

Yardley Wood Health Centre

Quality Report

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Date of inspection visit: 10 October 2016
Date of publication: 13/02/2017

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Yardley Wood Health Centre on 10 October 2016. Overall the practice is rated as good.

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.
- There was a clear leadership structure, a strong commitment to teamwork and staff told us they felt valued, informed and involved in improving the service.
- 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.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.
- Patients said they found it easy to use the new GP triage system that had been implemented in July 2016. Patients told us this had made access to an appointment much better and they could always get an urgent appointment the same day. Pre-bookable appointments with a named GP were usually accessible within three weeks.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

Summary of findings

- The practice should continue to make improvements to the appointment system and access to the practice by telephone in order to improve patient satisfaction rates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to report concerns. There were some good examples of improvement and learning following significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. This included taking action in response to patient safety and medicines alerts.
- When things went wrong patients received reasonable support, truthful information, 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. However, the practice had not risk assessed the need for non-clinical staff who acted as chaperones to have an appropriate disclosure and barring service check.

Good



Are services effective?

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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated some 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.
- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than other or similar to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had improved the bereavement support they provided to their patients and families as a result of learning from a significant event to prevent any reoccurrence. This demonstrated a caring, patient focused culture.
- The practice had identified that 3% of their registered patients were also carers and supported them accordingly.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example the practice provided an anticoagulation service to its patients and patients registered at some other local practices which meant patients did not need to travel to a hospital for this service.
- There were innovative approaches to providing integrated patient-centred care. The practice manager and a GP led on the local ACE project which took a proactive approach to supporting the health needs of older patients.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the GP triage system was implemented in July 2016 and pre-bookable appointments were made available from 7am for working age patients.
- Patients could access appointments and services in a way and at a time that suited them. For example, for non-urgent issues, patients completed an online request to have a health question answered by a GP; triage appointments were bookable online during the evening for next day call backs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place 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 was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population in partnership with other health and social care professionals.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Twice weekly ward rounds were completed at a local nursing home that was supported by the practice. This enabled proactive management of patient's needs.
- Two members of the management team led a local pilot project (ACE). The scheme was aimed at older people who had not had contact with their practice for 12 months or lived alone. A community team visited and completed a full health assessment. Results were shared with the GP for further action.

Good



People with long term conditions

The practice is rated as good for the care of people 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.
- The practice provided active management and support to patients taking long term anticoagulation medicines. This extended to a number of patients registered at other practices in the local area.
- Performance for diabetes related indicators was similar to national average scoring 85%. This was 6% below CCG and 5% below national average scores.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and 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.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was similar to the CCG average of 84% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies and included a baby room where parents could talk with health professionals or other parents while their children played.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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 reflects the needs for this age group.

Good



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 a register of patients living in vulnerable circumstances including homeless people, travellers and 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.

Good



Summary of findings

- 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.
- The practice used a special coding system on the patient records system. This alerted staff that the appointment should not be cancelled. For example if the patient was a carer or required the appointment to receive test results.
- The practice had identified that 3% of their registered patients were also carers and provided them with appropriate support.

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).

- According to the quality and outcomes framework results for 2015/2016, 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This compared to 84% CCG and a national average of 84%.
- The overall performance for mental health related indicators was slightly better than average scoring 89%. This was 2% lower than CCG and 3% lower than national average scores.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The practice had varying results compared with local and national averages. 279 survey forms were distributed and 115 were returned. This represented a 41% response rate which was similar to the national average of 38%.

- 46% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which provided positive feedback about the standard of care received. Patients described that staff were friendly and professional. They were happy with the standard of service provided by the practice. Although some patients told us they had some difficulties getting an appointment, many described a positive experience since the practice introduced a telephone triage service in July 2016.

We spoke with four patients during the inspection. All of them said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the NHS friends and family test indicated that the majority of patients would recommend the service to others.

Areas for improvement

Action the service SHOULD take to improve

- The practice should continue to make improvements to the appointment system and access to the practice by telephone in order to improve patient satisfaction rates

Yardley Wood Health 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 Yardley Wood Health Centre

Yardley Wood Health Centre is a well-established GP practice that has operated in the area for many years. It serves approximately 9,500 registered patients and has a general medical services contract with NHS Birmingham Cross City CCG. It is located in an area of Birmingham considered to be within the third most deprived decile. According to information taken from Public Health England, the patient population has a higher than average number of patients aged 65 and over compared to the practice average across England and a higher than average number of patients with a long standing health condition.

The practice team consists of four GP partners, of which two are male and two female (one additional GP recently retired), four salaried GPs, a registrar, four practice nurses, one healthcare assistant, two phlebotomists and a pharmacist. The clinical team are supported by a practice manager, reception team, housekeepers and administrators. It is a training practice linked with the University of Birmingham involved with the training of GPs and teaching medical students.

The opening times for the practice are Monday to Fridays from 8am to 6pm except on Thursdays when it opens at 7am for pre-booked appointments. Appointments are not available between 12.45pm and 2pm when the practice closed to patients over lunchtime or on Thursday

afternoons. When the practice is closed, a service is available to patients from the local out of hour's service provider. Clear information was available to advise patients of this or where to find the nearest walk in centre or access emergency health care.

At the time of the inspection, the practice was amending their CQC registration to reflect the changes within the partnership in accordance with the CQC (Registration) Regulations 2009.

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 what they knew. We carried out an announced visit on 10 October 2016. During our visit we:

- Spoke with a range of staff including the practice manager and assistant practice manager, GPs, nurses, reception and admin staff. We also spoke with the registrar, health visitor and received written statements from three external health and care professionals who worked regularly with practice staff.

Detailed findings

- Spoke with patients who used the service and two members of the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to ensure that lessons were learned.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example an incident was reported when the practice had not managed the notification of a patients' death appropriately. This led to a review of the bereavement protocol and encompassed information about bereavement support services. The learning from this had been shared within the clinical commissioning group. It also ensured that the GP who knew the patient best was kept informed and involved in any follow up with family members. The practice had also developed a protocol to assist them with any third party information requests.

We found the practice could evidence that patient safety and medicines alerts were shared and examples of actions that had been taken were discussed by the practice team.

Overview of safety systems and processes

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

- Arrangements 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. Joint working with the health visiting team was well established to promote timely communication. There was a lead member of staff for safeguarding and members of the team understood the lead role within the practice. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses and the practice manager were trained to child protection or child safeguarding level three.
- There were several notices which advised patients that chaperones were available if required. The practice nurses undertook this role when required and patients' appointments were booked at an appropriate time to enable this.
- 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In addition there were systems in place to check any infection control risks in each clinical room on a monthly basis. Any identified issues were actioned in a timely way for example damage to an examination couch was identified and repaired.
- 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. We checked two high risks medicines to ensure that patients received appropriate monitoring before their prescriptions were issued. Of the eight records we checked at random, one patient had not

Are services safe?

received appropriate testing. As a result of identifying this information the practice completed an in-depth search to check whether more patients had been overlooked and found this was not the case. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had recently employed a pharmacist one day each week to help them monitor safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions issued by the CCG 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. The pharmacist monitored ongoing practice.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 an up to date fire risk assessment and carried out fire drills every six months. All electrical equipment was checked to ensure it 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. This included the control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular

bacterium which can contaminate water systems in buildings). General risks assessments of the work environment had also been completed and were used to improve safety. For example slip and trip hazards were identified and risks reduced.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The management team met regularly to review work plans and made adjustments to staffing levels when required.

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 which were regularly checked by nursing staff. The medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. This was easily accessible to staff along with the emergency medicines and staff were aware of the location.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. This included an arrangement for support to continue services from a neighbouring practice. The plan included emergency contact numbers for staff.

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available which was similar to CCG and national average scores. The practice had a lower than national average rate of exception reporting. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice had similar scores to the national average for QOF (or other national) clinical targets. However they were an outlier in three areas. Data from 2015/16 showed:

- Depression indicators scored 27% which was 61% below the CCG average and 65% below national average scores.
- Osteoporosis indicators scored 67% which was 14% below CCG and 21% below national average scores.
- Diabetes related indicators scored 85% overall which was 6% below CCG average scores and 5% below the national average score. Of the eleven separate indicators relating to the care of diabetic patients, the practice had higher than average exception reporting rates.

- The overall performance for mental health related indicators was similar to average scoring 94%. This was 2% lower than CCG and 3% lower than national average scores.
- Dementia related indicators scored 100% which was 3% above CCG and national average scores. Exception reporting for these indicators was similar to CCG and national average rates.
- Asthma indicators scored 100% which was 3% above CCG and national average scores. Exception reporting for these indicators was similar to CCG and national average rates.
- Hypertension indicators scored 100% and this was 3% above CCG and national average scores with low exception reporting.

We asked the practice about some low performing areas and they explained the depression indicator was related to incorrect coding and patient follow ups occurring elsewhere. This coding issue was being corrected. The osteoporosis indicator was vastly improved from the previous year and work to continue improvement was ongoing.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last two years, one of these was a completed two cycle audit and another was ongoing to monitor patient management. There was some evidence of improvements being implemented such as the implementation of national and local guidelines for the prescribing of antibiotics which resulted in a 4.6% reduction in a year.
- The practice participated in local audits and we saw some evidence that peer review was used with other local practices in the area.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality as well as

Are services effective?

(for example, treatment is effective)

any role specific training/ mentoring from an experienced colleague. A locum induction pack was in place although this did not signpost locums to key items of reference.

- 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 such as atrial fibrillation and patients taking warfarin. Reception staff completed telephone skills training, dealing with complaints and chaperone training.
- Some staff took lead roles within the practice or had completed specialist training so that other staff members without training could seek advice from them. This included training in issues such as female genital mutilation, infection control and smoking cessation.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines had stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- 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, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. For patients who required appointments or tests using the choose and book

systems, they were usually booked an appointment with a relevant provider as part of their GP consultation. Printed information was supplied to the patient with details of the booking.

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 so that care plans were reviewed and updated in accordance with patient's needs. For example monthly meetings took place to review patients who had, or were at risk of unplanned admissions. Quarterly meetings had been established to review patients with palliative care needs and with the health visiting team to discuss vulnerable children.

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 and the Deprivation of Liberty Safeguards. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had devised a protocol for discussing patient information with the next of kin when a vulnerable patient did not have capacity to consent and a GP had assessed this to be in the patient's best interests.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

The healthcare assistant offered well person and healthy living advice. This included dietary and lifestyle advice for patients on a pre-diabetic register to help reduce the risk of developing the disease. Newly diagnosed diabetics were offered structured health advisory programmes. The healthcare assistant also provided support to patients to stop smoking. Counselling and other therapies were offered on a self-referral basis and this information was made accessible to registered patients through staff, the practice website and in the patient newsletter.

An appointment with a dietician on the premises could be arranged.

The practice's uptake for the cervical screening programme was 81%, which was similar to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were failsafe 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. The practice also encouraged its patients to attend national screening programmes for bowel and

breast cancer screening. They had achieved 72% of screening for breast cancer in the last three years. This was similar to the CCG (69%) and national average scores (72%). Bowel cancer screening scored 49.5% which was similar to the CCG average of 50.2% but was below the national average of 57.9%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 97% which was comparable to the range of 0% to 94% and five year olds from 0% to 97%. This was comparable to the range of 0% to 96% within the CCG locality.

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. We found that since April 2016, 1343 patients had been offered a health check and approximately 7% (96) patients had taken up this offer. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations so that conversations taking place in these rooms could not be overheard.
- There was a privacy line at the reception desk to improve confidentiality and patients were called forward in turn.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 CQC comment cards we received from patients provided positive feedback about the standard of care they had experienced. Patients described that all staff were friendly, professional, listened to their needs and responded with kindness and compassion.

We also spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to national average scores for patient satisfaction on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They 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.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- When staff became aware that a patient or their carer required additional support to communicate, an assessment of the patients' needs or preferences were checked and added to their health records so that staff were alerted to specific needs. There was also an assessment form on the practice website asking

Are services caring?

patients to identify any sensory loss or disability that may prevent them accessing or receiving information in a standard way and their preferred method of communication.

- Staff told us that translation services were available for patients who did not have English as a first language. The practice website could also be translated into a range of alternative languages.

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. In addition local support groups provided carers café's for those living with the impact of dementia, based at several local venues. More recently, an information clinic was held within the practice by a local voluntary carer support group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 238 patients as carers (this was 3% of the practice list) and were committed to ensuring that they developed good links with carers and their families. Written information was provided to carers by the practice. This included directing them to the various avenues of support available to them such as an emergency response service and a short breaks service. The practice also offered carers an annual health check and flexible appointments to meet their needs.

The practice had developed a clear bereavement protocol to guide staff in communicating the death with all relevant parties and updating health care records to avoid any distress to the bereaved family. This protocol had been shared with other local practices.

Staff told us that if families had suffered bereavement, their usual GP sent them a letter of condolence and offered information about additional support or advice either from the practice or other support services. Patient consultation at a flexible time and location to meet the family's needs could also be arranged.

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. For example the practice had a lead role for the ACE project. This was a local initiative involving nine practices in partnership with the Birmingham Community Trust. The scheme identified older patients who have not had any contact with their practice in 12 months or were living alone. They were offered a visit by the community team who assessed their general health needs and included a falls risk assessment, dementia screen and blood pressure checks. The assessment is shared with the patients GP and any follow up arranged.

- The practice offered early morning appointments on one day a week for working patients who had difficulty attending during normal opening hours.
- The practice supported a local nursing home and provided two ward rounds each week to review resident's needs. This was in partnership with staff at the home, the patient and relatives and included a care plan detailing the patient's wishes in the event of acute illness.
- There were longer appointments available for patients with a learning disability.
- Following a GP appointment, patients with mental health needs were provided with a 'doctor's instructions' slip and asked to book their next appointment before leaving the surgery. This helped to promote continuity of care.
- The practice used a special code on the patient records system. This alerted staff that the appointment should not be cancelled. For example if the patient was a carer or required the appointment to receive test results.
- A practice based anticoagulation service was available to registered patients. This was also offered to other patients registered at some local practices where the service was unavailable. This meant greater convenience to patients who were not required to travel to hospital for this service.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- The practice offered joint injections and minor surgical procedures.
- Support was offered to patients with pre-diabetes. Patients who required insulin and injectable diabetic treatments were supported and this also included support to patients registered with other practices.
- Online booking systems were available and this included a repeat prescribing system and a GP access form. This form enabled patients to submit non-urgent queries that did not require an appointment and a GP would respond.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were facilities for the disabled, a hearing loop and translation services available.
- Health visitors and school nurses were based at the practice and this fostered close working relationships with practice staff. A baby room was available for parents to bring young children to play while they met with the health visitor or with other families.

Access to the service

The telephone lines at the practice opened from 8am and reception opened its doors from 8.30am until 6pm Monday to Friday except on Thursdays when appointments could be booked from 7am to suit working age patients. Appointments were available during this time except between 12.45pm and 2pm when the practice closed to patients over lunchtime. A GP triage system operated between 8am and 10.30am and patients received a call back from a GP to discuss their needs and arrange appropriate follow up or advice. If patients had registered for online booking, triage calls could be booked during the evening for the following day. Some pre-bookable appointments were also available and urgent appointments were available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was not always in line with local and national averages. However, the GP triage system commenced in July 2016 in response to patient feedback.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 65% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.
- 46% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.
- 80% of patients said they were able to see or speak to someone the last time they tried. This compared with a CCG score of 81% and a national average of 85%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and the triage system was working well. The practice planned to complete a formal evaluation of the system in due course.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. This was done each day by the duty GP or triage GP who called the patient or carer back to

assess their needs. We spoke with reception staff who knew when to fast track a patients' call to a GP or advise the caller when alternative emergency care arrangements were needed by dialling 999.

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 that information was available to help patients understand the complaints system. This included a complaints leaflet and a patient complaints form. This was also accessible on the practice website.

The practice had received 21 complaints within the last 12 months. We reviewed three and found they had been managed in a timely manner and in an open and transparent way. Lessons were learnt from individual concerns and complaints and also from monitoring any themes and trends. Action was taken to improve the quality of care whenever possible. For example, a detailed bereavement protocol was developed, implemented and shared with other practices.

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. During 2015, they had worked on a vision for the practice and the core values of the team. This included the views of the PPG as well as staff to prioritise the issues they felt mattered the most. The mission was displayed in areas of the practice that were visible to staff and patients.

The practice team worked closely together to ensure that their vision and values underpinned the delivery of the service and any future developments. A supporting business plan was in place.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that there was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff were supported to maintain their professional development and gain new skills through internal and external training. Practice specific policies were implemented, regularly reviewed and were available to all staff.

The management team had developed systems to ensure that they had a comprehensive understanding of the performance of the practice and were able to address any areas of concern in a timely way. This included through established and structured meetings with each team of staff as well as daily informal coffee meetings that helped to promote effective communication.

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

A strong learning culture was demonstrated through the management of significant events and complaints that ensured learning was implemented and the experience shared with external colleagues.

Leadership and culture

On the day of inspection the partners and other members of the management team demonstrated they had the experience, capacity and capability to run the practice and ensure that high quality care was delivered. It was clear from our discussion and general observation that they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice manager was approachable and always took the time to listen to them.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment patients were supported, provided with truthful information and a verbal and written apology. Clear records were maintained to support this.

There was a clear leadership structure in place and staff felt supported by management. There were regular staff meetings with all groups of staff and this ensured the management team were available and accessible to support each team and promote a smooth running service. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. For example staff told us they were fully involved in planning and implementing the GP triage system. When the senior receptionist fed back issues for her team to the manager, these were considered and adjustments were made to staff start times to accommodate the workload. Staff also told us they worked well as a team and felt respected, valued and supported.

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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We found the practice completed a

Are services well-led?

Good 

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

survey of patients using the anticoagulation service and were beginning to receive feedback from patients who had been reviewed through the ACE project. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, difficulties patients had in accessing appointments (prior to the GP triage) and problems with the repeat prescribing system and one local pharmacy. The PPG members told us the practice representatives listened to and acted on their views. Feedback was also gathered through the NHS friends and family test and displayed in the staff area. Initially, the practice experienced limited feedback and changed it to a text messaging system in Spring 2016. This greatly increased the uptake and results showed that patients recommended the service to others. Actions taken as a result of the feedback received included early morning appointments on Thursdays, the employment of a salaried GP to provide additional GP hours and implementing the GP triage system.

The practice gathered feedback from staff on a continual basis as a result of the open door culture fostered by the

management team. They also gathered feedback during staff meetings, appraisals and one to one discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They told us they felt involved and engaged in improving how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the ACE project and a local pilot of a paramedic triage service. This meant that when a paramedic was called to attend a patient, if the paramedic was unsure whether hospital admission was appropriate, they called the duty GP to discuss the patients' needs and best course of action. The local out of hours service did not have shared access to patient records although this was being developed.