous meetings which had been attended by the health visitor. The practice also engaged with a local hospice for patient support with palliative care.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young patients', 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.
- Consent forms were completed for all patients receiving minor surgery.

The GP and the practice nurse understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

### Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required. Reviews of their health were carried out annually and 10 of the 15 patients on their register had received a care review so far this year.

The practice had a comprehensive screening programme. Data showed:

- The practice's uptake for the cervical screening programme was 60% which was below the local average of 69% and the national average of 74%. The practice exception rate was 15% compared with local rates of 8% and national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at appointments to make arrangements for the screening to take place. The GP explained that many of their student patients were already involved in a screening programme with their home practice (which

# Are services effective?

(for example, treatment is effective)

was for some patients in another country) and therefore had not taken up the option of screening while attending university. (over 50% of their patient population were students). The lead GP told us this however did not stop them offering screening appointments opportunistically and sending reminder letters and texts.

- The GP and the practice nurse told us they would also use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by promoting the benefits of childhood immunisations with parents or by carrying out opportunistic medicine reviews.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 67% which was in line with the local and the national averages of 69% and 72% respectively.

- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 45% which was below the local average of 50% and national average of 58%.

It was practice policy to offer health checks to all new patients registering with the practice, to patients who were 40 to 70 years of age and also some patients with long term conditions. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

The numbers of completed health checks since April 2016 were:

- 42 out of 385 eligible patients who were aged 40 to 70 years of age.
- 30 out of 31 eligible patients who were aged over 75 years of age.

The GP and the practice nurse showed us how patients were followed up within two weeks if they had risk factors for disease identified at the health check and described how they scheduled further investigations.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We spent time in the waiting area observing how staff engaged with patients.

- We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone, and those patients were treated with dignity and respect. We commented that staff had a very engaging approach with patients which was friendly and caring at all times.
- Disposable curtains were provided in consultation 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.
- We received 18 comment cards which were very positive about the standard of care received by patients at the practice. Patients were very complimentary about the practice and commented that practice staff knew patients well and remembered them by name; staff were so friendly and understanding and that they were always treated with respect and consideration.
- Staff and patients told us this practice was small and so patients and families were known to staff which was helpful in observing changes in patients.
- Staff had completed dignity and respect training and records confirmed this.

Results from the National GP Patient Survey results published in July 2016 showed that overall the practice scored results that were in line with or above average in relation to patients' experience of the practice and the satisfaction scores on consultations with doctors and nurses. For example:

- 92% of patients said the GP was good at listening to them which was above the Clinical Commissioning Group (CCG) and the national averages of 88% and 89% respectively.
- 91% of patients said the GP gave them enough time which was above the CCG average of 86% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 83% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern which was above the CCG average of 88% and the national average of 91%.

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

Patients told us through the comment cards that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

- They told us that they had never been treated so well; staff at the practice were so obliging; the GP was brilliant; they received high standards of care; they were always listened to; they were always involved in discussions about their care and treatment and were supported with their decisions about their treatment options.

Results from the National GP Patient Survey results published in July 2016 showed that most patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG and the national averages of 85% and 86% respectively.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care which was higher than the CCG average of 80% and the national average of 82%.

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability, for end of life care and for patients with mental health concerns.
- Translation services were available for patients whose first language was not English.

## Are services caring?

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

The practice supported patients and carers in a number of ways:

- There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.
- The practice maintained a register of those patients who were also carers, and the practice's computer system alerted the GP if a patient was also a carer. The register showed that at the time of the inspection there were 14 carers registered with the practice (1% of the practice population). The practice acknowledged that their patient population consisted of over 50% students which reduced the prevalence of carers.
- New patients who registered with the practice were asked to register as carers where they had caring responsibilities.
- There was a flag on the system for carers and they were considered a priority when they needed appointments. Although there were no formal carers packs, information was available which staff used to signpost carers to the most appropriate service.
- Staff told us that if families had experienced bereavement the GP offered support and information about sources of help and advice. The practice staff also sent sympathy cards to relatives of deceased patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

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

- The practice took part in regular meetings with the NHS England Area Team and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.
- There was suitable access to facilities for those patients with disabilities.
- Translation services were available should they be requested by patients.
- The practice used the E-referral system (formerly Choose and Book) to allow patients to choose the location and timings of their secondary care appointments.
- The practice provided extended hour appointments during evenings on Mondays and Tuesdays until 7pm and on Fridays until 6.30pm each week to support patients with work commitments.
- The practice treated patients of all ages and provided a range of medical services. This included a number of services such as asthma, diabetes and heart disease.
- The practice provided routine immunisations for children, coil fitting, contraception and family planning, smoking cessation, lifestyle advice and dementia screening.
- There was an online service which allowed patients to order repeat prescriptions and book appointments in advance. There was no time restriction for booking future appointments.

### Access to the service

The practice opened from 8.30am to 12.30pm and 3.30pm to 7pm on Mondays; and Tuesdays; 8.30am till 12.30 pm on Wednesdays and Thursdays; and 8.30am to 12.30pm and 3.30pm to 6.30pm on Fridays. Appointments were available during these times. The practice was closed on Wednesday and Thursday afternoons and at weekends. Cover was provided by Southdoc during these times when the practice was closed.

The practice does not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone

message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare and linked to the 111 service) was available on the practice's website and in the patient practice leaflet.

Patients could also make appointments with the My Healthcare clinic, which was run by the Birmingham South Central Clinical Commissioning Group (CCG), and was open daily from 8am until 8pm or use the GP Walk-In Centre at Selly Oak. In addition to pre-bookable appointments on the day urgent appointments were also available for patients who needed them.

Home visits were available for patients who were too ill to attend the practice for appointments. The practice had a system in place to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. Reception staff would take details to pass to the GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information.

Results from the National GP Patient Survey results published in July 2016 showed that patients' satisfaction with how they could access care and treatment was well above local and national averages. For example:

- 99% patients said they could get through easily to the practice by telephone which was well above the CCG average of 70% and the national average of 73%.
- 100% patients described their experience of making an appointment as good which was well above the CCG average of 70% and the national average of 73%.
- 81% patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 60% and the national average of 65%.

Patients we spoke with gave positive views about the appointments system. Patients told us that they could always get appointments when they wanted and they could always see a GP if the appointment was urgent. We received 18 comment cards which were all positive about the appointment system and availability at the practice.

### Listening and learning from concerns and complaints

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

## Are services responsive to people's needs? (for example, to feedback?)

- The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated person who handled all complaints in the practice.
- Information was made available to help patients understand the complaints system. Information was available on the practice website and also the complaint information leaflet. These included details on reporting concerns to the practice as well as to external organisations.
- The practice manager confirmed that they had received one complaint during the past year. Evidence showed this complaint had been investigated, concluded and learning shared had been shared in the practice. Information was also shared in their local peer group meetings and within the wider CCG.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a patient-centred ethos, which was clearly shared by all staff. One of the strengths of the small staff team was that they knew many of the patients by name. The staff were very loyal and there was a low staff turnover, with several staff having worked at the practice for many years.

We looked at the practice's statement of purpose. Their aims included:

- To provide patients with a variety of easily accessible ways to contact and communicate with the practice.
- To seek input from patients in order to continuously review and improve their services.
- To continuously consider the needs of all their service users.
- To engage with outside agencies, other service providers and other stakeholders in order to provide a safe and efficient service.
- To involve patients in all aspects of their healthcare and ensure they understood any treatment or investigation offered.

Staff we met with during the inspection demonstrated their commitment to providing the best service for their patients.

### Governance arrangements

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

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool.
- The QOF data for this practice showed that in all relevant services it was performing mostly in line with or above local and national standards.
- We saw that QOF data was regularly discussed with the practice team with action taken to maintain or improve outcomes for patients.

Arrangements were in place to identify, record and manage risks and ensure that mitigating actions were implemented.

- The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings

and noted that significant events and patient safety alerts had been discussed where they had occurred. Staff we spoke with confirmed that significant events were shared with them.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- The practice carried out regular patient searches and conducted audits to monitor quality and to make improvements to the services provided by the practice.

### Leadership, openness and transparency

During the inspection the GP and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- They prioritised safe, high quality and compassionate care.
- The practice encouraged a culture of openness and honesty.
- The practice was linked to the local Clinical Commissioning Group (CCG) and received and analysed benchmarked data.
- They were aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

The GP and the practice manager were visible in the practice:

- The practice was well organised with effective communication in all areas.
- Staff told us that regular team meetings were held.
- Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings.
- They told us they were confident they would be supported if they needed to raise any issues or concerns.
- Morale was high and we saw evidence that everything was openly discussed and ideas for improvements were encouraged and welcomed.
- Staff said they felt respected, valued and supported by everyone in the practice.



# Are services well-led?

Good 

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the NHS Friends and Family Test, the GP National Patient Survey and compliments from patients and their relatives. We saw thank you cards that indicated the practice provided excellent care, wise counsel and compassionate support.

Patients commented through the NHS Friends and Family tests that staff were helpful and kind, that receptionists were always welcoming and the GP was described as fantastic with amazing continuity of care.

Feedback had been gathered from patients through the Improving Practice questionnaire completed at the practice in April 2016. Patients had rated the practice 94% overall as either good, very good or excellent for care and services provided.

The practice had gathered feedback from patients through the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met every six weeks and each meeting was attended by the lead GP and the practice manager. Information about the PPG was seen in the waiting area and on the website which explained the purpose of the PPG and encouraged patients to join the group.

We met with the PPG chairperson during the inspection who confirmed that the practice worked well with them, and listened to and valued their comments. They gave an example of working with the practice to engage with

patients to increase PPG membership. The PPG had suggested an open evening as a way to encourage patient involvement. They held a wine and snacks evening at the practice which, although well attended, had not resulted in increased membership but was considered a positive experience in raising awareness of the role and function of the PPG.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us the practice was a happy place to work and they looked forward to each day they worked there.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues, the practice manager or the GP.
- Staff told us they felt involved and engaged to improve how the practice provided services for patients.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice:

- The practice was a founder member involved in the development of a GP federation. The aim was to provide health care clinics within the community through membership of the federation.
- The practice was engaged in the developing CCG project Care Closer to Home frailty service for patients over the age of 60 years. It was planned that referrals would be made to a well-being coordinator who was to be attached to the practice. Assessments would be carried out on patients in relation to their social, financial and frailty needs. The project aimed to provide advice and support in order to prevent hospital and care admissions.