

# Al-Shafa 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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Requires improvement 

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 Al-Shafa Medical Centre on 18 January 2017. 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 for reporting and recording significant events. Information about safety was recorded, monitored and reviewed and the results shared with staff including lessons learned.
- Risks to patients were assessed and well managed. These included staff recruitment procedures, health and safety systems and ensuring sufficient staffing levels were in place to meet patient needs. There was adequate medical equipment and medicines available if a patient presented with a medical emergency.

- Clinical staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had received role appropriate training to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient feedback demonstrated that patients were treated with compassion, dignity and respect. However, the National GP Patient Survey data showed that patients consistently rated the services below national averages. Action was being taken to address the results.
- Information about services and how to complain was available and easy to understand. Where necessary improvements were made to the quality of care as a result of complaints and concerns.
- Some patients told us they found it difficult to make a pre-booked appointment. All urgent appointment requests were accommodated the same day.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

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

We saw an area of outstanding practice:

- A GP partner provided a one stop non-invasive community cardiology (heart) service for diagnosing heart conditions. This included a range of tests such as, electrocardiography (ECG), 24 hour blood pressure monitoring and echogram (scan) and others. This meant that patients required fewer visits to the hospital for tests.

However, there were also areas of practice where the provider needs to make improvements.

The provider should:

- Continue to identify and support carers.
- Make patients aware of the services available including health screening and extended opening hours.
- Find a way of addressing clarity about patient access and patients' perceptions of access and the services they receive.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events. Staff knew of the incident reporting system and documentation from incident reports supported this assurance process.
- Risks to patients were assessed, well managed and regularly monitored to identify trends for consideration whether further actions were needed.
- There were appropriate health and safety systems to protect patients when they visited the practice.
- There was an infection control protocol and infection control audits were regularly undertaken to prevent unnecessary infections.
- GPs carried out reviews of patients who had repeat prescriptions to check that they were still required.
- There were recruitment policies and procedure in place to ensure only suitable staff were employed.
- Staffing levels were regularly monitored to ensure there were enough staff to keep patients safe.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff referred to guidance from National Institute for Health and Care Excellence (NICE) and local guidelines when planning patient care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with local and national averages.
- Patient's needs were assessed and care was planned and delivered in line with current legislation.
- Clinical staff carried out patient referrals to non-clinical services such as; Age UK.
- Staff had received training appropriate to their role and were given development opportunities to enhance their skills and appropriate training provided.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to provide up to date, appropriate and seamless care for patients.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- National GP Patient Survey data published July 2016 showed that patients rated the practice below in comparison with others but the data was comparable with other practices in the immediate locality. Senior staff were aware of this and had implemented a range of actions to address the results.
- All patients we spoke with told us they were satisfied with their care and some described the standard of care as high.
- Staff ensured that patients' dignity and privacy were protected and patients we spoke with confirmed this. Patients had their health care needs explained to them and they told us they were involved with decisions about their treatment.
- We saw that staff treated patients with kindness and respect and maintained confidentiality.
- Information for patients about the services available to them was easy to understand and accessible.
- Carers were encouraged to identify themselves. Clinical staff provided them with guidance, signposted them to a range of support groups and ensured their health needs were met.

## Are services responsive to people's needs?

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

- Practice staff reviewed the needs of its local population and engaged with NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where identified.
- Most patients told us that it was easy to make an appointment and urgent appointments were available the same day. However, the National GP Patient Survey data published July 2016 showed that the practice was below average for these topics. Senior staff told us they were aware of the problem and were making improvements.
- The practice provided enhanced services. For example, assessment and early diagnosis of dementia and arrangements were made to support these patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed that senior staff responded quickly and appropriately when issues were raised.

**Requires improvement**



## Are services well-led?

The practice is rated as good for providing well-led services.

**Good**



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and to promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a distinct leadership structure and staff said they were well supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- There were policies and procedures to govern activity and these were accessible to all staff.
- There was a strong focus on transparency between staff. There was evidence of continuous learning, utilising the knowledge and skills that clinical staff possessed to drive improvements at all staff levels.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

# 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 good for the care of older people.

Good



- Staff kept up to date registers of patients' health conditions and information was held to alert staff if a patient had complex needs.
- Home visits were provided for those who were unable to access the practice.
- Patients with enhanced needs had priority access and the length of appointments were tailored to meet their needs.
- Older patients were offered annual health checks. Where necessary care plans were developed and regularly reviewed, and support was offered.
- Care and treatment of older people reflected current evidence-based practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with local and national averages.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data for 2015-2016 showed that the practice had achieved 95% for annual reviews of patients with chronic obstructive pulmonary disease (COPD), this was above the CCG and national average of 89%. The exception reporting for the practice was 5%, which was better than the clinical commission group (CCG) average of 13% and national average of 12%.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had structured annual reviews to check that their health and medicine needs were being met. Where necessary reviews were carried out more often.
- Clinical staff worked with health care professionals to deliver a multidisciplinary package of care for patients.
- Where necessary patients in this population group had a personalised care plan which was regularly reviewed.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Alerts were put onto the electronic records when safeguarding concerns were raised.
- There was regular liaison and meetings with the health visitor to review those children who were considered to be at risk of harm.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Pre-bookable appointments were available outside of school hours from 4.30pm until 7pm each weekday. Patients could also be seen by appointment every Saturday from 9am until 12.30pm.
- Childhood vaccination rates were in line with the local and national averages.

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

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

Requires improvement



- Extended opening hours were available and telephone consultations for those patients who found it difficult to attend the practice or if they were unsure whether they needed a face to face appointment. Patients e spoke with were not aware of the extended hours.
- Online services were available for booking appointments and ordering repeat prescriptions.
- Health promotion advice was available and there was a full range of health promotion material available in the practice. The practice website gave advice to patients about how to treat minor ailments without the need to see a GP.
- Data for 2015-2016 showed that the cervical screening rate was 73% compared with the CCG average of 80% and the national average of 81%. Clinical staff encouraged patients to take up this service.
- Data for 2015-2016 showed us that 50% of eligible female patients had attended for breast screening during a 36 month period, compared with the CCG average of 67% and the national average of 72%.



# Summary of findings

- 23% of eligible patients had undergone bowel screening in the last 30 month period, compared with the CCG average of 46% and the national average of 58%. We were told by senior staff that although patients were encouraged to attend health screening programmes they often declined.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Health reviews were offered to patients who had a learning disability and during 2015-2016 all 54 patients had received a health check. Patients with a learning disability were offered guidance, signposted to support groups and offered them the influenza vaccination each year.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- There was a process in place to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had identified 1% of their patients as carers and maintained a register. Clinical staff told us that some patients had received family support and they did not wish to be classified as carers.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those who had a learning disability.
- Health reviews were offered to patients who had a learning disability and during 2015-2016 all 54 patients had received a health check. Patients with a learning disability were offered guidance, signposted to support groups and offered them the influenza vaccination each year.
- Practice staff regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Good



# Summary of findings

- There was a process in place to signpost vulnerable patients to additional support services.
- Staff knew how to recognise signs of abuse, the actions they should take and their responsibilities regarding information sharing.
- There was a clinical lead for dealing with vulnerable adults and children.
- The practice had identified 1% of their patients as carers and maintained a register. Clinical staff told us that some patients had received family support and they did not wish to be classified as carers.

# Summary of findings

## What people who use the service say

The National GP Patient Survey latest results published showed the practice was performing below local and national averages. A total of 370 surveys had been distributed and there had been 57 responses, this equated to a 15% response rate and less than 1% of the practice total population.

- 26% of patients said they found it easy to get through to this surgery by telephone, which was much below the clinical commissioning group (CCG) average of 60% and the national average of 73%.
- 54% of patients said they found the receptionists at this surgery helpful, which was much below the CCG average of 81% and the national average of 87%.
- 66% of patients said last time they spoke with a GP they were good at giving them enough time, which was below the CCG average of 82% and the national average of 87%.
- 80% of patients said the last appointment they got was convenient for them, which was below the CCG average of 87% and the national average of 92%.
- 19% of patients felt they did not normally have to wait too long to be seen, which was much below the CCG average of 46% and the national average of 58%.

Senior staff were aware of the below average results and had implemented a range of actions to address the problem. Whilst the results were below average nationally the CCG results were not inconsistent with those from other practices in the immediate area.

During our inspection we spoke with six patients and they all said that they did not wait long from their appointment time to when they were seen. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards who informed us that they were satisfied with access to the service. One patient commented that they waited too long before they were seen.

All patients we spoke with and the comment cards provided positive feedback about the care they received. They stated that staff treated them with respect. Overall comment cards commented that reception staff were polite and helpful.

We also spoke with three members of the patient participation group (PPG) who were also registered patients. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They told us they were very satisfied with the care they received and that the appointments system had improved recently.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to identify and support carers.
- Make patients aware of the services available including health screening and extended opening hours.

- Find a way of addressing clarity about patient access and patients' perceptions of access and the services they receive.

## Outstanding practice

- A GP partner provided a one stop non-invasive community cardiology (heart) service for diagnosing heart conditions. This included a range of tests such

as, electrocardiography (ECG), 24 hour blood pressure monitoring and echogram (scan) and others. This meant that patients required fewer visits to the hospital for tests.

# Al-Shafa Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Al-Shafa Medical Centre

Al-Shafa Medical Centre is located in the Aston suburb of Birmingham. The practice boundary includes Hockley, Aston, Lozells, Aston Manor, New Town Row, Aston New Town, Bloomsbury and Handsworth. The practice holds a General Medical Services (GMS) contract, this is a nationally agreed contract commissioned by NHS England. There are 8,185 registered patients.

The practice has a higher than average proportion of registered patients aged from 0 to 39 years old who are predominantly male. Conversely there is a lower than average proportion of registered patients aged from 40 to 85+ years for both sexes. The practice was situated in one of the top 10 most deprived wards of Birmingham.

The practice is managed by five GP partners and they are supported by three regular locum GPs. The practice employs two practice nurses who carry out reviews of patients who have long term conditions such as asthma and hypertension. They also provide cervical screening and contraceptive services. There are four health care assistants (HCAs) who carry out duties such as, phlebotomy (taking blood for testing), health checks and vaccinations. They also work as receptionists during peak times. There is a practice manager, four medical secretaries and four receptionists.

The practice offers a range of clinics for chronic disease management, diabetes, heart disease, cervical screening, contraception advice, joint injections and vaccinations.

There is a small parking area at the rear of the practice that accommodates four cars and this is usually used by staff. Patients parked on the surrounding roads. The premises are step free and suitable for access by wheelchair users. The premises consist of two stories accessible by stairs or a lift. There is a toilet that is adapted for use by people who have restricted mobility on each floor. There are nine consulting rooms and two nurse rooms.

The practice is open from 8am until 7pm every weekday with reception staff present to deal with patients requests and queries.

GP appointment times are available:

- From 9am until 12.30pm and from 4.30pm until 7pm every weekday. Telephone consultations are also available to patients.
- Extended opening hours are from 9am until 12.30pm every Saturday. This service is provided by one GP and 20 patients are seen, with one appointment kept free for urgent matters.
- Requests for home visits are assessed by telephone to enable GPs to prioritise which patients should be visited first.

The practice has opted out of providing GP services to patients out of hours. During these times GP services are provided by Primecare. When the practice is closed, there is a recorded message giving out of hours' details. The practice leaflet includes contact information and there are out of hours' leaflets in the waiting area for patients to take away with them. Information was also on the practice website.

# Detailed findings

## 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. This 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 provider under the Care Act 2014 and associated regulations.

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

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before the inspection, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 18 January 2017. During our inspection we spoke with a range of staff including two GP partners, one locum GP, two practice nurses and a health care assistant (HCA). We also spoke with the practice manager, and three receptionists. We spoke with six patients and three patient participation group (PPG) members who were also registered patients. We observed how people were talked with and reviewed an anonymised sample of personal care or treatment records of patients. We reviewed 25 comment cards where patients shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw examples which had been reported, recorded and shared with some staff.

- 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. Staff were aware of the requirements of the duty of candour and clinical staff encouraged openness and honesty. We saw an example where this had been complied with when communicating with a patient. (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).
- There had been eight significant events recorded during the last year. The practice carried out a thorough investigation of the significant events and took appropriate action when necessary. These had been reviewed regularly and shared with relevant staff to identify trends or if further action was required.
- When there were unintended or unexpected safety incidents, patients received reasonable support, clear information, a verbal and written apology and were told about any actions taken.
- Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency (MHRA) alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and provided an accurate overview of safety.
- Patient safety alerts were sent to all relevant staff and if necessary actions were taken in accordance with the alerts such as; individual reviews of patients who may have been prescribed a particular medicine. We saw that prescribing changes had been made where necessary following an alert to protect patients from inappropriate treatment.
- We reviewed safety records and incident reports and saw that appropriate actions had been taken to minimise risks to patients. Lessons learnt were shared to make sure action was taken to improve safety in the

practice. For example, a delayed test result from a hospital was raised as a significant event. The patient was informed of this and given a full explanation. Practice staff had taken appropriate action.

### Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety and medicines management which included:

- Arrangements for safeguarding adults and children from abuse that reflected relevant legislation and local requirements. The policies were appropriate and accessible to all staff. They included contact details of external professionals who were responsible for investigating allegations. There was a lead member of staff for safeguarding and all GPs and nurses had received appropriate (level three) training. All other staff had received training that was appropriate to their role. GPs attended safeguarding meetings when possible and when requested, provided reports for other agencies. Clinical staff kept a register of all patients that they considered to be at risk and regularly reviewed it. Staff demonstrated they understood their responsibilities in relation to safeguarding processes. We saw recent evidence of a concern where confirming that appropriate action had been taken. This was also raised as a significant event.
- A notice was displayed in the waiting room and in each consulting room advising patients of their right to have a chaperone. All staff who acted as chaperones had been trained for the role and had undergone a disclosure and barring check (DBS). (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). Only clinical staff were permitted to act as chaperones. Staff we spoke with demonstrated that they would carry out the role appropriately.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse followed by the acting practice manager were the infection control leads and liaised with the local infection prevention teams to keep up to date with best practice. All staff had received training in infection control and regular refresher training to keep them updated. There was an infection

## Are services safe?

control protocol for staff to follow. An infection control audit was carried out annually; we saw that any actions identified had been addressed. The latest audit was dated December 2016. Patients informed us that clinical staff washed their hands and wore personal protective equipment (PPE) prior to commencing procedures.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- Patients who received high risk medicines were monitored at recommended intervals by blood test results and health reviews to check that the medicine dosage remained appropriate. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. Patient specific directions are instructions to administer medicines to individually named patients.
- Blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times. Blank prescription forms were removed from the printers and rooms at the end of each day and stored securely. Practice staff had access to written policies and procedures in respect of safe management of medicines and prescribing practices. When hospitals requested a change to a patient's prescription, the changes were checked by a GP for accuracy before the prescription was issued to the patient.
- GPs worked with a CCG pharmacist advisor and received guidance regarding appropriate prescribing of medicines. Patients attended for review of their medicines with a designated GP to ensure the prescribed medicines remained appropriate for their conditions.
- We reviewed three personnel files including the latest member of staff recruited and found that 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 DBS checks. We saw that appropriate checks were carried out when the practice used locum GPs and that a role specific induction was provided.

### Monitoring risks to patients

- There were procedures for the monitoring and management of risks to patient and staff safety. A health and safety policy was available to all staff. There were up to date fire safety risk assessments, staff carried out regular fire drills and weekly fire alarm testing.
- 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 (COSHH), clinical waste and legionella. (Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.)
- Staff told us the practice was well equipped. We saw records that confirmed equipment was tested and regularly maintained. Medical equipment had been calibrated in accordance with the supplier's instructions.
- There were arrangements 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 each day.

### Arrangements to deal with emergencies and major incidents

- All staff received annual basic life support training. There were appropriate emergency medicines available in rooms on each floor including those required to treat patients if they had adverse effects following minor surgery.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- 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. A copy of this was kept off site for eventualities such as; loss of computer and essential utilities.



# 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.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from the National Institute for Health and Care Excellence (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 sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 practice's overall QOF achievement for 2015-2016 was 93%, which was comparable with both the CCG and national averages of 95%.

The practice's total exception rate was 3%; which was 4% below the clinical commissioning group (CCG) and the national average. Exception reporting is the exclusion of patients from the list who meet specific criteria. For example, patients who choose not to engage in screening processes or accept prescribed medicines.

The latest QOF data showed how the practice was performing compared with the CCG and national averages during 2015-2016;

- The percentage of patients who had an annual review for asthma was 72%, compared with the CCG average of 75% and the national average of 76%. The practice exception reporting rate was 1% compared with 3% for the CCG and 4% nationally.
- 82% of patients who experienced poor mental health had an agreed care plan, compared with the CCG average of 91% and the national average of 89%. The practice exception rating was 0% compared with the CCG average of 15% and the national average of 13%.

- 95% of patients who had chronic obstructive airways disease (COPD) had had an annual review, compared with the CCG average of 88% and the national average of 89%. The practice exception reporting rate was 5%, compared with the CCG average of 15% and 13% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mm Hg or less was 100%, compared with the CCG average of 96% and the national average of 97%. The practice exception reporting rate was 1% compared with the CCG average of 4% and the national average of 4%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured during the preceding 12 months was 140/80mm Hg or less was 75%, compared with the CCG average of 78% and the national average of 78%. The practice exception reporting rate was 3%; compared with the CCG average of 8% and the national average of 9%.

There was evidence of quality improvement including clinical audits.

- An audit had identified pre-diabetes patients who were referred to the health exchange programme that provided lifestyle advice. This was led by the clinical commissioning group (CCG). The repeat audit showed that by December 2016 18 patients had attended the programme which demonstrated that effective changes had been made to patient care.
- Audits of the minor surgery procedures were carried out annually. The audits confirmed that post procedural complications such as infections were minimal.
- On-going audits regarding GP prescribing were carried out by the CCG and changes were recommended where necessary. The latest audit data was taken from July to September 2016 and showed that prescribing was in line with the CCG expectations.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that was role specific. This included a



# Are services effective?

## (for example, treatment is effective)

dedicated induction for locum GPs. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, as well as policies and procedures.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, practice nurses had completed a range of courses in management of long-term conditions.
- The learning needs of staff were identified through a system of 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 on-going support during sessions, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff told us they could ask for additional support at any time. All staff had received an appraisal within the last 12 months.
- Staff had 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.
- Patients who had complex needs had care plans and these were regularly updated. The assessments and care planning included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that the needs of these patients were discussed during the multi-disciplinary team meetings.

### Consent to care and treatment

- Staff understood the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act (MCA) 2005. All staff had received MCA and Deprivation of Liberty Safeguards training. Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.

- GPs we spoke with understood the Gillick competency test. It was used to help assess whether a child had the maturity to make their own decisions and to understand the implications of those decisions. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The process for seeking consent was monitored through records and audits to ensure the practice met its responsibilities in respect of legislation and national guidelines. Written consent was obtained before each minor surgery procedure commenced.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- This included patients who received palliative (end of life) care, carers of patients, those at risk of developing a long-term condition. Patients were given advice and support on their diet and smoking cessation. Patients were signposted to relevant services.
- Patients who had complex needs or had been identified as requiring extra time were given longer appointments to ensure they were fully assessed and received appropriate treatment.
- The uptake for the cervical screening programme (2015-2016) was 74%, compared with the CCG average of 80% and the national average of 81%. The practice exception rate was 6% compared with 9% for the CCG average and 7% for the national average. We saw that the lower than average cervical screening rate was comparable with other practices in the immediate locality.
- Patients who had not attended reviews were contacted and given the opportunity to make an appointment.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening:

# Are services effective?

(for example, treatment is effective)

- Data for 2015-2016 showed us that 50% of eligible female patients had attended for breast screening during a 36 month period, compared with the CCG average of 67% and the national average of 72%.
- 23% of eligible patients had undergone bowel screening in the last 30 month period, compared with the CCG average of 46% and the national average of 58%. We were told by senior staff that although patients were encouraged to attend health screening programmes they often declined.
- Newly registered patients received health checks. Their social and work backgrounds were explored to ensure holistic care could be provided. If they were receiving prescribed medicines from elsewhere these were also reviewed to check they were still needed.
- Childhood immunisation rates for the vaccinations given were comparable with the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 92%, which met the 90% threshold set by the CCG. Practice data for five year olds was from 91% to 98%, the CCG average was 86% to 94% and the national average was 88% to 94%. A member of the patient participation group (PPG) told us that patients had concerns about the make-up of childhood vaccines; therefore some patients had declined vaccinations for their children.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and the NHS health checks for patients aged 40–74 years. The practice had carried out 268 health checks since April 2016. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.
- From September 2016 the influenza vaccination rate for patients aged 65 years or over was 77%. This exceeded the CCG expectations.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and very helpful to patients and treated them with dignity and respect. This included face to face contact and on the telephone.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consulting and treatment room doors were closed during consultations.
- Reception staff told us how they would they respond when patients wanted to discuss sensitive issues or appeared distressed by offering them a private room to discuss their needs.
- The three members of the Patient Participation Group (PPG) who we spoke with were complimentary about the way in which all staff communicated with them.
- All of the 25 patient comment cards we received were positive about the service they received and highlighted that staff responded compassionately when they needed help and provided support when required.
- The six patients we spoke with described their care as good or very good.

The most recent results from the National GP Patient Survey showed whether staff treated them with compassion, dignity and respect. The practice was below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 68% of patients said the GP was good at listening to them, which was below the CCG average of 83% and national average of 89%.
- 66% of patients said the GP gave them enough time, which was below the CCG average of 82% and national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw, which was comparable with the CCG average of 88% and national average of 92%.

- 75% of patients said the last GP they saw or spoke with was good at treating them with care and concern, which was comparable with the CCG average of 80% and national average of 85%.
- 82% of patients said the nurse was good at listening to them, which was comparable with the CCG average of 87% and national average of 91%.
- 80% of patients said the nurse gave them enough time, which was comparable with the CCG average of 87% and national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw or spoke with, which was comparable with the CCG average of 96% and national average of 97%.
- 75% of patients said the last nurse they spoke with or saw was good at treating them with care and concern, which was below the CCG average of 86% and national average of 91%.

The above findings were comparable with other nearby practices where there was similar demographics as opposed to the local CCG. The low response rate of 57 patients equated to less than 1% of the practice population questions the accuracy of the results. A GP partner commented that the low response rate to the National GP Patient Survey could have been because some patients did not communicate in English, therefore they were unable to understand the meaning of the questionnaire.

The practice manager was in the process of developing an in-house patient survey for implementation. During the inspection we spoke with six patients, three patient participation group (PPG) members and reviewed 25 comment cards. We did not receive any negative comments about how clinical staff liaised with them regarding their care needs. Senior staff had noted the below average results and had implemented an action plan. It was acknowledged that patients expected to discuss multiple conditions or problems within a 10 minute appointment timeframe. Since the results GP partners agreed that where possible they would keep to one condition/problem per appointment. The success of the system had not yet been measured.

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

## Are services caring?

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 saw that care plans were personalised.

The latest results for the national GP patient survey showed patients responses 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:

- 69% of patients said the last GP they saw was good at explaining tests and treatments, which was below the CCG average of 81% and national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care, which was comparable with the CCG average of 76% and national average of 82%.
- 89% of patients said the last nurse they saw was good at explaining tests and treatments, which was comparable with the CCG average of 86% and national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care, which was comparable with the CCG average of 82% and national average of 85%.

We saw a range of health promotion advice and information leaflets about long term conditions in the waiting area that provided patients with details of support services. The practice manager told us they could download leaflets in various languages when required.

Patients often took relatives with them to the practice to translate for them. Staff told us that translation services were available for patients who did not have English as their first language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations including a bereavement service. Following a bereavement a GP contacted the family/carers and offered them support and if necessary referral to a counselling service.

The practice's computer system alerted GPs if a patient was also a carer. There were 80 carers on the register which equated to 1% of registered patients. Clinical staff told us that some patients received family support and they did not wish to be classified as carers. There was a notice board in the waiting area and the practice leaflet asked patients to identify themselves if they were carers. Clinical staff signposted carers to various support groups and offered them annual influenza vaccinations.

# 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.

- Providing they were urgent; all patients who requested same day appointments were seen by the duty GP.
- There were longer appointments available for people with a learning disability and patients with other long-term conditions.
- Patients could be seen until 7pm every weekday. There were weekend extended opening hours available to improve patient access.
- Home visits were triaged to enable GPs to prioritise them.
- Patients who were at risk of unplanned admission to hospital were closely monitored and followed up after their discharge from hospital.
- Practice nurses had received specialist training and saw patients with a range of conditions such as; wound care, asthma and diabetes.
- When abnormal test results were received the patient was contacted and asked to make an appointment.
- The practice had provided an enhanced service for patients who presented with memory problems. This helped to ensure timely diagnosis of dementia and appropriate support plans. Patients who had dementia were referred to a memory clinic.
- Quarterly multidisciplinary meetings were held where very ill patients were discussed and their care needs reviewed to promote coordinated care and treatment. The district nurses and community matrons attended the meetings.
- A diabetes consultant and nurse (specialist doctor and nurse) held a clinical session at the practice every three months and reviewed patients who had complex needs.

- GPs were able to refer patients aged up to 25 years to a new service, 'Forward thinking' that had been specially set up for younger patients who experienced poor mental health.

A GP partner provided a one stop non-invasive community cardiology (heart) service for diagnosing heart conditions. This included a range of tests such as, electrocardiography (ECG), 24 hour blood pressure monitoring and echogram (scan) and others. This meant that patients required fewer visits to the hospital for tests. The practice had provided this service since 2009. They carried out annual patient surveys and the results were positive. The latest survey results were that three patients said the service was poor, 18 good, 31 satisfactory and seven patients rated the service as excellent.

### Access to the service

The practice was opened from 8am until 7pm every weekday.

GP appointment times were:

- From 9am until 12.30pm and from 4.30pm until 7pm every weekday. Telephone consultations were made available to patients.
- Extended opening hours were from 9am until 12.30pm every Saturday. This service is provided by one GP and 20 patients were seen. One appointment was kept free for urgent matters. However, details of these were not included in the practice leaflet or on the practice website.
- Requests for home visits were assessed by telephone to enable GPs to prioritise which patients should be visited first.

The practice manager told us that patients who arrived without an appointment and if their need was urgent they would always be seen even if the sessions were fully booked.

Latest results from the National GP Patient Survey showed the level of patients' satisfaction with how they could access care and treatment. Results were below the CCG and national averages. For example:

- 26% of patients said they could get through easily to the surgery by telephone, which was well below the CCG average of 60% and national average of 73%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 54% of patients said they were able to get an appointment to see or speak with someone last time they tried, which was below the CCG average of 61% and national average of 76%.
- 42% of patients described their experience of making an appointment as good, which was below the CCG average of 62% and national average of 73%.
- 60% reported they were satisfied with the opening hours, which was below the CCG average of 71% and national average of 76%.

Senior staff had noted the below average results and had implemented an action plan. Last year a new telephone system had been installed with the number of lines increased from two to four. The numbers of receptionists who answered the telephone morning and evening had been increased from one to two.

Patients we spoke with (including the three patient participation group (PPG) members) said the wait for the telephone to be answered had improved and was reasonable.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy was 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. Information about how to make a complaint was available on the practice's website, in the practice leaflet and in the waiting area.

There had been eight (seven written and one verbal) formal complaints received during 2015. We saw that complaints had been responded to in an effective and timely way. We saw that complaints were dealt with openness and transparency. Complaints were discussed with staff to enable them to reflect upon the likelihood of future incidents. Complaints had been reviewed by senior staff for the purpose of identifying trends or whether further action was needed. For example, poor communication by reception staff had been identified. As a result all reception staff had attended customer services training.



# 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

Senior staff had a vision to deliver quality care and promote positive outcomes for patients. All staff were aware of their responsibilities in contributing to the delivery of good outcomes for patients. The practice had a written five year forward plan dated September 2016 that took into account the probable future increase of registered patients.

- Clinical staff met regularly with other practices through the Local Medical Council (LMC) meetings to share achievements and to make on-going improvements where possible.
- Senior staff had considered future needs that included the proposed transfer of secondary care services to primary care and how these could best be delivered.
- Staff were considering ways of meeting patients' needs and their access to the practice. Senior staff had collected statistics regarding the average number of times a year patients visited their practice. The average visits to other practices were four to five but the visits made to Al-Shafa Medical Centre were between 15 and 20 times per patient per annum. Clinical staff had been educating patients about when and how to seek medical advice.

### 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 staff were aware of their own roles and responsibilities.
- Staff worked as a team and supported each other in achieving good patient care.
- Clear methods of communication that involved the whole staff team and other healthcare professionals. Best practice guidelines and other relevant information was disseminated to staff.
- All staff attended monthly team meetings to discuss operational issues, patient care and how to further develop the practice.

- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

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

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

- The practice prioritised safety, on-going service improvements and compassionate care. The partners were visible in the practice and staff told us they were approachable at all times.
- Practice staff gave affected people reasonable support, truthful information and a verbal and written apology.
- Staff 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.
- 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. Staff told us they 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.

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

# Are services well-led?

Good 

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

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, that staff should wear name badges and refurbishment of the practice. We saw that both of these suggestions had been acted on.

- The practice had gathered feedback from staff during one to one discussions, through staff away days and generally from staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.