

Dr Ali & Partners

Quality Report

Northfield Health Centre

15 St Heliers Road

Northfield

Birmingham

B31 1QT

Tel: 0121 4751534

Website: www.northfieldhc.nhs.uk/

Date of inspection visit: 5 April 2017

Date of publication: 02/06/2017

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Ali & Partners	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Dr Ali & Partners on 2 December 2015. The practice was rated requires improvement for providing safe services and for being well-led. The overall rating for the practice was requires improvement.

We found the practice required improvement in these areas due to breaches in regulations relating to safe care and treatment. This was because the practice did not have an emergency medicine in stock which can be required during coil fitting to keep patients safe. The practice had not assessed the risk of not having this in stock at the time of the inspection.

We also found other areas where the practice should improve. These findings were as follows:

- Proof of identity was not always checked for locum doctors employed by the practice.
- The practice did not fully complete clinical audits to identify improvements made.

- Not all GPs at the practice could evidence how they understood how the Quality and Outcomes Framework (QOF) could be used to improve practice.
- Patient consent for medical procedures was not always documented.

The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Dr Ali & Partners on our website at www.cqc.org.uk.

On 5 April 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 December 2015. This report covers our findings in relation to those requirements.

Our key findings were as follows:

- People were protected by a strong, comprehensive safety system and a focus on openness, transparency and learning when things went wrong. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Opportunities for learning from internal and external incidents were maximised.

Summary of findings

- Risks to patients were comprehensively assessed and well managed.
 - The practice had added the emergency medicine required for coil fitting to their stock. We saw that a specific coil fitting emergency drug box, containing the emergency medicine required, was situated in the treatment room used for coil fitting.
 - Proof of identity was now requested consistently as part of a staff recruitment template.
 - Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were sufficiently trained and had the appropriate knowledge and experience to effectively deliver care and treatment.
 - Patient outcomes were in line with or above local and national averages.
 - All GPs fully understood how they could use QOF to monitor and improve performance.
 - The practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
 - Patients said they were treated with compassion, dignity and respect and that they were suitably involved in their care and decisions about their treatment.
 - The practice had good facilities and was well equipped to treat patients and meet their needs.
 - 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.
 - There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
 - The provider was aware of and complied with the requirements of the duty of candour.
- The practice is now rated as good for providing safe services and for being well-led. The overall rating for the practice is now good.

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?

At our previous inspection on 2 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements for emergency medicines and proof of identity checks for new employees were not adequate.

We found these arrangements had significantly improved when we undertook a follow up inspection on 5 April 2017. The practice is now rated as good for providing safe services.

- People were protected by comprehensive safety systems and there was a focus on openness, transparency and learning when things went wrong.
- There was a system for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence that events had been consistently recorded, discussed and shared.
- Practice staff used opportunities to learn from incidents to support improvement.
- Information about safety was valued and was used to promote learning and improvement, and was shared with outside agencies.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff. Risks to patients were identified and dealt with.
- Arrangements for managing medicines kept patients safe.
- During our previous inspection in December 2015 we found that the practice had not always asked for proof of identity from locum doctors employed by them. We saw that proof of identification was now requested consistently as part of a recruitment template.
- During our inspection in December 2015 we found that one of the GPs regularly carried out coil fitting, but the practice did not have an emergency medicine in stock which can be required during coil fitting to keep patients safe. We saw that the practice had rectified this by adding this emergency medicine to their stock. We saw that a specific coil fitting emergency drug box, containing this emergency medicine, was situated in the treatment room used for coil fitting.

Good



Are services effective?

The practice is rated as good for providing effective services

Good



Summary of findings

- Data from the Quality and Outcomes Framework (QOF) 2015/16 showed patient outcomes were in line with regional and national averages. The most recent published results showed that the practice achieved 96% of the total number of points available compared with the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.
- At our previous inspection on 2 December 2015, we found that not all GPs were fully aware of where the practice could improve in QOF. We saw evidence that all GPs now fully understood how they could use QOF to monitor and improve performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- At our previous inspection on 2 December 2015 we found that not all clinical audits were fully completed. This meant the practice was not always able to identify and monitor the improvements that had been made. We found that the practice had subsequently implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
- 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?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for aspects of care. For example, 89% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the Clinical Commissioning Group (CCG) average of 84% and the national average of 85%.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from patients about their care and treatment was positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- The practice had measures in place to identify, respond to and support the needs of carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the CCG to secure improvements to services where these were identified.
- Home visits were offered for those whose circumstances resulted in difficulty for them to attend the practice premises.
- There was continuity of care with urgent appointments available the same day.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, elderly patients, and patients with complex needs.
- Results from the National GP Patient Survey published during July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. 91% of patients said they were able to get an appointment to see or speak to someone last time they tried, compared with the CCG average of 71% and the national average of 76%. 96% of patients said the last appointment they got was convenient, compared with the CCG average of 91% and the national average of 92%.
- 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.

Good



Are services well-led?

At our previous inspection on 2 December 2015, we rated the practice as requires improvement for providing well-led services as the practice's systems for monitoring and improving the quality of its services were not sufficiently robust to ensure that improvements were made.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 5 April 2017. The practice is now rated as good for being well-led.

- The practice had clear values which were to provide high quality health care and accommodate all patients as much as possible. Staff were clear about the practice values and their responsibilities in relation to them.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a range of policies and procedures to govern activity and held regular governance 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.
- During our inspection on 2 December 2015 we found that not all GPs could evidence how they understood how the Quality and Outcomes Framework (QOF) could be used to improve practice. We saw evidence that all GPs now fully understood how they could use QOF to monitor and improve performance.
- During our inspection on 2 December 2015 we found that not all clinical audits were fully completed. This meant the practice was not always able to identify and monitor the improvements that had been made. We found that the practice had subsequently implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
- 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 this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active.
- There was a focus on continuous learning and improvement at all levels.

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 same-day appointments when needed.
- Practice staff worked closely with other health care professionals to deliver care to older people, for example community nursing staff.
- The practice offered enhanced checks, medicines reviews, falls assessments and dementia screening for patients aged 75 and above.
- The practice offered double appointments for older people.
- The practice directed older people to appropriate support services.

People with long term conditions

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

Good



- The practice held registers of those patients with long-term conditions.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. We saw that nursing staff utilised, reviewed and kept up to date care plans for patients with long term conditions.
- Performance for diabetes related indicators was in line with CCG and national averages. For example, 87% of patients with diabetes had a total cholesterol measurement at or under the recommended level, compared with CCG and national averages of 78% and 80% respectively. The practice's exception reporting rate for this indicator was 5%, compared with the CCG average of 10% and the national average of 13%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions had a named GP clinical lead.
- Structured annual reviews were provided to check health and medicine needs were being met.

Summary of findings

- 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

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

- There were systems to identify and follow up children who were at risk, for example, children and young people who had a high number of Accident and Emergency (A and E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- All children were invited to eight week and three year developmental checks.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this including care planning.
- The practice offered appointments for young people (teenagers aged 14 to 17 years) without their parents or guardians and was engaging in promoting this service.
- Performance for cervical screening indicators was in line with CCG and national averages. For example the percentage of women aged 25-64 receiving a cervical screening test in the last five years was 74%, compared with CCG average of 80% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- We saw positive examples of engagement and joint working with midwives and health visitors

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Patient engagement with online services was high.

Good



Summary of findings

- Appointments were offered to accommodate those unable to attend during normal working hours.

People whose circumstances may make them vulnerable

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

- The practice held registers of patients living in vulnerable circumstances.
- We saw evidence that circumstances were considered in care planning and treatment for vulnerable patients and the practice regularly worked with other health care professionals to deliver care and treatment.
- The practice had a dedicated list of patients registered as having a learning disability and had offered health checks for all of these patients. The practice used information to support care planning and offered longer appointments for patients with a learning disability.
- The practice provided help and support for patients who were carers.
- 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.
- 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.

Good



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).

- Performance for mental health related indicators was in line with CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 97%, compared with CCG and national averages of 94% and 89% respectively. The practice's exception reporting rate for this indicator was 10%, compared with the CCG average of 6% and the national average of 10%.

Good



Summary of findings

- Patients experiencing poor mental health (including those with dementia) were placed on a register, had a care plan in place and were invited to see a GP for a comprehensive review at least once a year.
- Longer appointments were available for those patients with mental health needs or dementia.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest available National GP Patient Survey results were published in July 2016. 313 survey forms were distributed and 115 returned, which represents a response rate of 36.7% and 2% of the practice population.

Results showed the practice was performing consistently above local and national averages. For example:

- 95% of patients said they found it easy to get through to someone at the practice by telephone, compared with the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 91% of patients said they were satisfied with the practice's opening hours, compared with the CCG average of 74% and the national average of 76%.

- 88% of patients said the last time they saw or spoke to a GP; the GP was good at involving them in decisions about their care, compared with the CCG average of 81% and the national average of 82%.
- 95% of patients said the last time they saw or spoke to a nurse; the nurse was good at listening to them, compared with the CCG average of 90% and the national average of 91%.
- 96% of patients said the last appointment they got was convenient, compared with the CCG average of 91% and the national average of 92%.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they and their relatives received and thought staff were approachable, committed and caring.

Dr Ali & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a Care Quality Commission (CQC) inspector.

Background to Dr Ali & Partners

Dr Ali and Partners is based in Northfield Health Centre which is located in the Birmingham South Central Clinical Commissioning Group (CCG). The practice has a General Medical Services (GMS) contract with NHS England and provides primary medical services to approximately 5,600 patients locally. The practice population is mostly white British.

There is one male and one female GP partner working at the practice, and one female salaried GP which gives patients a choice. There is currently one female GP trainee who is a qualified doctor currently working at the practice as part of their GP training. Additionally there are two practice nurses, a healthcare assistant and a trained phlebotomist (phlebotomists are people trained to draw blood from patients).

The clinical team are supported by a practice manager, a deputy practice manager, and a team of administrative, secretarial and reception staff.

The practice is open from 8am to 6.30pm on weekdays. The practice is not open at weekends.

Morning appointments are available from 8am to 12pm. Afternoon appointments are from either 12pm (Wednesdays), 1.20pm (Tuesdays and Thursdays) or 2.50pm (Mondays and Fridays) until 6pm.

The practice offers some pre-bookable out of hours and weekend appointments as part of a federation arrangement with other practices locally. The practice also provides information about the telephone numbers to use for additional GP out of hours arrangements, which were provided by South Doc Services and Badger Medical. Alternatively patients can be provided with the details of the South Birmingham GP Walk-in Centre at Katie Road, which is about 2 miles away.

We previously carried out an announced comprehensive inspection at Dr Ali & Partners on 2 December 2015. The practice was rated requires improvement for providing safe services and for being well-led. The overall rating for the practice was requires improvement.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Ali & Partners on 2 December 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated requires improvement for providing safe services and for being well-led. The overall rating for the practice was requires improvement. We found the arrangements for emergency medicines were not adequate and we issued a requirement notice in respect of these arrangements.

The full comprehensive report on the December 2015 inspection can be found by selecting the 'all reports' link for Dr Ali & Partners on our website at www.cqc.org.uk.

On 5 April 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had

Detailed findings

carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 2 December 2015. This report covers our findings in relation to those requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, for example the Birmingham South and Central Clinical Commissioning Group (CCG), to share what they knew. We carried out an announced visit on 5 April 2017. During our visit we:

- Spoke with a range of clinical, managerial and non-clinical staff.
- Spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

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.

Are services safe?

Our findings

At our previous inspection on 2 December 2015, we rated the practice as requires improvement for providing safe services as the arrangements for emergency medicines and proof of identity checks for new employees were not adequate.

We found these arrangements had significantly improved when we undertook a follow up inspection on 5 April 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a well-established system for reporting, recording, actioning and reviewing significant events, incidents and near misses.

- There was a dedicated template for recording and reporting significant events and incidents which was available to all staff on the practice's intranet system. We reviewed samples of completed forms and saw that these included descriptions of the event, a record of discussions held, actions, issues arising, positive points, areas of concern, preventing recurrence and a review date. This form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice manager was responsible for logging and overseeing significant events and incidents. We saw evidence that events were being consistently reported, recorded, discussed, reviewed and shared. There was a process to collate and review significant events and incidents annually to identify trends, learning points and areas for improvement. This included making recommendations for staff training where appropriate.
- Staff were open and transparent, and were willing to report, discuss and learn from significant events, incidents and near misses. Staff told us they would inform the practice managers and GPs of any of these and we found that staff fully understood their responsibilities to do so. Staff told us they were involved in discussions and formal meetings which focussed on learning and improvement.

- We saw evidence of internal meetings where significant events, incidents and near misses were discussed. This included as a standing item at monthly team meetings, and at an annual dedicated meeting to address significant events, incidents and complaints.
- Staff told us they would share examples of learning from significant events and incidents with stakeholders, for example the Clinical Commissioning Group (CCG) where this was considered to be necessary. For example the practice was liaising with the CCG in respect of delays in receiving sample results from a local hospital.
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Alerts (MHRA), patient safety alerts and minutes of meetings where these were discussed. The practice had an alerts protocol to identify, share and respond to any alerts. The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts. We saw evidence that information was shared by email and in practice meetings.

Lessons learnt were shared and action was taken to improve safety for patients. For example, following a medicines error made by a local pharmacy the practice had carried out detailed checks, and shared information with the pharmacy and CCG.

Overview of safety systems and process

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

- There were arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation, and local guidance and requirements. Up to date policies and procedures were accessible to all staff. We saw these had been regularly updated. The policies clearly outlined who to contact

Are services safe?

for further guidance if staff had concerns about a patient's welfare. Staff demonstrated awareness of the content of these policies and procedures, and where to find them.

- There was a lead member of staff for safeguarding who was one of the GP partners. The GPs and nurses attended quarterly safeguarding meetings when possible and we saw evidence they provided reports for other agencies where necessary.
- The practice maintained up to date child protection and vulnerable adult lists and we saw evidence of internal and external meetings having taken place. We saw detailed records of these meetings which included comprehensive risk assessments, discussions and actions
- Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three.
- Notices throughout the practice (including waiting and treatment areas) advised patients that chaperones were available if required. All staff who were required to act as chaperones were suitably trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. There was a lead for infection control 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. Infection control audits were undertaken by the nurse leading in this area every three to four months.
- We reviewed five clinical and non-clinical staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included references, qualifications, registration with the appropriate professional body, and the appropriate checks through the DBS.
- During our previous inspection in December 2015 we found that the practice had not always asked for proof of identification from locum doctors employed by them.

We saw that proof of identification was now requested consistently as part of a recruitment template. Additionally practice staff told us they were working together with a network of local GPs to develop a standardised locum recruitment pack, which was to be shared with the CCG when complete.

Medicines management

- 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). Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The nurses were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs.
- 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) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

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. The practice had up to date fire risk assessments, had carried out monthly tests of the fire alarm system, and had carried out annual tests of fire safety equipment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested and calibrated every 12 months, most recently during October 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

Are services safe?

control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). A Legionella risk assessment had been carried out in July 2016.

- There were arrangements for planning and monitoring the number 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 were able to cover each other's roles where necessary.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the reception area and all the consultation and treatment rooms. This alerted staff to any emergency including its location.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- All staff received annual basic life support training and there were emergency medicines available on-site. There was a defibrillator available on the premises and

oxygen with adult and children's masks. A first aid kit and accident book were available. There were processes in place to ensure that the equipment remained safe for use.

- During our inspection in December 2015 we found that one of the GPs regularly carried out coil fitting, but the practice did not have an emergency medicine in stock which can be required during coil fitting to keep patients safe. We saw that the practice had immediately rectified this following the December 2015 inspection by adding this emergency medicine to their stock. We saw that a specific coil-fitting emergency drug box, containing this emergency medicine, was situated in the treatment room used for coil fitting.
- Emergency medicines were accessible to staff in secure areas 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan and contact numbers were kept off-site.

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. This included National Institute for Health and Care Excellence (NICE) best practice guidelines. (NICE is the organisation responsible for promoting clinical excellence and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.)

- The practice had implemented processes to keep all staff up to date with current practice and guidance. Staff could access current NICE and local guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed at monthly staff meetings. Staff used this information to deliver care and treatment that met patients' needs.
- The practice monitored its adherence to national and local guidelines by carrying out risk assessments, audits, and sample checks of patient records. Outcomes of these checks were discussed in staff meetings, with improvements implemented and documented where necessary.
- We reviewed the practice's response to examples of recent NICE guidelines and found comprehensive and appropriate actions had been completed and documented appropriately.

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 (for 2015-16) showed the practice awarded were 96% of the total number of points available. This was close to the Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

The practice's exception reporting figures were in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the

practice or is newly diagnosed with a condition.) For example, the practice exception reporting rate for the clinical domain was 8%, compared with the CCG and national averages of 9% and 10% respectively.

The practice's clinical targets performance was in line with or higher than CCG and national averages. For example, data from 2015-16 showed:

- Performance for diabetes related indicators higher than CCG and national averages. For example, 87% of patients with diabetes had a total cholesterol measurement at or under the recommended level, compared with CCG and national averages of 78% and 80% respectively. The practice's exception reporting rate for this indicator was 5%, compared with the CCG average of 10% and the national average of 13%.
- Performance for mental health related indicators was higher than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan recorded in the preceding 12 months was 97%, compared with CCG and national averages of 93% and 89% respectively. The practice's exception reporting rate for this indicator was 13%, compared with the CCG average of 8% and the national average of 13%.
- Performance for a hypertension related indicator was similar to CCG and national averages. The percentage of patients with hypertension (high blood pressure) whose last measured blood pressure was under the recommended level, was 84% compared with the CCG and national averages of 83%. The practice's exception reporting rate for this indicator was 5% compared with the CCG and national averages of 4%.
- Performance for an asthma related indicator was higher than CCG and national averages. The percentage of patients with asthma who had an asthma review in the preceding 12 months was 80%, compared with CCG and national averages of 76% respectively. The practice's exception reporting rate for this indicator was 1% compared with the CCG average of 4% and the national average of 8%.

QOF performance was closely monitored at all times. QOF was a standing item at monthly practice meetings. Where QOF targets were not met all individual cases were reviewed by the clinical team and discussed. The practice

Are services effective?

(for example, treatment is effective)

had a documented approach to exception reporting which was followed consistently. At our previous inspection on 2 December 2015, we found that not all GPs were fully aware of where the practice could improve in QOF. At the follow up inspection on 5 April 2017 we saw evidence that all GPs fully understood how they could use QOF to monitor and improve performance. Each QOF area was assigned a clinical lead.

There was evidence of quality improvement including clinical audit. At our previous inspection on 2 December 2015 we found that not all clinical audits were fully completed. This meant the practice was not always able to identify and monitor the improvements that had been made. At the follow up inspection on 5 April 2017 we found that the practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.

- The practice had carried out eight clinical audits in the last 12 months. Each of these were completed audits where the improvements made were implemented and monitored. This included, for example, an audit into vitamin D usage and compliance with NICE guidelines. 41 patients were reviewed and findings led to changes in the practice's approach.
- We saw that audit findings had been presented, discussed and documented as part of monthly staff meetings.
- The practice was engaged in clinical quality improvement activities with a network of local GPs. This included for example improving care pathways and prescribing of antibiotics.

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 included for example safeguarding, confidentiality and infection prevention and control. We reviewed staff files and saw this training had consistently taken place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff could evidence a range of specialist training.

- Staff who administered 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, discussion at practice meetings and support from the GPs.
- 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. 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 which included documented progress, achievements, outcomes and actions.
- All staff had received training that included clinical guidelines, safeguarding, fire safety awareness, basic life support, and the duty of candour. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the practice's patient record and intranet systems. This included care and risk assessments, care plans, medical records and investigation and test results.

We saw that 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, such as when they were referred or after they were discharged from hospital.

Meetings took place with other health care professionals (for example local health visitors) on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- The practice had a detailed and comprehensive consent and mental capacity policy.
- Staff demonstrated to us that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. All staff had received training in this area. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- A member of the clinical team assessed the patient's capacity and recorded the outcome of this assessment where a patient's mental capacity to consent to care or treatment was unclear.
- Practice staff monitored the process for seeking consent through patient records audits.

At our previous inspection on 2 December 2015 we found that consent for coil fittings was not always fully documented. Following the December 2015 inspection the practice provided evidence that a system to ensure appropriate documentation of consent for coil fittings had been implemented immediately. At the follow up inspection on 5 April 2017, we saw evidence that the practice had continued to use this system appropriately and consistently.

Supporting patients to live healthier lives

- The practice identified patients who may be in need of extra support and provided services at both practice premises to meet these needs. This included patients receiving end of life care, carers, those experiencing or at risk of developing a long-term condition, and those requiring advice on their lifestyle. Patients were also signposted to relevant local services.

- A range of advice including for example smoking cessation, mental health, bereavement, counselling and sexual health was available from practice staff and from local support groups.
- The practice provided a range of clinics for example asthma care, diabetes, and smoking cessation.

The practice's uptake for the cervical screening programme was 74%, which was lower than the CCG average of 80% and the national average of 81%. To address this, the practice nurse wrote to or telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice ensured a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme. The practice followed up cases that were referred as a result of abnormal results.

The practice had rates of breast and bowel cancer screening that were in line with the CCG and national averages. For example, 72% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 66% and 72% respectively. 51% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 44% and 58% respectively.

Childhood immunisation rates for the vaccinations given were above national averages. For example, the percentage of children up to age two with the full course of recommended vaccines was 97%, compared with the national expected coverage of 90%. 96% of those aged five years had received the MMR (measles, mumps and rubella) vaccination, compared with the national average of 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. Suitable 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 saw that practice staff were courteous and helpful to patients and treated them with dignity and respect.

- The waiting room was spacious and notices were displayed requesting that patients respect each other's privacy at the reception desk.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw there were rooms available for this.

Patients we spoke to on the day said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect.

Results from the National GP Patient Survey published during July 2016 showed patients felt they were treated with care and concern. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of patients with a preferred GP said they usually get to see or speak to that GP, compared with the Clinical Commissioning Group (CCG) average of 55% and the national average of 60%.
- 90% of patients said the last GP they saw or spoke to was good at listening to them, compared with the CCG average of 88% and the national average of 89%.
- 89% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared with the CCG average of 84% and the national average of 85%.
- 95% of patients said the last nurse they saw or spoke to was good at listening to them, compared with the CCG average of 90% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt consulted about and 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. We reviewed a sample of care plans and saw that these were personalised.

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above CCG and national averages. For example:

- 90% of patients said the last GP they saw or spoke to was good at explaining tests and treatments, compared with the CCG and national averages of 86%.
- 91% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care, compared with the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. Staff told us that they also had access to British Sign Language (BSL) interpreters for hard of hearing patients. We saw that information leaflets and information about local support were available in an easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice held a carer's register, and the practice's computer system alerted staff if a patient was also a carer. The practice had identified 1.6% of the practice population as carers.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them directly. This was followed by a visit or telephone call at a flexible time and location to meet the family's needs, and by signposting to an appropriate support service locally if required.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered some pre-bookable out of hours and weekend appointments as part of a federation arrangement with other practices locally.
- The practice offered appointments for young people (teenagers aged 14 to 17 years) without their parents or guardians and was engaging in promoting this service.
- There were longer appointments available for patients who needed them, for example patients with a learning disability, carers, elderly patients, and patients with complex needs.
- Patients were able to book appointments and order repeat prescriptions online.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments.
- The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.
- There was adequate onsite parking available.

Access to the service

The practice was open from 8am to 6.30pm on weekdays. The practice was not open at weekends. Morning

appointments were available from 8am to 12pm. Afternoon appointments were from either 12pm (Wednesdays), 1.20pm (Tuesdays and Thursdays) or 2.50pm (Mondays and Fridays) until 6pm.

The practice offered some pre-bookable out of hours and weekend appointments as part of a federation arrangement with other practices locally. The practice also provided information about the telephone numbers to use for additional GP out of hours arrangements, which were provided by South Doc Services and Badger Medical. Alternatively patients were provided with the details of the South Birmingham GP Walk-in Centre at Katie Road.

Appointments could be booked up to eight weeks in advance, and there were urgent appointments available on the day.

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

- 95% of patients said they found it easy to get through to this practice by telephone, compared with the CCG average of 70% and the national average of 73%.
- 91% of patients said they were able to get an appointment to see or speak to someone last time they tried, compared with the CCG average of 71% and the national average of 76%.
- 96% of patients said the last appointment they got was convenient, compared with the CCG average of 91% and the national average of 92%.
- 78% of patients said they did not normally have to wait too long to be seen, compared with the CCG average of 53% and national average of 58%.

We spoke with three patients on the day of the inspection and all of them told us they were able to get appointments when they needed them, and that they had not experienced significant problems in doing so.

Following a patient request for a home visit the practice had a system to assess the urgency of the need for medical attention. Reception staff would take details to pass to a GP, who would consider and evaluate the information

Are services responsive to people's needs?

(for example, to feedback?)

before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need and patient circumstances.

We saw that alternative emergency care arrangements were made 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. The practice had a home visit protocol in place. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We saw that the practice had an effective system for handling concerns, complaints and feedback from patients and others.

- The practice had a complaints policy and associated procedures and these were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) for all complaints made to the practice. The practice manager was responsible for overseeing and monitoring complaints and the practice's response.

- We saw that information was available to help patients understand the complaints system including information in the waiting area and on the practice website.
- Staff told us they would explain the complaints process to any patient wishing to make a complaint.
- Feedback forms were available to patients in the reception area. Patients told us that they knew how to make complaints if they wished to do so.

We reviewed a sample of complaints and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. We saw that complaints were discussed as part of staff meetings with learning points shared throughout the practice.

Are services well-led?

Good 

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

Our findings

At our previous inspection on 2 December 2015, we rated the practice as requires improvement for providing well-led services as the practice's systems for monitoring and improving the quality of its services were not sufficiently effective to ensure that improvements were made.

We found these arrangements had significantly improved when we undertook a follow up inspection of the service on 5 April 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had clear values, which were to provide high quality health care and accommodate all patients as much as possible. Staff told us they focussed on meeting the needs of their patients.

The practice had a detailed current business plan and a range of strategy documents to support this.

Governance arrangements

The practice had a comprehensive governance framework which supported the delivery of the practice vision and good quality care.

- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Current, practice-specific policies and procedures were in place, and these were easily accessible to all staff. Staff demonstrated they were aware of their content and where to access them.
- During our inspection on 2 December 2015 we found that not all GPs could evidence how they understood how the Quality and Outcomes Framework (QOF) could be used to improve practice. At the follow up inspection on 5 April 2017 we saw evidence that all GPs fully understood how they could use QOF to monitor and improve performance.
- A comprehensive understanding of the performance of the practice was maintained. This included discussion of performance at a range of meetings and the sharing of information and learning points with staff and other stakeholders.

- At our previous inspection on 2 December 2015 we found that not all clinical audits were fully completed. This meant the practice was not always able to identify and monitor the improvements that had been made. At the follow up inspection on 5 April 2017 we found that the practice had implemented a programme of continuous clinical audit, which included completed audit cycles to assess the effectiveness of improvements made.
- There were arrangements for identifying, recording and managing risks and issues, and implementing mitigating actions. Effective oversight and monitoring of risk assessment and risk management was in place.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date.
- During our previous inspection in December 2015 we found that the practice had not always asked for proof of identification from locum doctors employed by them. We saw that proof of identification was now requested consistently as part of a recruitment template.

Leadership and culture

On the day of inspection the partners and practice manager, supported by other staff, demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

The partners and practice manager told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice manager were approachable and always took the time to listen to, involve and encourage all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Staff had received training on the duty of candour.

The practice had systems to ensure that when things went wrong with care and treatment, staff provided reasonable support, clear information and a verbal and written apology to those affected.

Are services well-led?

Good 

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

There was a clear leadership structure and staff told us that they felt supported by managers.

- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a partner or the practice manager. Staff said they felt confident and supported in doing so. Staff were encouraged to identify and raise concerns or ideas to help benefit the practice and the service provided to patients.
- Staff said they felt respected, valued and supported by the partners in the practice, the practice manager and their colleagues.

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. (The PPG is a group of patients registered with a practice who work

with the practice to improve services and the quality of care.) The PPG was active and had made a number of recommendations which the practice had adopted, for example setting up information screens with health prevention guidance.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Meetings were used to share expertise, discuss patient concerns, consider audit findings, and reflect on patient feedback.

Staff told us they were well-supported in their roles, with sufficient training including inductions.

The practice was engaged with the Clinical Commissioning Group (CCG) and GP partners attended meetings with the aim of improving practice. The practice was engaged in clinical quality improvement activities with a network of local GPs. This included for example improving care pathways and prescribing of antibiotics.