Burbury Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Burbury Medical Centre on 21 July 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We received mixed responses from patients about the availability of appointments.
- The national patient survey showed that the practice achievement was variable.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice was located in a residential building which had been adapted to treat patients and meet their needs. The practice had carried out an audit to assess its accessibility to disabled people against best practice standards. However, some findings from the assessment were still to be actioned.
- There was a senior GP partner with two junior partners. One of the junior GP partners took on the leadership role along with the practice manager. Staff were clear on the leadership structure and felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure all findings from the equality audit are actioned.

Summary of findings

- Continue to ensure areas of concern identified in the national surveys, comments cards and feedback from patients are addressed, including about consultations with GPs and nurses.
- Systems or processes should be reviewed to ensure more carers are identified so they can be offered appropriate support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services. There was an effective system in place for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients received reasonable support, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. The practice achievement for diabetes related indicator was below average and we saw evidence that the practice had focussed in this area to make significant improvement. Staff assessed needs and delivered care in line with current evidence based guidance. Clinical audits demonstrated quality improvement. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. Data from the national GP patient survey showed patients rated the practice below others for some aspects of care. The practice had recognised this and developed an action plan to make improvements. Patients said they were treated with compassion, dignity and respect. Patients we spoke with on the day also stated that they were involved in decisions about their care and treatment although the national GP patient survey data conflicted with this. Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

Summary of findings

There was evidence that the practice was aware of some of the needs of its population and engaged with the Clinical Commissioning Group (CCG) as well as local voluntary organisations to secure better outcomes for patients. We received mixed responses from patients in regards to availability of appointments. Some patients said they found it difficult to get an appointment.

One of the GP partners was increasing their clinical sessions. The practice had also secured funding from the CCG to open Saturday mornings, which they had done during the Winter from January to March 2016.

The practice was located in a converted residential building and had been renovated to meet the needs of patients. 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.

Are services well-led?

Good

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 were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was a 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 in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and confirmed that the practice had taken on board their suggestions. The practice had taken part in research studies and there was a focus on continuous learning and improvement.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients over the 75 years were allocated a named GP to support their needs and care plans were in place for those with complex care needs. The practice was responsive to the needs of older people, and offered home visits. The practice was accessible to patients with mobility difficulties and vaccinations appropriate for this age group were available. The practice regularly met as part of a multi-disciplinary team to discuss and review the care of those with end of life care needs.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

One of the GP partners took on the lead role for chronic disease management as the practice nurse worked part time. We saw an example where the practice recognised poor achievement for diabetes and worked to improve outcome for these patients. Longer appointments and home visits were available when needed. The practice operated specialist clinics to review and monitor patients with specific long term conditions such as diabetes, asthma and COPD. All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Immunisation rates were relatively high for all standard childhood immunisations. The doctors carried out at six weeks post-natal

Summary of findings

checks. Family planning and contraceptive advice were also available. The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 81%.

Appointments were available outside of school hours and the premises had been adapted to ensure it was suitable for children and babies. We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The needs of the working age population, those recently retired and students had been identified and the practice offered same day and advanced telephone triage/ consultations as well as face to face consultations. Extended opening hours were available on Mondays. The practice offered a full range of health promotion and screening that reflected the needs for this age group for example, cervical cytology. Two of the GP partners were undergoing accreditation to interpret electrocardiograms so that this service to could be offered in house to practice patients and other patients locally.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice worked with voluntary and charity groups to refer patients for further support. 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.

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People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group

Data looked at for 2014/15 showed that 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months this was lower than the local average (84%) and the national average (84%). However, the practice showed us their unpublished achievement for 2015/16. We saw that the practice had made improvements and had had achieved 85% of the total QOF points available. 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 was aware of the needs of the patient population in regards to mental health, especially in the younger population and had developed link with local voluntary and charity organisations. It had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. A director of a charity organisation confirmed that the practice had referred patients to them. The practice also referred patients to counselling services that delivered in many of the languages spoken by the patient population. The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. Out of the 357 survey forms that were distributed 54 were returned. This represented 1.5% of the practice's patient list. The results showed that the practice achievement was variable and was below local and national averages for some aspects of care. For example:

- 57% of patients found it easy to get through to this practice by phone compared to the local CCG average of 60% and the national average of 73%.
- 71% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 75% and the national average of 76%.
- 69% of patients described the overall experience of this GP practice as good compared to the local CCG average of 75% and the national average of 85%.
- 51% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local CCG average of 64% and the national average of 79%.
- 89% of patients said the last appointment they got was convenient compared to the local CCG average of 87% and the national average of 92%.
- 34% of respondents usually wait 15 minutes or less after their appointment time to be seen compared to the local CCG average of 54% and the national average of 65%.
- 59% of patients usually get to see or speak to their preferred GP compared to the local CCG average of 45% and the national average of 59%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. Patients described a good service and staff who were caring, helpful and friendly. However, four patients also commented that they also encountered difficulties with getting an appointment at times.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, three patients also commented that they occasionally found it difficult to get an appointment when they needed.

Burbury Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Burbury Medical Centre

Burbury Medical Centre is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services. However, the practice was in the process of moving to join the Birmingham South Central CCG and had started working with the CCG.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an inner city area of Birmingham with a list size of approximately 3400 patients. Based on data available from Public Health England, the practice is located in one of the most deprived areas. Compared to the national average the practice had a higher proportion of patients between 0 and 40 and a lower proportion of patients over 40 years of age.

The practice is a partnership of three GPs (two male and one female). The practice also has two regular locum GPs (one male and one female). The GPs are supported by a practice nurse and one health care assistant. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice is open between 9.30am and 1pm Monday to Friday. In the afternoon it is open from 4pm to 6.30pm weekdays except Thursdays when it is closed in the afternoon. The practice provides an extended hours service on Mondays from 6.30pm to 8pm. The practice has an alternative arrangement with an out of hours service provider for when the practice is closed between the contracted hours of 8am to 6.30pm.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by the external out of hours service provider when the practice is closed including Thursdays when the practice closed for the afternoon.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share

Detailed findings

what they knew. We carried out an announced visit on 21 July 2016. During our visit we spoke with a range of staff including the two junior GP partners. There was a practice nurse who was not working on the day of the inspection and we spoke with them on the phone. We spoke with the practice manager and two members of the administration staff. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We also spoke with six patients including two members of the patient participation group.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events which was supported by a policy that was available for all staff. Staff told us they would inform the practice manager of any incidents and there was a recording form available for staff. We saw examples of significant events that were recorded, discussed and where learning had been shared. For example, an incident recorded in May 2015 showed that a letter had been scanned under the wrong patient record. Minutes of meetings from May 2016 we looked at showed that this had been discussed and staff were reminded of the protocol for scanning documentation.

The practice also reported and shared some incidents with the Clinical Commissioning Group (CCG) through the electronic reporting system. However, the practices aimed to report and share all incidents using the electronic system with the CCG. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice received patient safety alerts via email which were then printed off and discussed in a monthly meeting. Minutes of a meeting we looked at from June 2016 showed that a medical alert was discussed. We saw copies of relevant alerts were kept in the practice with signatures from relevant staff to confirm that they had been actioned.

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. 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. Staff had attended training on female genital mutilation (FGM) and we saw guidance for reporting was displayed in the consultation rooms. The practice had completed the Royal College of General Practitioners (RCGP) Safeguarding Children's Toolkit. This audit allowed the practice to highlight areas of Safeguarding that could be improved in the practice.

Staff demonstrated they understood their responsibilities and had all received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and one of the GP partner was the lead for safeguarding. We saw an example where following concerns being raised appropriate action had been taken.

Notices in the waiting room and outside of the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 in place and staff had received up to date training. We saw an infection control audit was undertaken in June 2016 and we saw evidence that action was taken to address improvements identified.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For those patients on high risk medicines, alerts were put on their records and we saw examples of this. The practice did not accept telephone requests for repeat medicines to reduce the risk of error. All repeat medicine requests were reviewed by the GP before being issued.

The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams. This ensured prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice used the data to monitor their prescribing.

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice

to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, and infection control.

Arrangements were in place for planning and monitoring the number of staff and the mix of staff needed to meet patients' needs. Most of the administration staff worked set hours and some worked part time. Staff we spoke with told us there were enough staff and that they would cover each other during unplanned absences.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents. There was an 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 and there were emergency medicines available in the treatment room. A staff member we spoke with told us about a recent event involving a patient. They told us that as a practice they had responded to the event appropriately and the training they had received had been useful.

The practice had a defibrillator available and oxygen on the premises.

Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan also incorporated a nearby GP practice which could be used if staff were unable to access the premises. We saw confirmation from the provider of the nearby practice in regards to this arrangement.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems in place to keep all clinical staff up to date. We saw that staff had access to guidelines from NICE on the computer system and used this information to deliver care and treatment that met patients' needs. The practice used other guidance such as those from the CCG. Records we looked at showed that NICE guidance was discussed in clinical meetings. We saw an audit that was based on NICE guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice had achieved 92% of the total number of points available. This was same as the local CCG average and slightly below the national average of 94%. The overall clinical exception rate was 2% which was below the local CCG 9% and below the national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was lower in comparison to the national local and national average. The practice achievement for diabetes was 71% of the total points available. The local CCG average was 85% and the national average was 89%.
- Performance for mental health related indicators was similar to the local CCG average. The practice achieved 89% of the total points available. The local CCG average was 90% and the national average was 92%.

The GP partner explained that they had recognised their achievement for diabetes was below local and national averages. As a team they had focussed on this area and the practice shared their unpublished 2015/16 results with us which showed that they had achieved 90% of total QOF points available. This was above the local and similar to the national average. However, this was not verified data. The GP also explained that their current focus was trying to engage hard to reach young asthma patients.

There was evidence of quality improvement including clinical audit. There had been eight clinical audits completed in the last 12 months. We saw that three of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out an audit to improve diabetic care and improvements were made after implementing the necessary actions.

The GP partner also explained that they tried to deliver innovative care to their patients and we saw an example where patients were referred to voluntary organisations for social support.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. We looked at four staff records and saw that an induction programme for all newly appointed staff was in place. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions attended. We saw records of training for all staff based on their roles.

Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources.

The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. We spoke with one staff member who told us that they had wanted to train as a healthcare assistant. They confirmed that they were supported by the practice to attend the course.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules.

Good

Are services effective?

(for example, treatment is effective)

Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and investigation and test results. We saw examples of care plans that were individualised. We looked at the computer system and saw that there were no results waiting to be actioned as all incoming communication had been processed. Any abnormal results were processed appropriately.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We looked at two examples of referral letters sent and they were appropriate.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were reviewed and updated for patients with complex needs. Minutes of meeting looked at showed that learning was shared with neighbouring buddy practice.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw that staff had attended mental capacity training which included deprivation of liberty safeguards (DoLS) and restraint. On the day of the inspection the practice was unable to show evidence that the nurse had attended this training but assured us that they had. Following the inspection the practice sent evidence of this training and we saw that the nurse had completed this training in April 2016. The practice did not carry out minor surgery and therefore written consent was not sought. We saw that verbal consent was documented where required.

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. The practice used Supportive and Palliative Care Indicators Tool (SPICT) to identify patients for palliative care. SPICT is a clinical tool that supports clinicians by highlighting clinical signs of deteriorating health. It prompted clinicians to consider people for assessment of unmet care needs and future care planning.

The practice had an electronic screen with health promotion information such as the benefits of exercise. There were also posters and practice leaflets with details of services for patients to access.

A Diabetic Specialist Nurse and Consultant and Community Diabetes Consultant held Virtual and extra diabetic clinics as part of the Diabetes Inpatient Care and Education (DICE) programme. This is a CCG funded area of enhanced care and shows the practice commitment to providing effective care for patients with long-term conditions.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 80% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

There were fail safe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were slightly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 96% and five year olds from 92% to 100%. The CCG averages for under two year olds was 41% to 95%. For five year olds it ranged from 87% to 94%.

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

Requires improvement

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 and conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 12 patient Care Quality Commission comment cards we received were positive about the staff and the service experienced though some also stated that access to appointments were at times difficult. Patients said they often requested to see a female GP and liked that they had that choice.

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

The national patient survey results showed that the practice achievement was below local and national averages for some aspects of care. For example its satisfaction scores included:

- 66% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 62% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 83% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 81% and national average of 85%.
- 73% of patients said the last nurse they spoke to was good at treating them with care and concern compared to local CCG average of 86% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.
- 97% had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96% and the national average of 97%.
- 69% describe their overall experience of this surgery as good compared to the CCG average of 75% and the national average of 85%.

We looked at the friends and family test for April 2016 and noted that 30 patients said they would be extremely likely to recommend the practice to friends and family and 12 patients also said they would be likely to recommend the practice. However, 10 patients also said they would be unlikely to and one said they would be extremely unlikely to recommend the practice.

There were three GP partners at the practice. Patients we spoke with told us they had a preference of doctors, however, as some doctors also worked at other practices they were not always available. Comments cards we received were positive about the GPs. The practice was aware of the data and had developed an action plan to improve. We saw the action plan was displayed in the patient waiting area of the practice.

Care planning and involvement in decisions about care and treatment

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

However, results from the national GP patient survey mostly showed the practice achievement was below local and national averages for questions about involvement in planning and decision making about care and treatment. For example:

Requires improvement

Are services caring?

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 59% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 59% of patients said the last nurse they saw was good at involving them in decisions about their care compared to local average of 82% and the national average of 85%.
- 80% say the last nurse they saw or spoke to was good at explaining tests and treatments compared to local average of 86% and the national average of 90%.

The practice was aware of the data and had developed an action plan to improve. We saw the action plan was displayed in the patient waiting area of the practice. For example, in regards to nurse feedback the practice planned to train the nurse to increase patient involvement. Nurses would be instructed to discuss care plans in more detail and promote choice, especially for long term conditions. GPs were to be given feedback to ensure patients had full understanding of the management plan and were satisfied with the consultation.

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 also utilised website (route2wellbeing) that was being promoted by the CCG. This website allowed staff to refer patients to appropriate services such as carers support, sexual health and pregnancy, counselling as well as many other care and social services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 18 patients as carers 0.5% of the practice list. Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support and advice on how to find a support service. We saw an example where alerts were put on the system to highlight family members who had experienced bereavement. Records also suggested that counselling had been offered.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice offered extended opening from 6.30pm to 8pm on Mondays. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits and telephone consultations were available for those that were unable to access the practice and the vulnerable such as those on end of life care.

There were disabled facilities and translation services 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. Most staff were able to speak some of the languages spoken by the patients. The practice did not have a hearing loop for use by people with hearing aids. However, the practice had carried out an equality act audit in April 2016 which identified some actions. One of the actions identified was to purchase a hearing loop.

The practice had carried out an audit to assess the practice against the requirement of the Equality act 2010 in April 2016. We saw that some actions were identified and the practice had responded to some while others were still to be actioned.

One of the GP partner was involved in research and explained that they tried to deliver innovative care to their patients and we saw some examples involving voluntary organisations. For example, they recognised that mental health was an issue and worked with a community led counselling service to refer patients and provided a confidential emotional support service. The practice also referred to other services which offered confidential advice, support and treatment to people 16 or over in various languages such as Punjabi, Mirpuri, Urdu and Bengali as well as English. We were told that this was more of an informal service as patients did not always want to access a formal counselling.

The practice referred patients to a non-profit charity organisation supporting the young in education and through mentorship. It supported families and individuals to access entitlements and effective cross community activities. We spoke with one of the directors of the organisation who told us that the practice had referred patients to the organisation.

Access to the service

The practice was open between 9.30am and 1pm Monday to Friday. In the afternoon it was open from 4pm to 6.30pm Weekdays except Thursdays when it was closed in the afternoon. The provider had ensured an alternative arrangement was in place when the practice was closed between the contracted hours of 8am and 6.30pm.

Appointments were available from:

- Monday: 9.30am to 12.30pm and 5pm to 6.30pm
- Tuesday: 10am to 1pm and 4.30pm to 6.30pm.
- Wednesday: 9.30am to 1pm and 4.30pm to 6.30pm.
- Thursday: 9.30pm to 1pm.
- Friday: 10am to 1pm and 4.30pm to 6.30pm.

In addition to the above opening and appointment times, the practice offered extended opening hours on Mondays until 8pm.

We were told that funding had been approved by the CCG for the practice to offer Saturday opening from 10am to 1pm. The practice had opened on Saturdays during the Winter from January to March 2016, which had received positive feedback from patients and the practice would therefore be continuing this.

In addition the practice planned to take part in the 'Hub' model approach for Access to appointments and services. GP practices work together in groups, or 'Hubs' to deliver better service such as increased access. This was a group of seven local practices working together. The practice was working with five other practices to provider better services including access to appointments from 8am to 8pm. To further improve patient access one of the GPs had increased their session time, and the practice had implemented telephone consultations, online appointments and electronic prescriptions. The changes were being embedded in the practice.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was variable when compared with local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the local CCG average of 71% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to local CCG average of 60% and the national average of 73%.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 69% of patients describe their experience of making an appointment as good compared to the local CCG average of 62% and the national average of 73%.
- 71% were able to get an appointment to see or speak to someone the last time they tried compared to the local CCG average of 75% and the national average of 85%.
- 59% of patients said they usually get to see or speak to their preferred GP compared to the local CCG average of 45% and the national average of 59%.

We spoke with six patients on the day of the inspection including two members of the patient participation group (PPG). Three patients stated that they could get an appointment when needed. However, three also stated that at times it was difficult to get an appointment. Some of these patients did also acknowledge that availability of appointments had improved. We received 12 comments cards, four of which stated that patients had difficulty getting an appointment or had issues with the opening time.

We looked at the friends and family test for April 2016 and noted that 30 patients said they would be extremely likely to recommend the practice to friends and family and 12 patients also said they would be likely to recommend the practice. However, 10 patients also said they would be unlikely to and one said they would be extremely unlikely to recommend the practice.

However, one of the GP partner was increasing their clinical sessions. Minutes of meeting from July 2016 we looked at showed that the practice discussed and agreed to increase the GP partner's time by two clinical sessions.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. We saw there was a complaints and comments leaflet available in the practice to help patients understand the complaints system.

The practice had not received any written complaints in the last 12 months. However, it had received six verbal complaints which had been recorded and actioned. For example, we saw a record of a complaint from July 2016 about a member of the reception staff. We saw that this was recorded and discussed in the July practice meeting. Although it was recognised that the staff member acted appropriately staff were reminded of the zero tolerance policy and as well as appropriate customer service.

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 to deliver high quality care and promote good outcomes for patients. For example, the practice achievement for diabetes was low for 2014/15. However, the practice prioritised this and the latest practice data we look at showed the practice had made significant improvement. The practice had prioritised young patients with asthma this year for review.

Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a clear staffing structure.

Staff were aware of their own roles and responsibilities. The practice had summaries of designated lead and deputy lead roles which were displayed in the consultation rooms. This included lead and deputy leads for safeguarding, health and safety, infection control, governance as well as complaints. The practice nurse did not work full time at the practice and one of the GP partners took on the lead to ensure regular reviews of patients with long term conditions.

An understanding of the performance of the practice was maintained. For example, results from the national GP patient survey the practice was below average for its satisfaction scores on consultations with GPs and nurses. The practice had developed a plan to improve and some patients we spoke with told us that they had experienced improvement in the consultation with one of the GPs. However, more improvements were required as the results from the national survey were still below local and national averages.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. We saw that the practice had undertaken various audits and had demonstrated improvements.

Leadership and culture

There were three GP partners at the practice. However, the senior partner was not at the practice on the day of the inspection. The two junior partners we spoke with told us that 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.

Staff told us and records we looked at showed that regular team meetings were held. Staff also told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. Staff said they were confident in raising any issues and felt supported if they did.

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

The practice encouraged and valued feedback from patients, the public and staff. It 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.

The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, we spoke with the chair of the PPG on the day of the inspection and they told us that they had raised an issue with the practice in regards to a Bengali speaking GP. They told us that many of the patients registered with the practice wanted a GP that was able to speak Bengali and the practice had recruited a regular locum GP in response.

Continuous improvement

The practice had taken part in research activities and one of the GP partners had completed Good Clinical Practice Training. They had also worked as a Research Lead for the CCG from 2009-2016. The work involved engaging other practices to increase research participation and liaising with the CCG, local groups and Primary Care Research Network to incorporate Research within Primary Care. We saw one example where a patient with a specific condition was unable to receive any further care within the NHS. However, the patient was given the option to participate in a research study which enabled them to access new potential treatment for their condition.

Are services well-led?

Good

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

Two of the GP partners were currently undertaking an electrocardiogram (ECG) course which would allow them to offer an enhanced service in the community. This service would also be offered to other patients within the locality through referral from their GPs.

The practice had signed up to take new medical students from 2017 for Aston University Medical School and the lead GP had been involved in the GP Steering Group as well as development of a prospectus for the new Medical School and mentoring children from local schools. This demonstrated commitment of the practice to improve the quality of care within the local area.

The Practice informed us that they had identified that patient access needed to be improved in the area to meet the increasing co-morbidity and needs of the patient population. It had therefore had meetings with PPG members, members of neighbouring Practices' PPGs, local counsellors, local GP practices and CCG representatives. They informed us that a key part of their improvement plan in terms of Access for patients was the development of a Hub Model. The practice was actively involved to the project to develop a Hub in the local area.