Rotton Park Medical Centre

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rotton Park Medical Centre on 19 December 2016. Overall the practice is rated as outstanding.

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 for reporting and recording significant events. Learning outcomes were shared with staff and were embedded within the practice.
- Risks to patients were assessed and well managed. These included safeguarding of children and vulnerable adults, medicines management and health and safety precautions which included the practice's ability to respond to an emergency.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Clinical audit drove quality improvement in all areas of activity. Staff had been trained to provide patients with the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback from CQC comment cards showed that patients 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 make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities, which had been recently updated and was well equipped to treat patients and meet their needs.
- 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 practice was forward thinking and was involved in a local pilot aimed at improving healthcare for its patients.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

We saw areas of outstanding practice:

- The practice held a register of 22 patients who had experienced FGM (female genital mutilation) or who were at risk of FGM. We saw specific examples of interventions made by practice GPs to reduce the risk of FGM occurring. We also reviewed examples where the practice had liaised with and made appropriate referrals to specialist healthcare professionals when FGM had been identified.
- The practice were responsive to the needs of its local population. They offered a latent tuberculosis (TB) testing screening service because they were aware of the high prevalence for latent TB within the locality. The practice were assisting in designing a new service for HIV and chlamydia screening, as it was identified there was a high prevalence for HIV within the local area. The initiative was planned to be rolled out to other GP practices within the locality once the pilot was completed.
- The practice had designed a bespoke template for use as part of an audit involving MHRA alerts received. The practice were taking steps to share the template and subsequent learning from the audit amongst other local practices.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. All staff knew how to report incidents and a number of documents we were provided with supported this assurance process.
- Lessons were shared to make sure action was taken to improve safety in the practice. Records included analysis of the events and risk assessment to reduce potential reoccurrence. Learning outcomes were shared in practice meetings.
- When things went wrong patients received information, support and an apology when appropriate. 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. This included infection control procedures, management of medicines, staff recruitment procedures and appropriate training of staff in safeguarding.
- Risks to patients were assessed and well managed. This included health and safety, ensuring sufficient staff were in place to meet patient needs and suitable emergency procedures if a patient presented with an urgent medical condition.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages. The practice had achieved 97% of total QOF points available in 2015/16 compared with the CCG and national averages of 95%. The practices overall exception reporting rate was 5.3% which was below the CCG average of 9.5% and below national average of 9.8%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A number of clinical audits demonstrated quality improvement and improved patient outcomes. For example a thyroid function testing audit based on recommended guidelines resulted in a 7% increase of patients receiving annual tests. The practice undertook peer review and research.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff we spoke with told us they felt supported by management and were able to maintain their continuing professional development.
- 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?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- Data also showed that 84% of patients considered receptionists at the practice helpful compared to the CCG average of 81% and national average of 87%.
- The survey showed less positive feedback given for consultations with nurses. 69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%. The practice told us they had since recruited a healthcare assistant to provide support to the practice nurse employed. The practice told us they had done this in order to reduce time pressures upon the nurse.
- Feedback from comment cards showed that patients 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. This included information for carers.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Are services responsive to people's needs?

Outstanding

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical

Summary of findings

Commissioning Group to secure improvements to services where these were identified. Services provided included phlebotomy (blood taking), joint injections, latent tuberculosis (TB) testing and HIV and chlamydia screening.

- Patients said they found it easy to make an appointment with a named GP. Data showed that 50% of patients were usually able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%. We found there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities. The premises had recently been renovated and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding ☆

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- 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. Clear outcomes were identifiable from the variety of internal and clinical audits undertaken.
- 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.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels. The practice was one of two participating in a HIV and chlamydia screening exercise for the University Hospital Birmingham. Plans were in place to roll out the initiative to other practices, once the pilot was completed.

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

Outstanding ☆

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice reviewed all its elderly patients who were at risk of falling or who had experienced a fall within the previous 12 months. Those identified at risk were referred for further assessment and discussed in regular multi-disciplinary team meetings with other health care providers.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included carers of housebound patients.
- Data showed that 100% of patients aged over 75 years with a fragility fracture and a confirmed diagnosis of osteoporosis were receiving appropriate treatment. Achievement was above the CCG average of 90% and above national average of 84%.

People with long term conditions

Outstanding ☆

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

- Nursing staff had a lead role in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data showed the practice was performing above averages for its achievement within 11 diabetes indicators. The practice achieved 96% of the available QOF points compared with the CCG average of 88% and national average of 90%.
- Two of the practice GPs had obtained certificates in Diabetes Care from the University of Warwick and one had also obtained an Insulin for Life diploma. The practice provided a clinic for patients with diabetes who had complex needs. The clinic was delivered in collaboration with a specialist nurse and consultant.
- Data also showed that 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above the CCG and national averages of 89%.E
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Outstanding ☆

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

- 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 accident and emergency (A&E) attendances.
- The practice had undertaken a safeguarding review of all its patients on its safeguarding register and female genital mutilation (FGM) register. This was to ensure information was accurate, up to date and to identify if any other action was required. Outcomes from the review included a patient recall and additional coding placed on a number of patient records.
- The practice held a register of 22 patients who had experienced FGM or who were at risk of FGM. We were provided with specific examples of interventions made by practice GPs to reduce the risk of FGM occurring. We were also provided with examples where the practice had liaised with and made appropriate referrals to specialist healthcare professionals when FGM had been identified.
- The practice had designed and implemented a bespoke patient registration form for completion by new patients who were aged under 18 years old. The form helped to identify safeguarding issues at an early stage. All forms were reviewed by one of the practice GPs. We were provided with specific examples whereby the use of the form had identified concerns.
- Immunisation rates for all standard childhood immunisations ranged from 70% to 90%. This was comparable to CCG averages which ranged from 41% to 95%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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

Summary of findings

the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided evening appointments on weekdays up until 6.30pm and 7pm for working aged patients and on Saturday mornings from 9.30am to 12.30pm.

- A range of online services were offered which included appointment booking and prescription ordering. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice. Appointments could also be booked via a downloadable App.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- 72% of women aged over 25 but under 65 had received a cervical screening test in the previous five years. The practice was performing below the CCG average of 79% and national average of 81%.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 14 patients on the learning disability register. The practice offered longer appointments for patients with a learning disability.
- The practice had undertaken an audit of the care provided to patients with learning disabilities in 2014/15 and re-audited it in 2015/16. In 2014/15, 57% of patients with a learning disability were invited for an annual review and 21% attended a review. Following additional measures put in place, in 2015/16, 100% of patients were invited for a review and 92% received a review.
- The practice had undertaken a number of safeguarding audits of its patients who had experienced or were at risk of domestic violence utilising best practice guidelines. An outcome from a review included assurance received externally that highly effective systems were in place. A further outcome included a specific example of intervention made in relation to patient safeguarding.

Summary of findings

- A member of the Dementia Information and Support for Carers (DISC), a service provided to give support to carers of people with confusion and memory problems, regularly attended multi-disciplinary meetings. This ensured that carers' needs were appropriately identified and addressed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice used 'route to wellbeing', a website to signpost their patients.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 95% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above the CCG average of 91% and above the national average of 89%. The practice exception reporting rate was 4.8% which was below the CCG average of 14.7% and national average of 12.7%.
- 93% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG and national averages of 84%. The practice had not exception reported any patients.
- The practice had undertaken an audit of the care provided to patients with mental health problems in 2014/15 and re-audited it in 2015/16. In 2014/15, 91% of reviews were completed. Following additional measures put in place to contact patients, in 2015/16, 95% of reviews were completed.
- Three of the practice GPs had expertise in managing patients with poor mental health as a result of their previous work experience and additional training.
- The practice regularly 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 363 survey forms were distributed and 96 were returned. This represented 26% response rate.

- 79% of patients found it easy to get through to this practice by telephone compared to the Clinical Commissioning Group (CCG) average of 60% and national average of 73%.
- 78% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 85%.
- 77% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and national average of 85%.
- 69% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all positive about the standard of care received. Comments included that patients felt they consistently received excellent treatment from all members of staff and they felt listened to and respected by professional and courteous staff. We did not receive any negative or mixed feedback about the practice.

The practice's results from the NHS Friends and Family test showed that in November 2016, 68 patients would recommend the practice to their friends and family and seven were unlikely to recommend the practice.

Outstanding practice

- The practice held a register of 22 patients who had experienced FGM (female genital mutilation) or who were at risk of FGM. We saw specific examples of interventions made by practice GPs to reduce the risk of FGM occurring. We also reviewed examples where the practice had liaised with and made appropriate referrals to specialist healthcare professionals when FGM had been identified.
- The practice were responsive to the needs of its local population. They offered a latent tuberculosis (TB) testing screening service because they were aware of the high prevalence for latent TB within the locality. The practice were assisting in designing a new service for HIV and chlamydia screening, as it was identified there was a high prevalence for HIV within the local area. The initiative was planned to be rolled out to other GP practices within the locality once the pilot was completed.
- The practice had designed a bespoke template for use as part of an audit involving MHRA alerts received. The practice were taking steps to share the template and subsequent learning from the audit amongst other local practices.

Rotton Park Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Rotton Park Medical Centre

Rotton Park Medical Centre is located in Edgbaston, a suburban area of central Birmingham. It is approximately two miles from Birmingham city centre.

There is access to the practice by public transport from surrounding areas. There are also parking facilities on site.

The practice currently has a list size of 4674 patients.

The practice holds a General Medical Services (GMS) contract with NHS England. The GMS contract is held between general practices and NHS England for delivering primary care services to the local communities. The practice provides GP services commissioned by NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is situated in an area with high levels of deprivation (level two, Indices of Multiple Deprivation decile, IMD). Level one IMD represents a most deprived area and level ten, the least deprived. A higher number of patients registered at the practice are unemployed (17%) compared with the CCG average (12%) and national average (5%).

The practice has a higher than national average number of young children and adults in their 20's 30's and 40's living within the practice area. It has a lower than national average number of people in their late 50's and older adults. The patient population is mixed. This includes patients with a white British ethnicity, Eastern European, Asian and African.

The premises have recently been updated with new heating, flooring, emergency lighting and infection control compliant sinks. Patient services are all available on the ground level of the building.

The practice is currently managed by two GP partners. (one male, one female). The partners share the role of practice manager. The partners also employ two salaried GPs. They are supported by one practice nurse and a small team of administrative and clerical staff. The practice had recently appointed a healthcare assistant who had not started in post at the time of our inspection.

The practice is a training practice for GP trainees. There are two trainees working within the practice currently.

One of the GP partners is the Vice Chair of the ICOF (Intelligent Commissioning Federation) Locality Commissioning Group and clinical lead for Information Technology at Sandwell and West Birmingham CCG.

The practice opens at 8am daily until 6.30pm on Wednesday and Friday and closes at 7pm on Monday, Tuesday and Thursday. GP consultations commence on each weekday from 9am until 12pm and on Wednesday and Friday afternoons from 3.30pm to 6.30pm. Afternoon surgery on Monday, Tuesday and Thursday commences at 4pm to 7pm. The practice is also currently open on Saturday from 9.30am to 12.30pm for pre-booked appointments only.

Detailed findings

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed, patients are directed to Badger (the out-of-hours service) via the 111 service.

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 19 December 2016. During our visit we:

- Spoke with a range of staff (GPs, nurse and administrative staff) and spoke with members of the patient participation group (PPG).
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Reviewed practice protocols and procedures and other supporting documentation including staff files and audit reports.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform one of the GP partners (who had a dual role as 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 information, reasonable support and an apology. They 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. There were 13 incidents recorded within the past twelve months.

We reviewed records, incident reports 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, practice staff identified a problem in the processing system when attempting to book patients for urgent secondary care referrals. This presented a risk that referrals could be delayed. Following investigation, the issue was resolved and the correct procedure to follow was shared amongst staff.

We looked at the system for how patient safety alerts including Medicines and Healthcare Products Regulatory Agency (MHRA) were disseminated and acted upon. One of the GP partners maintained a register of all alerts, actioned any requirements and passed information on to relevant staff who were required to acknowledge receipt. The register showed action taken by the practice in response to the alerts received.

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. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.
- Notices advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the last one in October 2016. We saw evidence that action was taken to address any improvements identified as a result. Actions taken included the re-fitting of a wall mounted paper towel unit following the replacement of infection control compliant sinks and personal protective equipment (PPE) gloves ordered in various sizes.
- 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 reviewed patient records where high risk medicines were prescribed. This showed appropriate monitoring was in place in all records. Where high risk

medicines were prescribed by the hospital the practice had created an alert on patients' records to ensure medicines that may interact with the high risk medicine were not prescribed.

- The practice had undertaken an MHRA audit which involved review of alerts received to identify if any other action was required by the practice, in addition to the initial searches conducted when alerts were first issued. The audit was undertaken following discussion amongst the partners at the practice and other GP colleagues within the CCG. This highlighted different approaches to the review of MHRA alerts. A template was designed by the practice and used to undertake the audit. As a result of the audit, one of the practice partners identified that a medicine subject to an alert could be prescribed for a particular patient after they had researched the medicine and analysed the risks and benefits of prescribing it with other healthcare specialists. An audit outcome included an improvement in the patient's health as a result.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. This was last tested in May 2016. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The risk assessment took place in November 2016.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for the different staffing groups to ensure enough staff were on duty. GPs informed us they provided cover for each other when required and administrative staff worked set hours. If administrative cover was short, staff were paid to work additional hours. The practice did not use locums.

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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from National Institute for Health and Care Excellence (NICE).

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 97% of the total number of points available. The CCG and national averages were 95%. The practice exception reporting rate was 5.3% which was below the CCG average of 9.5% and below national average of 9.8%. (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).

Data from 2015/16 showed:

- Performance for diabetes related indicators was 96% which was above the CCG average of 88% and above national average of 90%.
- 100% of patients with chronic obstructive pulmonary disease (COPD) had received a confirmed diagnosis. This was above CCG and national averages of 89%. Exception reporting was 7.1% which was below the CCG average of 10.3% and below national average of 9.2%.
- 97% of patients with a diagnosis of depression had received a review after their diagnosis. Performance was above CCG average of 86% and above national average of 83%. Exception reporting was 10.7% which was below the CCG average of 24.8% and below national average of 22.1%.
- 95% of patients with a mental health condition had a documented care plan in place in the previous 12 months. This was above CCG average of 91% and above national average of 89%. Exception reporting was 4.8% which was below the CCG average of 14.7% and below the national average of 12.7%.

There was evidence of quality improvement including clinical audit.

- There had been 8 clinical audits undertaken in the last year. We noted that 4 of these were completed audits where improvements were implemented and monitored. We reviewed a thyroid function testing audit. The audit sought to assess if patients with an underactive thyroid and prescribed with a thyroid hormone supplement had received annual tests performed as per recommended guidelines. Findings from the first audit showed 86% compliance with standards. Following re-audit, this increased to 93% compliance.
- The practice had undertaken a safeguarding review of all its patients on its safeguarding register, female genital mutilation (FGM) register, domestic violence register and adult safeguarding register. This was to ensure information was accurate, up to date and to identify if any other action was required. Outcomes from the review included a patient recall and additional coding placed on a number of patient records.
- The practice GPs undertook peer review of their fellow colleagues medical record keeping standards and utilised national guidance as a benchmark. Outcomes were positive and included action points for future consideration.
- The practice provided us with positive prescribing data which showed the practice had surpassed CCG target set for its total antibiotic prescribing volume during May to July 2016.
- One of the GP partners had special interests in women's health and diabetes medicines (injectables). The second GP partner had interests in joint injections and also diabetes medicines (injectables).

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Good

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. The practice nurse had attended updates on asthma and chronic obstructive pulmonary disease (COPD).

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support 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.

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

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.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke with were able to provide examples to demonstrate their application of knowledge.
- 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.

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 and those at risk of developing a long-term condition. The practice provided a new pre-diabetes educational programme via health trainers who attended the practice. The trainers provided health and lifestyle advice to patients. Patients were also referred to this service after being identified as having pre-diabetes and attended a six week session, one to one educational programme to prevent diabetes from developing.

The practice could refer patients to a free health trainer service. One of the trainers attended the practice weekly and saw patients on an individual basis. These included help for those who required advice on diet and smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 79% and the national average of 81%. The practice partners told us they were aware of the data and had identified reasons for lower than average uptake for screening. These included recent changes in patient demographic as a result of an increase of Eastern European patients registering with the practice. The practice partners told us that a large number of females who were eligible for screening had advised the practice they had received testing in their home country and also had tests undertaken when they returned for home visits. The partners told us they requested

Good

Are services effective?

(for example, treatment is effective)

documentary evidence when they were advised of this. The practice had made amendments to their recall policy to further strengthen the administrative process. The practice ensured a female sample taker was always available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that uptake for bowel cancer screening in the previous 30 months was 47% which was the same as the CCG average. Data from 2015 showed that uptake for breast cancer screening in the previous 36 months was 67% which was marginally below the CCG average of 69%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 85% within the practice. The CCG rates varied from 41% to 95%. Five year old vaccinations ranged from 76% to 90% within the practice. The CCG rates ranged from 87% to 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations and treatments. The reception area had a television installed. This meant conversations were less likely to be overheard. A separate room was also available if a patient wanted to discuss a private matter.

During our inspection, we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect. A caring and patient-centred approach was demonstrated by all staff we spoke with during the inspection.

Feedback received via comment cards showed that patients consistently felt that they were treated with compassion, dignity and respect by clinicians and the reception team. This was supported by our discussions held with the patient participation group (PPG). Results from the national GP patient survey in July 2016 showed the practice was performing above or in line with local and national averages for its satisfaction scores on consultations with doctors. We noted lower satisfaction scores for contact with the practice nurse. For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 69% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.

Data was also positive in relation to feedback regarding receptionists.

- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

We discussed the lower satisfaction score for consultations with the nurse with one of the practice partners. We were informed that the practice employed one practice nurse which resulted in a pressure placed upon their time availability. The practice told us they had been attempting to recruit a second practice nurse for some time but had been unsuccessful. They had however, recently recruited a healthcare assistant who was due to start work at the practice.

Care planning and involvement in decisions about care and treatment

Feedback received via comment cards was extremely positive and showed that patients felt involved in decision making about the care and treatment they received. They also showed that patients 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 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 with practice GPs. A lower satisfaction score was received for consultations with the practice nurse. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 82%.
- 71% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and national average of 85%.

We saw minutes of practice meetings held which showed staff discussion of the survey results. An action plan had been implemented to enable the practice to further strive and improve patient satisfaction overall.

Good

Are services caring?

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. The organisation used also offered sign language and brail services. We saw notices in the reception areas informing patients this service was available.
- Practice staff spoke other languages which included Punjabi, Hindu and Urdu which could also assist patients who did not speak English as a first langage.
- A range of patient information leaflets were available for patients.
- The practice had a hearing loop installed at reception.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had nominated a member of staff as the carers lead. The practice had identified 63 patients as carers (1.3% of the practice list). There was a carers' corner in the practice waiting area which contained signposting information. Other written information was also available to direct carers to the various avenues of support available to them. In addition, carers were invited to receive the influenza vaccination and attend for an annual health check. New patients registering at the practice were asked if they were a carer and this was noted on their records.

A member of the Dementia Information and Support for Carers (DISC), a service provided to give support to carers of people with confusion and memory problems, regularly attended practice multi-disciplinary team meetings. We were provided with examples where the service involvement helped to ensure that carers' needs were appropriately identified and addressed.

The practice worked within the Gold Standards Framework (GSF), which is an approach to optimise care for all patients approaching the end of life. Advanced care planning was undertaken to ensure that patient's preferred wishes were taken into account, and personalised care was organised to support the patient and their families. We were provided with detailed examples to demonstrate the care that was targeted to the specific needs of the patient. The practice worked with the wider health and social care team to deliver high quality end of life care for patients, and reviewed patients' at regular multi-disciplinary team meetings. The practice undertook post death analyses to establish if deceased patients had achieved their preferred place of death.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Outstanding ☆

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 appointments outside of usual working hours for the benefit of working aged patients. Appointments were available until 6.30pm on Wednesdays and Fridays and until 7pm on Mondays, Tuesdays and Thursdays. The practice also opened Saturday mornings for pre-booked appointments.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- An in-house phlebotomy service (blood taking) was offered to patients.
- Joint injections were offered to those patients who experienced joint pain and inflammation.
- The practice provided a bi-monthly specialist diabetes clinic for those patients with the most complex conditions. The clinic was run in collaboration with a specialist nurse and consultant.
- The practice offered a latent tuberculosis (TB) testing screening service because they were aware of the high prevalence for latent TB within the locality. Latent TB is where bacteria are asleep in a person's body, but can awaken in the future. If latent TB is detected it can be treated with appropriate medicines.
- The practice offered HIVand chlamydia screening for patients identified as requiring the service. The practice staff were aware of the high prevalence of HIV within the local area.
- 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.
- The premises had recently been updated. This included new heating, flooring, emergency lighting and infection control compliant sinks.
- A range of online services were offered which included appointment booking and prescription ordering. The practice participated in the electronic prescription service, enabling patients to collect their medicines from their preferred pharmacy without having to collect the prescription from the practice.
- Practice patients could also download an app onto their mobile devices. This enabled patients to book and cancel appointments electronically and it was used to send alerts and reminders to patients. Patients could also use the app to rate the practice for the Friends and Family test.

Access to the service

The practice opened at 8am daily until 6.30pm on Wednesday and Friday and closed at 7pm on Monday, Tuesday and Thursday. GP consultations commenced each weekday from 9am until 12pm and on Wednesday and Friday from 3.30pm to 6.30pm. Afternoon surgery on Monday, Tuesday and Thursday commenced at 4pm to 7pm. The practice opened on Saturday from 9.30am to 12.30pm for pre-booked appointments only.

Appointments could be booked up to two weeks in advance and there were urgent appointments available on the day.Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or in line with local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 76%.
- 79% of patients said they could get through easily to the practice by telephone compared to the CCG average of 60% and national average of 73%.
- 50% of patients were usualy able to see or speak to their preferred GP compared to the CCG average of 45% and national average of 59%.

Comment cards showed that patients were able to get appointments when they needed them.

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.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

Patients were able to request a home visit at any time during surgery opening hours. The duty GP would then contact the patient by telephone to gather information to allow for an informed decision to be made on prioritisation according to clinical need. The duty GP or trainee GP would undertake any home visits. We were informed that palliative care patients would be visited by the same GP who had been providing care for them.

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, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system 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 were designated responsible staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included the comments and complaints leaflet which was available to patients in the reception waiting area. The practice website also included information about making a complaint.

We looked at one complaint received in the last 12 months and found this was satisfactorily handled, dealt with in a timely way and with openness and transparency. 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. For example, as a result of a prescription error, the practice reviewed its policy and procedure for managing prescription requests. This resulted in the prescription request box being checked twice per day, rather than once as was the previous procedure. The practice also nominated one member of staff for reviewing prescription requests.

Are services well-led?

Outstanding ☆

(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.

- The practice objectives included the provision of safe, consistent and holistic medical care of the best standard to all patients in a timely and appropriate way. All staff knew and understood the practice values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The business plan identified the practice goals and objectives for 2016/20, which included ongoing staff development and the potential to expand existing services.

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. We saw that staff were supported through regular one to one sessions, meetings, training programmes and appraisals.
- Practice specific policies were implemented and were available to all staff. Discussion of policies took place through induction, training and staff meetings.
- A comprehensive understanding of the performance of the practice was maintained. This was demonstrated in management review of data relating to patient unplanned hospital admissions, monitoring of QOF attainment and other CCG statistical information such as prescribing data. Performance data showed the practice was consistently achieving high results.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. For example, audits were conducted of learning disability reviews and mental health reviews undertaken and action plans were implemented as a result. Completed audit cycles showed improvements in the care delivered.
- The partners encouraged all members of staff to monitor and review the quality of their own and each other's work. This included administrative staff who undertook a peer review of their colleagues work activities to identify good practice and any areas for improvement.
- The practice prioritised the delivery of safe care and this was demonstrated in a high risk medicine audit, safeguarding audit and the design and implementation of a patient registration form for those aged under 18. Completion of the form was intended to identify any safeguarding issues to practice staff.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This was demonstrated in the practice's management of significant events, complaints and trends analyses.

Leadership and culture

The practice was part of a federation of approximately 22 practices.

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care and documentation we reviewed supported this. The partners told us their main strength was that they knew their patients and their patients knew them. Staff told us the partners were approachable and always took the time to listen to all members of staff. They told us this contributed towards a positive and happy, team working environment.

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:

- The practice gave affected people information, support and a verbal or written apology.

Are services well-led?

Outstanding ☆

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

- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we were shown various minutes of meetings held.
- 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.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. We noted that a new member of staff had been assigned a mentor to help build their knowledge and improve their confidence. Promotional opportunities were also awarded when they arose. For example, a member of the reception team had taken on the role of reception manager.
- All staff were involved in discussions about how to run and develop the practice and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. A member of the reception team suggested the handing out of feedback forms directly to patients when they attended the practice. This was to enable patients to comment on the service received by the reception team. The suggestion was implemented by the partners.

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 met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a trip hazard was identified in the practice car park which was responsively addressed by the practice.
- The practice had gathered feedback from staff through informal discussions held and through practice meetings and staff appraisals. Staff told us they would provide feedback and discuss any issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a 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.

The practice was one of eight within the locality that was approached by the University Hospital Birmingham and requested to participate in a HIV and chlamydia screening exercise. The practice was one of two that agreed to participate in the pilot. The practice was requested to help design a new service for screening as it was identified there was a high prevalence for HIV within the local area. The initiative involved the screening of new patients as well as others already registered who fitted criteria for screening. Whilst the pilot was ongoing at the time of our inspection, the practice had designed and implemented a procedure for identifying their at risk patients and patients were attending the practice clinic for screening. The initiative was planned to be rolled out to other GP practices within the locality once the pilot was completed.

The practice was innovative and sought to ensure services were tailored to meet the needs of individual people. Feedback from patients was obtained through the friends and family test by utilising new technology in the form of a downloadable app. Since the technology was introduced, patient feedback had increased to 84 responses in one month, in comparison to 7 responses received in a six month period previously. Data provided also showed that 154 (3%) of patients had used the app to book appointments.

The senior GP partner in the practice also worked as an IT lead for the CCG. The partner had worked extensively with the CCG who were developing an app for patient use intended for roll out across practices within the CCG. The app was being designed to enable patients to have access to their health summaries, investigation test results and information regarding local health services. The app was being customised to target patients with their individual healthcare needs and for it to be available in a number of different languages.