

# Drs Cheetham, Boden & Hussain

## Quality Report

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Date of inspection visit: 8 November 2016

Date of publication: 17/01/2017

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 Drs Cheetham Boden and Hussain on 8 November 2016. Overall the practice is rated as good.

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

- There was an effective system to raise concerns and report significant events. Staff understood their responsibilities to raise concerns and to report significant events.
- Patients' needs were assessed and the practice planned and delivered care in accordance with best practice guidance.
- The practice had a well-trained team with expertise and experience in a range of health conditions.
- The practice was visibly clean and hygienic. There were systems for reducing the risks to patients from healthcare associated infections.
- Patients said that they were treated with kindness, dignity and respect. Patients told us that GPs and nurses explained their treatment options so that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. The practice responded to complaints in an appropriate and timely manner. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said that they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Feedback from patients was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by the GP partners and the management team. The practice proactively sought feedback from staff and patients which it acted on.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- A GP had developed a tool for matching capacity to demand for appointments, which had been adopted by other practices across the region.

The area where the provider should make improvement is:

- Consider repeating audit cycles on a more routine basis.

**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 for reporting and recording significant events.
- GPs discussed significant events at their weekly meetings. Lessons were shared to make sure action was taken to improve safety in the practice. Staff were asked to sign the outcome of the significant event findings, so that the practice could check that all relevant staff had read the findings. We saw minutes of meetings where discussion was recorded.
- When things went wrong patients received support, information and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded safeguarding systems to help ensure the safety of children and adults whose circumstances might make them vulnerable. There was a safeguarding section on the practice website, as well as a page which had information about reporting abuse of children or vulnerable adults and domestic abuse.
- Risks to patients were assessed and well managed. There were effective systems to manage patient safety alerts, including medicines alerts, which were actioned.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness.
- According to data from the Quality and Outcomes Framework (QOF) 2015/16 patient outcomes were at or above the national average.
- The practice administered the highest number of influenza immunisations out of all 19 practices in the Redditch and Bromsgrove Clinical Commissioning Group. 84% of patients classed as being at high risk had been immunised, which the practice thought was a factor in their low emergency admission rates.
- Clinical audits were carried out on a regular basis and demonstrated quality improvement.

# Summary of findings

- Staff confirmed that annual appraisals and personal development plans were carried out.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Staff had the necessary skills, knowledge and experience to deliver effective care and treatment.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- 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 told us that they were treated with compassion, dignity and respect. Patients said that they appreciated that clinical staff took time to ensure that they were involved in decisions about their care and treatment options. Comment cards aligned with these views.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The managers of local care homes emphasized the continuity of care provided by the GPs.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Redditch and Bromsgrove Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said that they found it easy to make an appointment with a named GP and that they appreciated the continuity of care. Urgent and routine appointments were available the same day.
- Patients could access appointments and services in a way and at a time that was convenient for them. Routine appointments with a GP and requests for repeat prescriptions could be booked online.
- Extended hours were provided on one evening each week and on the first Saturday of each month, which provided additional flexibility for patients who could not attend the practice during core opening hours.
- The practice implemented suggestions for improvement and made changes to the way in which services were delivered in

# Summary of findings

response to feedback from patients and from the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. For example, the PPG had suggested that more routine appointments should be available to book online. In response the practice decided to provide afternoon appointments via the online booking service.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff understood the values of the practice and worked to deliver services in line with the patient-centred ethos.
- There was a clear and visible leadership structure and staff felt supported by the GP partners and the management team. The practice had a broad range of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured that this information was shared with staff so that appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active Patient Participation Group.
- Staff said that they were supported to develop their skills and improve the standard of service delivery. Drs Cheetham Boden and Hussain was a teaching practice for final year community based medicine students from the University of Birmingham. We saw thank you letters from students who said how much they valued the encouragement and support. They commented on the example set by the GPs, who went the extra mile for their patients.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had signed up to the avoiding unplanned admissions enhanced service, which is mainly focussed on this population group.
- The practice regularly achieved the highest number of patients aged 65 years and over who have had an influenza immunisation within the Redditch and Bromsgrove Clinical Commissioning Group (CCG). Eighty three percent of this group of patients were immunised in 2015/16.
- Patients aged 75 years and over who had not seen a GP in the previous 12 months were reviewed and invited to attend for any relevant health checks.
- A GP was the clinical lead for stroke review and rehabilitation at a nearby hospital.
- A GP was an associate specialist in palliative care at a local palliative care unit and was the practice end of life lead. The practice had signed up to the end of life enhanced service.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 76%, which was slightly below the national average of 78%.

# Summary of findings

- Practice based or shared care was offered whenever possible to save patients having to travel to hospital.
- The practice regularly achieved the highest number of patients with long term conditions who had had an influenza immunisation within the CCG. Data showed that 61% of these patients were immunised in 2015/16.

## Families, children and young people

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

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had the second lowest emergency admission rate for paediatric admissions within the CCG for the period between April 2015 and March 2016.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- A clinic for baby immunisations was held at the same time as post-natal checks for mothers, which was convenient for mothers.
- The practice's uptake for the cervical screening programme was 85%, which was higher than both the CCG and national averages of 82% and 81% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies. A quiet waiting area was available for children and young people.
- We saw positive examples of joint working with midwives, health visitors and school nurses. A midwife clinic was held at the practice every fortnight. The GPs met with the health visitors when necessary.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- 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.

Good





# Summary of findings

- Extended hours were provided on one evening each week and on the first Saturday of each month, which was convenient for those patients who could not attend during core opening hours.
- Patients were able to book routine appointments and request repeat prescriptions online at a time that suited them. Telephone consultations were also available.
- Text reminders of appointments were sent to patients who had signed up to this service.
- NHS health checks were offered to patients.
- A full range of health promotion and screening was offered that reflected the needs for this age group.
- A GP could offer a more specialised Genito-Urinary (GU) medicine screening service (sexual health screening) having undertaken a GU foundation course.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Refugees with complex medical and social needs were registered at the practice. Interpreters were arranged on a regular basis for these patients.
- The practice had signed up to the learning disability enhanced service and had 19 patients on their learning disability register. Annual health checks for these patients were usually undertaken in the final quarter of the year. During 2015/16, 16 out of 19 patients on the learning disability register had had a health check. The remaining three were under the care of secondary care consultants. The services of the learning disability primary care liaison nurse, who was employed by Worcestershire Health and Care NHS Trust, were advertised on the practice website.
- Longer appointments were provided for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients were informed how to access various support groups and voluntary organisations.
- A shared care service was provided for substance misuse.
- Reception staff had attended a deaf awareness and a blind awareness training event.

# Summary of findings

- The practice website informed patients that sign language interpreters could be booked for face-to-face consultations.
- The practice leaflet was available in an easy read format.
- There was a safeguarding lead and deputy lead. Staff received safeguarding training.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice achieved 100% in all Quality and Outcomes Framework (QOF) mental health indicators.
- The practice liaised with the clinical advisor on dementia for the Midlands and East Region to ensure that coding for younger patients diagnosed with dementia was correct.
- 98% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 3% above the CCG average and 2% above the national average
- The practice had received letters of thanks from families of patients with dementia for the kindness shown to their next of kin.
- We were told that staff would telephone patients with dementia or their carers to remind them about appointments or to follow up on any missed appointments.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing above local and national averages. 223 survey forms were distributed and 102 were returned. This represented a 46% response rate and 2% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 79% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 50 comment cards which were all positive about the standard of care received. Patients said that they considered themselves fortunate to have such an excellent practice. GPs and nurses were said to be professional and thorough and always prepared to listen. Receptionists were praised for being kind, efficient and respectful. Patients added that they could always get an appointment when they wanted one.

We spoke with four patients during the inspection, three of whom were members 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. All four patients said that they were satisfied with the care they received and thought staff were approachable, committed and caring. Friends and Family Test data showed that 100% of patients would recommend the practice (there were five responses). Comments left by patients on the NHS Choices website highlighted the excellent standard of service, the professionalism of all staff and the manner in which GPs put patients at their ease. We also spoke with one patient who said that they had transferred to this practice because of its high reputation.

## Areas for improvement

### Action the service SHOULD take to improve

The area where the provider should make improvement is:

- Consider repeating audit cycles on a more routine basis.

## Outstanding practice

We saw one area of outstanding practice:

- A GP had developed a tool for matching capacity to demand for appointments, which had been adopted by other practices across the region.

# Drs Cheetham, Boden & Hussain

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

## Background to Drs Cheetham, Boden & Hussain

Drs Cheetham Boden and Hussain, known locally as New Road Surgery, is registered with the Care Quality Commission (CQC) as a partnership provider and delivers a full range of family medical services as well as enhanced services. The practice is situated in Rubery, Birmingham, in premises which have been extended and modernised over the years to provide better facilities for patients.

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

At the time of the inspection, Drs Cheetham Boden and Hussain were providing medical care to approximately 5,540 patients.

The practice has a ramp for wheelchair users to access the premises. There is a separate baby changing room, suitably decorated. A play table and children's books are available

for children. There is a quiet waiting area was available for children and young people. The practice was directly on the bus routes to Birmingham and Bromsgrove, which was convenient for patients.

There are three partner GPs (two male and one female). The GPs are supported by three practice nurses, a health care assistant, a phlebotomist, a practice manager and reception and administrative staff.

Drs Cheetham Boden and Hussain are a teaching practice for final year community based medicine students from the University of Birmingham. Four to five students are accepted each year in five week blocks. The students work at the practice for three days per week during their placement and see up to 10 patients each day. Supervision is provided by all three GP partners.

The practice is open between 8.30am and 6pm on Mondays to Fridays. Receptionists also answer the telephones between 8am and 8.30am and between 6pm and 6.30pm. Extended hours are provided one evening every week from 6.30 to 8pm (the days rotate) and one Saturday every month from 8am to 11am. Out of Hours service is provided by the NHS 111 service. Patients can also attend the GP Walk In Centre at nearby Selly Oak, which is open from 8am to 10pm seven days a week.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

## How we carried out this inspection

Before our inspection of Drs Cheetham Boden and Hussain we reviewed a range of information that we hold about the practice and asked other organisations to share their knowledge. We reviewed nationally published data from sources including the Redditch and Bromsgrove Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of service provided at the practice.

We carried out an announced visit on 8 November 2016. During our inspection we spoke with a range of staff which included GPs, a practice nurse, the practice manager and reception and administrative staff. We also spoke with a manager of a local care home.

During the inspection we spoke with three patients who were members of the virtual Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care.

We observed how staff interacted with patients who attended the practice and how patients were being cared for. We reviewed the comment cards which had been completed by patients.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager about any incidents and that there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a detailed analysis of the significant events. Significant events were discussed at weekly meetings and logged on a spreadsheet, which listed action taken and learning points. Lessons were shared to make sure action was taken to improve safety in the practice. Staff were asked to sign the outcome of the significant event findings, so that there was a record of who had read the findings. We saw minutes of meetings where discussion was recorded.

There was a well-embedded system to act on patient safety alerts, for example, from the Medicines and Healthcare products regulatory Agency (MHRA). Alerts were sent to the practice manager and to a generic practice mailbox. Alerts were then forwarded to the duty GP. Alerts were filed on the practice's intranet and highlighted in yellow if actioned and red if not, so that it was easy to check for any outstanding actions. We saw that clinical staff had been sent an alert so that they were aware that diabetic patients should be advised not to change their insulin delivery service without first checking with the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and we saw that all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. High visibility alerts were added to patients' electronic records where there were safeguarding issues.

- A notice in the waiting room advised patients that chaperones were available if required. There was also a notice in each consulting room and on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Staff had attended a chaperone training session delivered by an external speaker in July 2015.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Eight comment cards referred specifically to the cleanliness and tidiness of the practice. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that there was a carpet in the treatment room and were told that this was due to the reallocation of rooms (the previous treatment room was not carpeted). We were told that the room was only used for a few hours each week by the phlebotomist and that the carpet would be replaced with suitable hard flooring in due course in accordance with the recommendation in the infection control audit. The local infection prevention and control lead had carried out an inspection in May 2015 and had not said that the replacement of the carpet was an urgent issue.
- There was a sharps injuries policy and all staff knew what action to take if they accidentally injured

## Are services safe?

themselves with a needle or other sharp medical device. An inoculation injuries flowchart was displayed in all consulting rooms. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage facilities available for waste awaiting collection.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). We saw that prescriptions were updated when medicines changed. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks. We saw that the practice kept copies of relevant documents for locums and that there was a locum pack, which contained relevant information about the practice.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. We viewed the health and safety risk assessment which had been completed in August 2016. A build up of empty toners had been identified as a risk and had been removed. The health and safety policy was scheduled for review in November 2016. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire drill was carried out in October 2016. All electrical equipment was checked to

ensure that the equipment was safe to use. The last electrical check was carried out in March 2016. Clinical equipment was checked to ensure that it was working properly. The last equipment calibration was carried out in February 2016. The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had a consistently low rate for emergency admissions.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. Staff told us that they covered for each other during periods of illness or annual leave.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 and there were alert buttons on the telephones.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult and children's pads and two oxygen cylinders with adult and children's masks. A first aid kit and accident book were available in the reception office.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The range of emergency medicines held was appropriate for the services provided. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure, loss of medical records or building damage. The plan included emergency contact numbers for key members of staff. The practice manager and GP partners held electronic copies of the plan offsite.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a system intended to improve the quality of general practice and reward good practice.

Data from 2015/16 showed:

- The practice achieved 96% of the total points available. This was 2% below the Clinical Commissioning Group (CCG) and national averages.
- Exception reporting was 5%, which was 3% below the CCG average and 5% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- The percentage of patients with diabetes on the register in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 76%, which was slightly below the national average of 78%. Exception reporting was 3%, which was 3% below the CCG average and 9% below the national average.
- 50% of patients newly diagnosed with diabetes had a record of being referred to a structured education

programme. This was 43% below the CCG average and 42% below the national average. We were told that this was due to a coding problem, because patients were referred to an education programme.

- 100% of patients with poor mental health had a comprehensive care plan documented in the preceding 12 months, which was 9% above the CCG average and 11% above the national average.

The practice participated in local audits, national benchmarking, accreditation and external peer review.

We saw six audits which had been carried out in the last two years. Regular audits included smear adequacy rates, two week wait cancer referrals and appointment availability. None of the clinical audits contained two cycles, but they were clearly guided by a quality improvement ethos. We saw that the audit on antibiotic prescribing was aimed at reducing the amount prescribed in line with targets set by the CCG and nationally. The practice results were viewed at a meeting with the CCG in September 2016. Results showed that in cases where the antibiotic was used in accordance with guidelines, there was an error in duration of treatment 50% of the time. Antibiotic guidelines were now readily available for GPs and there were ongoing discussions at team meetings. The audit was due to be repeated for reassessment purposes, in order to check whether the guidelines were being followed for duration of treatment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice had a comprehensive training log, which listed details of training undertaken by each member of staff. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions had completed diplomas in diabetes and chronic lung disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support, information governance and improving patient experience. Staff had access to and made use of e-learning training modules and in-house training.
- A GP had been trained to use a dermatoscope (used to examine skin lesions), which meant that patients did not have to go to hospital to have this done. We were told that five melanomas (skin cancer) had been detected in the last 12 months.
- A GP was the clinical lead for the stroke review and rehabilitation service based at a local hospital. The same GP was the associate specialist and acting consultant at a local palliative care unit, so additional expertise was available to colleagues at the practice.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patients' record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. We saw evidence that regular monthly meetings took place with other health care professionals when care plans were routinely reviewed and updated.

### Consent to care and treatment

Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

Clinical staff were very aware of the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 85% which was higher than the CCG average of 82% and the national average of 81%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were effective systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening in the last 30 months for patients aged 60 to 69 years was 65%, which was higher than the CCG average of 61% and higher than the national average of 58%. The uptake for

## Are services effective?

(for example, treatment is effective)

breast cancer screening in the last 36 months for patients aged 50 to 70 years was 75%, which was slightly lower than the CCG average of 76%, but higher than the national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 72% to 100%, which was

in line with the CCG averages of 73% to 97%. The childhood immunisation rates for five year olds ranged from 90% to 97%, which was in line with the CCG averages of 94% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had carried out 167 health checks since April 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Both reception windows had privacy screens to preserve patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the Patient Participation Group (PPG). They also told us that they were very satisfied with the excellent level of care provided by the practice. They said that they valued the continuity of care provided by the clinical staff and appreciated that reception staff knew many patients by name. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Patients said that they considered themselves fortunate to have such an excellent practice. GPs and nurses were said to be professional and thorough and always prepared to listen. Receptionists were praised for being kind, efficient and respectful. Patients added that they could always get an appointment when they wanted one.

Results from the National GP Patient Survey published in July 2016 showed that patients felt that they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 98% of patients 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

Results from the National GP Patient Survey 2016 showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were consistently higher than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The National GP Survey results placed the practice amongst the top 10 practices in the West Midlands according to an article in the Birmingham Mail Online.

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Interpreters were provided by the Birmingham Integrated Language and Communications Services. Sign language interpreters could be arranged for patients with hearing difficulties.

The practice leaflet was available in easy read format, which could also be downloaded from the practice website.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was a carer. The practice had identified 79 patients as carers (1.4% of the practice list). The medical secretary managed the carers' register. There was a carers' support page on the practice website, which informed carers about accessing the services of a GP carer support advisor as well as providing a link to a practical guide to health caring. Written information was available to direct carers to the various avenues of support available to them. Health checks were offered to carers and there was a question about carers on the new patient questionnaire. There was also a message on the noticeboard section of the front screen of the practice website inviting carers to complete a carer's card.

Staff told us that if families had suffered bereavement their usual GP would visit them or send them a sympathy card. A consultation could be arranged at a flexible time and location to meet the family's needs and advice was provided on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and the Redditch and Bromsgrove Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.

There were disabled facilities, a hearing loop and translation services available. Sign language interpreters could be arranged for patients with hearing impairments.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. Appointments were available during these times. Extended hours appointments were offered one evening each week from 6.30pm to 8.30pm and one Saturday each month from 8am to 11am. Appointments could be booked up to eight weeks in advance and there were urgent appointments available on the day.

A GP had devised an access tool to calculate optimum capacity in the appointment system. This tool had been shared with practices across the region. Using the tool enabled the practice to provide more consultations per patient per year than the England average. We saw how appointments were continuously monitored and tailored to demand. The effectiveness of the access tool was borne out by patients' satisfaction with the ease of access to appointments, by the comments written on the comment cards and by patient survey results, as listed below.

Having conducted an analysis of patients' needs, the practice scheduled their chronic disease management appointments on Wednesdays and Thursdays, which tended to be less busy. This released more routine and urgent slots for the remainder of the week.

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

- 86% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 76% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by telephone compared to the CCG average of 79% and the national average of 73%.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.

Patients who wanted to request a home visit were asked to telephone before 11am if possible. Requests were written in the visit book and the GPs shared the visits between them. When a request was received after lunchtime, the duty GP would visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, receptionists would message the duty GP. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system for responding to complaints and concerns.

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

We saw that information was available to help patients understand the complaints system in reception and on the practice website.

We looked at three complaints which had been received since March 2016 and found that they had been satisfactorily handled and dealt with in a timely manner.

# Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice had reviewed its guidance on the timing of dates that cervical smears can be taken as a result of a complaint.

# 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 clear vision which prioritised the delivery of high quality care for patients. The practice had a stable workforce, who showed that they shared this patient-centred ethos.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff we spoke with confirmed that they knew how to access these policies.
- The performance of the practice was continually monitored.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The GPs held weekly meetings with the practice manager. Medical students were invited to these meetings.
- Full staff meetings were held every two to three months.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a

culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment, the practice gave affected people support, explained the sequence of events and provided an apology.

There was a clear leadership structure and staff felt supported by the GP partners and management team. Staff we spoke with described the open door policy in the practice. They said that they could raise any issues at team meetings and would feel confident in doing so. Staff knew that their contribution to the standard of service delivery was valued.

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

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

The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. There was a virtual PPG, whose members acted as a sounding board and critical friend to the practice. Members were contacted by letter or by telephone. For example, the practice was the first in the CCG to implement the electronic prescribing system and the PPG was approached for feedback. PPG feedback was also sought when the practice wanted to update their website. Information about the PPG was available in the reception area and on the practice website. For example, the PPG had suggested that more online routine appointments be available to book. In response, the practice had decided to provide afternoon appointments via the online booking service.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and prepared to share innovative tools to improve patient outcomes with other practices. For example, the patient access tool was widely shared across Worcestershire as well as with local practices.

The practice's commitment to promoting learning beyond their own staff was evidenced by the teaching of medical students. We saw student feedback, which rated the practice team very highly and highlighted the support, professionalism and enthusiasm of the GPs. Students

## Are services well-led?

Good 

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

remarked on the communication skills of the GPs and the continuity of care provided to patients over many years. We read a practice evaluation from one of the students which

said that the placement at the practice was by far the best in six years of training, thanks to the knowledgeable and very supportive GPs, backed by the well organised and friendly administrative team.