

# Dr Abid Hussain

## 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?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection of Dr Abid Hussain, known as Pearl Medical Practice on 19 April 2016. As a result of our inspection the practice was rated as requires improvement in caring and responsive with an overall rating for the practice as requires improvement. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Abid Hussain on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced comprehensive inspection carried out on 7 August 2017 to confirm that the practice had carried out their plan to address the areas requiring improvement that we identified in our inspection in April 2016. This report covers our findings in relation to requirements and improvements made since our last inspection.

We found the practice had carried out a detailed analysis of the previous inspection findings, involving staff and their Patient Participation Group (PPG). The practice had made extensive changes which had resulted in significant improvements. Practice staff had taken responsibility for embedding and maintaining these improvements

themselves. There was evidence of a cultural and leadership change within the practice, and we saw a positive approach to performance and improvement throughout.

Our key findings were as follows:

- Risks to patients were assessed and managed through practice meetings and through discussions with the multi-disciplinary teams.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- The structured, open and transparent approach to the reporting and recording of significant events and complaints had been maintained and further developed since our previous inspection. Six monthly analyses identified themes and trends. Staff were aware of and understood their responsibilities to report these. Learning was shared with staff at team meetings.
- Easy to understand information about services and how to complain was available to patients in the reception area and on the practice website. Full analysis and reviews of complaints were carried out to identify learning, themes and trends.

# Summary of findings

- Staff had completed training to ensure they had the skills, knowledge and experience to deliver effective care and treatment. Staff training needs had been identified and planned for the coming year. Assessments of clinical staff skills had been carried out with details of specific skills assessed recorded.
- Records were viewed and showed that recruitment procedures had been followed when recruiting staff. Records confirmed that the practice had obtained Disclosure and Barring Services (DBS) checks for non-clinical staff who carried out chaperone duties or had unsupervised access to patients.
- There was effective oversight, planning and responses to practice performance.
- 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.
- Staff were enthusiastic about improvements made to the practice and told us they had worked hard to provide the best services for patients.
- The practice sought regular feedback from staff and patients. The Patient Participation Group (PPG) worked with the practice to promote health care and the services offered by the practice. Open days took place so patients could share their views and ideas. Awareness days were held to support patients with their health management such as Diabetes Awareness, with future plans for heart disease and asthma awareness days.
- The practice had identified 4% of its patients as carers.
- Regular checks were carried out to ensure emergency equipment was available for use at all times.
- Patients confirmed on the comment cards that they were listened to, that they were given full explanations for their treatment and care, and that everyone at the practice was helpful and friendly.

The practice is now rated as good for providing safe, effective, caring, responsive services, and for being well-led. The overall rating for the practice is now good.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There were effective systems in place to report and record significant events. Staff demonstrated they knew the process and their responsibilities to raise concerns, and to report any incidents and near misses. Significant events were discussed with staff to ensure that learning was shared and improvements made where applicable.
- 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).
- When things went wrong patients were offered support. They were given explanations as well as information about any action the practice had taken to prevent similar things happening again. Apologies were given where these were appropriate.
- The practice had appropriate systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well-managed. The practice had made improvements to the management of infection control as a result of concerns we identified at the previous inspection.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework 2015/16 showed patient outcomes were rated in line with the local and national averages. For example, 94% of patients with diabetes had received an annual review including foot examinations including foot examinations compared with the CCG and the national averages of 91% and 88% respectively. The practice exception rate of 5% was in line with the CCG average of 6% and lower than the national average of 9%.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely.

# Summary of findings

- Clinical audits demonstrated quality improvement. We looked at a range of audits the practice completed since our last inspection, three of which were completed audits. For example, a medicines audit was conducted in February 2016 with a re-audit done in July 2017.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.
- Staff had received training to ensure they had the skills, knowledge and experience to deliver effective care and treatment. Annual appraisals and personal development plans had been completed for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. Regular meetings were held which enabled information to be shared.

## Are services caring?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing caring services. We found these arrangements had significantly improved when we undertook a follow up inspection on 7 August 2017. The practice is now rated as good for providing caring services.

- Patients commented that they were happy with the service they received, that they were treated well and that they felt cared for. They told us that staff were friendly and helpful.
- Although the National GP Patient Survey results published in July 2017 showed that overall patients' experience of the practice and the satisfaction scores remained below local and national averages, there had been improvements in some areas. For example, 72% of patients said the GP gave them enough time compared to the CCG and national average of 86%. This was an increase of 7% on the previous year. Ninety percent of patients said they had confidence and trust in the last GP they saw or spoke to which was an increase of 3% on the previous year and comparable with the CCG and national averages of 95%. The survey response represented 16% of the patients registered with the practice.
- The practice had routinely analysed and responded to the National GP Patient Survey results to gain feedback from patients. They carried out patient quarterly surveys, encouraged patients to complete the NHS Friends and Family Test, encouraged patients to provide feedback through NHS Choices website and through the suggestion box available to them in the reception area. The practice kept results under regular review to establish where improvement was needed

Good



# Summary of findings

and took action to address the feedback. For example, the recruitment of two GPs and the employment of long term locum GPs to help ensure continuity of care; customer services training for reception staff; the increased availability of GP and pharmacy telephone consultations and changes to arrangements for booking appointments.

- Evidence of the practice's commitment to addressing the areas requiring improvement was seen. Whilst the survey results in some areas were still below average there were already clear improvements in some areas. For example, 76% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 80% and a national average of 84% (an increase of 9% since the previous survey results).
- Diabetes awareness days had been held throughout 2017 to promote the health and wellbeing of patients and help them manage their conditions. These days were successful (with over 60 patients attending) and further days were planned. Patients had commented on how useful they found the day and were pleased to learn about ways to help manage their conditions. There were plans to extend this for patients with other conditions such as heart disease and asthma.
- The practice had improved the support they provided for carers. They had appointed a carers lead to identify and signpost carers among their patients. An information pack with contact details about support available was made available to patients with caring responsibilities. The improvements in the support provided was demonstrated in the increased number of carers identified within the patient population (from 1% to 4% of the practice patient list).

## Are services responsive to people's needs?

At our previous inspection on 19 April 2016, we rated the practice as requires improvement for providing responsive services. We found these arrangements had significantly improved when we undertook a follow up inspection on 7 August 2017. The practice is now rated as good for providing responsive services.

- Services were planned and delivered in ways to ensure the needs of different patient groups were given flexibility, choice and continuity of care.
- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.

Good



# Summary of findings

- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.
- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and dementia. Vulnerable patients were supported to register with the practice, such as homeless people or travellers.
- The practice had made improvements to appointment availability in response to patient feedback. For example, on the day morning and afternoon appointments had been introduced. Telephone access had been spread throughout the day which showed a reduction in the morning telephone congestion. Survey results showed that improvements continued to be made (from 52% in June 2016 to 60% in March 2017).
- Patients gave overall positive views about the appointments system. We received 50 comment cards which were positive about the availability of appointments at the practice. Patients told us that getting appointments and waiting times were acceptable. Patients commented they could always see a GP if the appointment was urgent. Patients specifically commented on the improved access following the introduction of daily telephone consultation appointments with GPs and with pharmacists during 2017.
- The practice provided services across a range of ethnic groups with translation services available if they were needed (73% of their patients were non-English speaking). Staff members spoke a range of different languages to support patients. Information about this facility was available on the information board in the reception area. Additionally, two members of staff worked full time at the practice as receptionists but also provided a translation services for Romanian patients who did not have English as a first language.

## Are services well-led?

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

- There was a clear leadership structure in place and staff felt supported by the management team. The practice had a range of policies and procedures to govern activity and held regular governance meetings.
- Governance arrangements were comprehensive and effectively implemented. There was an overarching framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The practice had a clear vision and a plan in place to deliver quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The management team encouraged a culture of openness and honesty. The practice had systems for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had been proactive in gathering feedback from staff and patients, which it acted on. There was an active and engaged Patient Participation Group (PPG). We saw examples of where the PPG had supported the practice to make improvements.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. Staff told us they were actively involved in the running of the practice and their feedback was encouraged.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population. The number of older patients registered with the practice was 6% which was low in comparison to the local average of 23%, and the national average of 27%. Most of their older patients were cared for at home.
- They were responsive to the needs of older patients. Home visits were offered and urgent appointments for those patients unable to access the practice.
- The practice held regular meetings with the multi-disciplinary team (MDT) for the planning and delivery of palliative care for patients approaching their end of life. The practice knew how many patients they had who were receiving palliative care and kept a palliative care register.
- A mobile number was given to patients with enhanced needs so they could contact the GP at weekends and out of hours so that continuity of care could be maintained.

### People with long term conditions

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

Good



- GPs were supported by the practice nurses in their lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. The practice employed two pharmacists who worked closely with the principal GP to ensure safe and effective prescribing through medicine reviews.
- For patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The quality monitoring data (QOF) for 2015/2016 showed that management of patients with long-term conditions was generally in line with the local and national averages, although exception rates were higher than both local and national levels. For example, the number of patients with Chronic Obstructive Pulmonary Disease (COPD) (lung diseases) who had a review of

# Summary of findings

their condition in the preceding 12 months was 94%. The exception rate of 13% was higher than the local average of 7% and in line with the national average of 11%. The practice had increased the numbers of clinics provided to ensure more regular patient reviews were completed to address the high rates of exception reporting. Unpublished data showed that improvements had been made across all areas for patients with long term conditions. For example, patients with COPD who had a review of their condition in the preceding 12 months (2016/2017) was 96% which showed a continued increase on the previous year.

## Families, children and young people

The practice is rated as good 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 patients who had a high number of accident and emergency (A&E) attendances.
- Childhood immunisation rates for the vaccinations given were in line with the local Clinical Commissioning Group (CCG) averages for under two year olds, but they were slightly lower than CCG averages for under five year olds (81% which was slightly lower than local averages of 89% and national averages of 91%). Unpublished data showed that improvements had been achieved with rates for 2016/2017 increased to 90%.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives and health visitors. The practice contacted parents when babies and children did not attend for their vaccinations and informed Child Health Services when appropriate. We saw minutes of meeting where issues relating to children were discussed.
- The practice's uptake for the cervical screening programme was 99% which was above the local average of 80% and above the national average of 81%. Exception reporting at 40% was higher than both local and national averages of 13% and 7% respectively.

Good



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

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

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- With the launch of the practice website the practice had been proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions. This was advertised on the practice website.
- Extended hours appointments were available so that patients did not need to take time off work. Patients could also book appointments up to four weeks in advance or order repeat prescriptions online.
- 16% of the patients over 30 years of age at this practice had a diagnosis of diabetes, compared with the national average of 6%. The practice had recognised the need for more effective monitoring and this was reflected in their diabetes management achievements for 2015/2016. Performance for diabetes related indicators was higher than the local and national average. For example, patients with a record of a foot examination and risk classification was 94% compared with the CCG and the national averages of 91% and 88% respectively. The practice exception rate of 5% was in line with the CCG average of 6% and lower than the national average of 9%.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. Annual health checks were carried out and patients were offered longer appointments for these.
- Staff had received training and knew how to recognise signs of abuse in vulnerable adults and children who were considered to be at risk of harm. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Good**



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. Information was provided for patients about how to access various support groups and voluntary organisations. For example, leaflets were available in the waiting area and on the practice's website.
- Vulnerable patients were supported to register with the practice, such as homeless people.
- The practice had a palliative care register and provided culturally sensitive end of life care for patients.
- Interpreters and chaperone services were available to patients.

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

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

- The practice held a register of patients living in vulnerable circumstances including those patients with dementia. Annual health checks were carried out for all 14 patients on the practice's register.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was in line with local and national averages.
- The GPs and the practice nurses understood the importance of considering patients' ability to consent to care and treatment and dealt with this in accordance with the requirements of the Mental Capacity Act 2005.
- The practice had given patients experiencing poor mental health information about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Counselling services were available at the practice, provided by Healthy Minds and Faith Counselling.

Good



# Summary of findings

## What people who use the service say

We reviewed the National GP Patient Survey results published in July 2017 for the practice on patient satisfaction. There were 392 surveys sent to patients with 63 responses which represented a response rate of 16% and 0.6% of the practice's total patient population.

Results from the 2017 National GP Patient Survey demonstrated improvements continued to be made when compared with the results from 2016 in most areas. For example:

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 80% and a national average of 84% (an increase of 9% since the previous survey results).
- 52% of patients described their experience of making an appointment as good which was below the CCG average of 70% and a national average of 73% (an increase of 5% on the previous survey results).
- 41% of patients said they usually waited 15 minutes or less after their appointment time to be seen which was below the CCG average of 60% and the national average of 64% (a decrease of 9% on the previous survey results)
- 69% of patients found the receptionists at this practice helpful which was below the CCG average of 85% and a national average of 87% (a decrease of 4% on the previous survey results)
- 45% of patients felt they did not normally have to wait too long to be seen which was below the CCG average of 52% and the national average of 58% (an increase of 5% on the previous survey results).

The practice had a regular programme of patient surveys in place. These were carried out quarterly and completed by an independent survey company. The surveys (with questions aligned with National GP Patient Survey) had been designed to be more linguistically and culturally appropriate and interpreters were available if required. PPG members also provided support during the three day survey period. The results for the survey completed in March 2017 showed that 377 patients had been surveyed with a 74% response rate from those patients attending the practice over a three day period.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 50 comment cards, all of which were positive about the standard of care received. Patients commented that the practice staff were caring and supportive, they were listened to and that they were happy with the service they received.

During the inspection we spoke with a patient who was also a member of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. The patient we spoke with and the views expressed on the comment cards told us that patients received good care from the GPs and the nurses, they could get an appointment when they needed one and that GPs and staff regularly went out of their way to meet patients' needs.

# Dr Abid Hussain

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC lead inspector and a GP specialist advisor.

## Background to Dr Abid Hussain

Dr Abid Hussain's practice is known locally as Pearl Medical Centre. It is located in Ward End, Birmingham which is an area of high deprivation and associated health needs. The practice is based across two adapted shops and one residential property that have been extended to provide primary care services. The practice has approximately 10,000 registered patients. Pearl Medical Centre has an inherently younger population with twice the national average of five to 14 year olds (23% compared to 13%) and very low numbers of older patients. For example, the practice has 2% of patients aged 75 years or over registered with the practice compared to a national average of 7%. The practice population includes a high ethnic population, with a high number of refugees, Eastern European population with low levels of economic activity locally.

This is a single-handed practice. (A practice with one GP who has managerial and financial responsibility for running the business). The principal GP is supported by three salaried GPs and two regular locums. The GPs are supported by a practice manager, two practice nurses, two practice pharmacists, three healthcare assistants and receptionists. A consultant practice manager continues to provide support and quarterly quality monitoring for the practice. The practice is a member of a GP federation of 15 practices.

The practice has a Primary Medical Services Growth contract with NHS England. This contract enables the practice to respond to the needs of the community by allowing more flexibility in the approach to disease management by utilising a wide variety of health care professionals. The practice also provides some enhanced services. Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for services such as minor surgery, well women clinics, child health surveillance and smoking cessation.

The practice is open on Monday to Friday each week from 8.30am to 6.30pm. Telephone lines remain open when the practice is closed at lunchtime from 1pm to 2pm. Extended hours appointments are available on Monday evenings from 6.30pm to 8pm and on Saturday mornings from 9am to 1pm.

The practice does not provide an out-of-hours (OOHs) service but has alternative arrangements in place for patients to be seen when the practice is closed. OOHs support is provided from 6.30pm to 8.30am weekdays. (The OOHs care provider is Badger). The practice has a recorded message on its telephone system advising patients on the numbers to call. This information is also available on the practice's website and in the practice leaflet.

Home visits are also available for patients who are too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions and book routine GP appointments. Booking of appointments can also be made up to three weeks in advance.

# Detailed findings

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Dr Abid Hussain on 19 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing caring and responsive services, good for providing safe, effective and well led services. The overall rating for the practice was requires improvement.

The full comprehensive report following the inspection in April 2016 can be found by selecting the 'all reports' link for Dr Abid Hussain on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

On 7 August 2017 we carried out an announced, follow-up comprehensive inspection to confirm the practice had carried out their plans to improve the quality of care and to confirm that the practice had made the improvements that we identified in our previous inspection on 19 April 2016. This report covers our findings in relation to those requirements.

## How we carried out this inspection

Before our inspection of Dr Abid Hussain we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 7 August 2017. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. Spoke with the practice manager and consultant practice manager.

- Spoke with GPs, nursing, reception and administration staff.
- Spoke with patients including a member of the Patient Participation Group (PPG).
- Reviewed comment cards received we supplied for patients to share their views and experiences of the practice.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 patients' and what good care looked like for them. The population groups are:

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

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



# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed.

- There was a significant events protocol for all staff to follow in reporting incidents. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions taken to improve processes to prevent a recurrence.
- We viewed six incidents that had been reported during 2016/17. We looked at minutes of meetings and records where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient's scan result had been mistakenly filed which had resulted in the GP not being alerted. Although no harm came to the patient the incident was discussed and action ensured that administration staff scanned all results directly to the GP for action. Staff had been informed by the practice manager.

Patient safety and medicine alerts were effectively managed.

- We reviewed safety records, incident reports, Medicines and Healthcare products Regulatory Agency (MHRA), patient safety alerts and minutes of meetings where these were discussed. The practice had a documented alerts protocol to identify, share and respond to any alerts.
- The practice manager was responsible for responding to and sharing information relating to safety and medicines alerts.

- All medicine and medical device alerts were summarised in spreadsheet form which included details of patient searches completed, when staff had received and acknowledged the alerts, and subsequent actions with their completion date.
- Information was shared by email and in practice meetings. Staff told us they had frequent discussions relating to alerts when this was required.
- We saw that action had been taken following a recent alert regarding medicine prescribed for patients with epilepsy. All patients prescribed this medicine were identified promptly and no action had been required for 10 of the 11 patients identified. A medicine review had been arranged for the patient identified.

### Overview of safety systems and processes

The practice had 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP and the salaried GP were the lead members of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies.
- Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs had completed level three training for safeguarding children.
- Chaperones were available for patients when requested. A notice was displayed in the waiting room and in all consultation rooms advising patients of this service. Staff we spoke with and training records confirmed that staff who acted as chaperones were trained for the role. Disclosure and barring checks (DBS) had been completed for staff members who undertook the role of chaperone within their duties. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred from working in roles where they may have contact with children or adults who may be vulnerable).

Appropriate standards of cleanliness and hygiene were maintained.



## Are services safe?

- We observed the premises to be visibly clean and tidy during the inspection.
- One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. One of the actions taken included the decluttering of items within clinical treatment rooms to ensure effective cleaning in all areas.
- The collection of clinical waste was contracted to an external company and records showed that regular collections were made. There was suitable locked storage available for waste awaiting collection.

There were suitable arrangements for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe.

- This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.
- The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs had been appropriately signed by nursing staff and the lead GPs. A PGD protocol was accessible on the practice computer system for clinical staff and included links so they could access details of the latest guidance. The nurses were trained to administer other vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. We reviewed a sample of anonymised patient records and saw that appropriate blood tests had been carried out for patients prescribed high risk medicines within the correct timescales. The practice routinely carried out

weekly searches for all patients who were prescribed high risk medicines to check up to date blood results were available. Follow up appointments were arranged for patients where needed.

- There was a system for cold chain management which included external reporting and liaison with manufacturers on safe vaccine storage. Cold chain procedures were kept under regular review with detailed records to show effective stock management and handling of all vaccines.
- Systems confirmed that staff were protected against Hepatitis B. There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary.

The practice had appropriate recruitment policies and procedures.

- We looked at three staff files for different staff roles including a receptionist, an administrator and a practice nurse. Recruitment checks had been carried out in line with legal requirements. This included proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Systems and processes were followed when locum GPs were required.
- There was a system to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff level assessments had been completed to ensure appropriate GP, nurse and staff cover was maintained. This was kept under review by the lead GP and the practice manager.
- Staff told us they worked flexibly to cover for each other when they were on leave or when staff were unexpectedly absent.

### Monitoring risks to patients

There were procedures for monitoring and managing risks to patient and staff safety.

- Staff told us the practice was well equipped and they had access to equipment and supplies needed to carry out their duties safely.
- There was a health and safety policy available for staff with a poster in the practice which listed the contact details for local health and safety representatives.

## Are services safe?

- All electrical and clinical equipment was checked by an external agency to ensure it was safe to use and that it was working properly. The latest electrical and equipment checks had been carried out in March 2017. These included equipment such as thermometers, weighing scales, syringes and blood pressure monitoring machines.
- The practice also had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella risk assessment had been reviewed in October 2016.
- Records confirmed that staff had completed fire training. Regular fire safety checks were carried out including weekly alarm checks. An external company had been employed to carry out a fire risk assessment with the latest assessment undertaken in September 2016.
- Comprehensive checklists were in place to ensure that regular checks of the building were carried out. These were completed daily and were regularly monitored by the management team. Cleaning schedules ensured cleaning staff completed a routine programme of cleaning. The practice nurse was the infection control clinical lead. An infection control protocol was in place and we saw that regular infection control audits were carried out. The latest audit had been completed in March 2017. Staff had received up to date infection control training.
- There was an emergency incident procedure to guide staff in the event of an emergency. Staff confirmed they knew the procedure to follow and told us there was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff had received annual basic life support training.
- A first aid kit and an accident book were available.
- Emergency medicines and equipment were available and easily accessible to all staff. All medicines we checked were in date and stored securely. Medicines were available to treat a range of emergencies including those for the treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar.
- There was a system to ensure all medicines and equipment was safe to use at all times. For example, all equipment was checked on a weekly basis or following use.
- Oxygen and a defibrillator (which provides an electric shock to stabilise a life threatening heart rhythm) were available with appropriate pads and masks for adults and children.
- There was a business continuity plan to deal with a range of emergencies that may affect the daily operation of the practice which included procedures to guide staff should the need for alternative premises become necessary. Copies of the plan were available on the practice's computer with hard copies held off site by key members of the management team. Contact details for all staff were included.

### Arrangements to deal with emergencies and major incidents

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- There were systems to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- We checked a sample of recent NICE updates and saw that action had been taken where appropriate, for example by conducting clinical audits and random sample checks of patient records. Clinical staff discussed updates during clinical meetings.

### Management, monitoring and improving outcomes for patients

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards.

- The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice.
- Results for 2015/2016 showed the practice had achieved 99.6% of the total number of points available which was higher than the local average of 97% and the national average of 95%. The practice's exception reporting at 11% was 2% higher than the local average and 1% higher than the Clinical Commissioning Group (CCG) average. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition. Unpublished results for 2016/2017 showed that the practice had achieved 99.98% of the total points available.

Data for 2015/2016 showed the practice performed mainly higher than local and national levels for the following examples:

- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other

psychoses with agreed care plans were 94% which was above the CCG average of 92% and above the national average of 89%. The practice exception rate was 6% which was lower than the CCG average of 8% and the national average of 13%.

- Patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% which was above the local and national averages of 86% and 84% respectively. The practice exception rate was 0% compared with the CCG average of 4% and the national average of 7%.
- Performance for diabetes related indicators was higher than the local and national average. For example, patients with a record of a foot examination and risk classification was 94% compared with the CCG and the national averages of 91% and 88% respectively. The practice exception rate of 5% was in line with the CCG average of 6% and lower than the national average of 9%.

The practice had a system for completing clinical audits where they considered improvements to practise could be made. Audits demonstrated that where improvements had been identified they had been implemented and monitored.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. This was evident in the audits we looked at.
- We sampled four of the 14 audits that had been completed during the last year with second cycle audits completed for two of these. A range of topics was covered such as audits based on guidance for prescribing specific medicines for patients with diabetes, and the use of specific medicines for patients with dementia. Outcomes of audits showed that where potential risks to patients had been identified changes had been made to improve patient care, such as in the use of contra indicatory medicines.
- We saw that audit findings had been presented, discussed and documented as part of clinical meetings.
- The practice participated in local audits, national benchmarking and accreditation.
- The GPs attended educational meetings facilitated by the Clinical Commissioning Group (CCG), attended regular clinical skill update courses and engaged in annual appraisal and other educational support.

# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- There was a comprehensive, well-structured training programme for all staff. Staff received appropriate training to meet their learning needs and to cover the scope of their work. For example, staff administering vaccines and taking samples for the cervical screening programme confirmed they had received specific training which had included an assessment of their competence. Certificates were available to confirm that GPs completed regular clinical updates such as cardiology, cytology and respiratory training. The lead GP and all staff had also completed Prevent training (Radicalisation) in June 2016 with annual updates scheduled.
- Staff who administered vaccines kept up to date with changes to the immunisation programmes through access to online resources and discussion at monthly clinical meetings.
- Staff had access to and made use of e-learning training modules and in-house training. This included safeguarding, fire procedures, basic life support and confidentiality.
- There was an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and infection control.
- The learning needs of staff were identified through appraisals and reviews of practice development needs. This included ongoing support during meetings, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

Staff were provided with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems

including dementia. We saw anonymised records to confirm this. Annual reviews had been carried out for 93% of the 104 patients with learning disabilities during 2016/2017.

There were systems to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Clinical staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Consent to treatment was obtained when providing minor surgery for patients in line with relevant guidance. We saw evidence of written consent given by a patient in advance of treatment that confirmed this. Consent information and forms were available to staff on the practices computer.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or nurses assessed the patient's capacity and where appropriate, recorded the outcome of the assessment.
- When providing care and treatment for children and young patients, assessments of capacity to consent were also carried out in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability and ensured that longer appointments were available for them when required.
- The practice ran smoking cessation clinics and offered dietary advice to patients who needed it.

# Are services effective?

## (for example, treatment is effective)

- Patients who needed extra support were signposted to relevant organisations.
- The practice website provided information and patient support links to health conditions such as diabetes and self-care for treating minor illnesses.
- Cervical screening and child immunisation results showed the practice achieved results which were in line with local and national averages.
- The practice childhood immunisation rates for the vaccinations given to children under the age of five year olds averaged 81% which was slightly lower than local averages of 89% and national averages of 91%. Unpublished data showed that improvements had been achieved with rates for 2016/2017 increased to 90%.
- The practice's uptake for the cervical screening programme was 99% which was above the local average of 80% and above the national average of 81%. Exception reporting at 40% was higher than both local and national averages of 13% and 7% respectively. We reviewed the practice's exception reporting and found that this had been completed appropriately and in keeping with national guidance. Unpublished data for 2016/2017 showed that the practice had made improvements on the results of previous data achieving 96% (an increase of 8%).
- The practice told us that their higher exception reporting was linked to their transient homeless and refugee patients and their culturally diverse population. Unpublished data showed that had reduced to 12% for 2016/2017.
- The practice had carried out an audit of cervical samples taken and found the number of inadequate samples at 1% was within acceptable ranges. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice had a high percentage of Eastern European female patients in this age category, who received screening from gynaecologists when they returned to or visited their own country. Patients were advised of the importance of cervical screening, but often they refused to have the tests done. A practice nurse contacted

patients who had not attended and were overdue, to encourage screening. The GPs opportunistically discussed screening with patients, as they were prompted by on screen alerts added to patient records.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were lower than local and national averages.

- The practice's uptake for the bowel screening programme in the last 30 months was 26% which was below the local average of 44% and the national average of 58%. Uptake for breast screening for the same period at 45% was lower than the local average of 66% and the national average of 73%.

The practice followed up patients with text, email, letters and telephone call reminders to attend or participate in screening programmes. Staff followed an established recall protocol to encourage patients to take up screening opportunities. Clinical staff told us that reminder messages were added to patient records so that they could take the opportunity to remind patients about the importance of screening.

We spoke with a member of the Patient Participation Group (PPG), who shared with us some of the cultural difficulties for many patients when considering the screening programmes. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We were told that the practice, together with the PPG had actively engaged with patients in their own communities to promote and encourage future involvement in screening programmes. They considered this to be work in progress.

Regular monthly meetings with members of the Romanian community took place, supported by Romanian speaking staff at the practice to discuss health issues and promote attendance for screening programmes. The practice told us this had been a positive experience in reaching patients and that they had two Romanian speaking staff members working at the practice to help develop this.

Health checks were carried out by the GPs, practice nurses or health care assistants for all new patients registering with the practice, to patients who were 40 to 70 years of age

## Are services effective?

(for example, treatment is effective)

and also some patients with long term conditions. The NHS Health Check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years.

There were processes for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. The lead GP described the processes they would follow to schedule further investigations if needed.



# Are services caring?

## Our findings

At our previous inspection on 19 April 2016 we rated the practice as requires improvement for providing caring services. Improvements were needed in relation to support for carers and patient feedback:

- Feedback from patients was below local and national averages for providing services that were caring. Results from the National GP Patient Survey published in July 2016 showed that overall the practice scored results that were below local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses.
- The practice had 0.7% of patients registered as carers.

At this inspection we found that the practice had responded to the National GP Patient Survey results and implemented a variety of ways to obtain, monitor and respond to patient feedback. The practice's commitment to addressing the areas requiring improvement in the survey results was evident. Whilst the survey results in some areas were still below average they had established systems to achieve further improvement of results over time, although there were already clear improvements in the survey results in some areas. They had appointed a carers lead, engaged with known carers to ensure they received appropriate support and provided awareness sessions with support from external agencies at the practice. The practice is now rated as good for providing caring services.

### Kindness, dignity, respect and compassion

We received 50 comment cards, all of which were positive about the standard of care received by patients at the practice. Patients commented that they were respected particularly in relation to their culture and beliefs, staff were caring and supportive, everyone was friendly and that GPs involved patients in their treatment. Eleven patients specifically referred to GPs by name commenting on their approach to patients' health and wellbeing as a whole, advising on lifestyle changes to help their condition.

Results from the National GP Patient Survey published in July 2017 showed that overall the practice results remained below local and national averages in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses, although there had been improvement in some areas. For example:

- 75% of patients said the GP was good at listening to them which was below the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%. This result was the same as the previous survey results.
- 72% of patients said the GP gave them enough time which was an increase of 7% on the previous year although lower than the CCG and national average of 86%.
- 90% of patients said they had confidence and trust in the last GP they saw or spoke to which was an increase of 3% and comparable with the CCG and national averages of 95%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern which was an increase of 5% on the previous year and lower than the CCG average of 85% and national average of 86%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern which was an increase of 4% on the previous year and lower than the CCG average of 87% and national average of 91%.
- 69% of patients said they found the receptionists at the practice helpful which was a decrease of 4% on the previous year and lower than the CCG average of 85% and national average of 87%.

The practice had analysed the results of the National GP Patient Survey results published in July 2017 with clinical staff. They reflected specifically on the feedback in relation to patient consultation experiences making suggestions for improvement. Discussions of ways to improve the patient consultation experience was established as a regular agenda item for clinical meetings. Results of the next practice survey were to provide updates and comparisons for those discussions.

The practice had acted promptly and provided additional customer service training (in July 2017) to support improvements in response to survey feedback on reception staff.

Comment cards we reviewed and patients we spoke with commented that GPs and nursing staff took the time to explain treatment decisions properly and that they felt involved in their care and treatment. For example, one patient we spoke with told us how the GP had printed out an information leaflet and then taken the time to go through it with them to explain the benefits and risks.

## Are services caring?

A regular programme of practice patient surveys was conducted. These were carried out quarterly and completed by an independent company. We saw evidence that these surveys had been completed as scheduled for the last three years. We reviewed the results for the survey completed in March 2017 which showed that 377 patients were surveyed with a 74% response rate from patients attending the practice over a three day period. Survey questions were aligned to the National GP Patient Survey with results that showed an increase when compared with the results achieved in the National GP patient Survey. For example:

- 77% of patients said the GP was good at listening to them.
- 77% of patients said the GP gave them enough time.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern.

The practice demonstrated that the surveys had been designed to be more linguistically and culturally appropriate for their patients and interpreters were available as required. Patient Participation Group (PPG) members also provided support during the three day survey periods. This was confirmed by the PPG member we spoke with. A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.

A full analysis of all survey results was carried out and compared with previous practice survey results and those of the National GP Patient Survey results. Where improvements had been identified a plan of action plan had been implemented. For example, from the survey in 2016 improvements to the continuity of care and gender GP options for patients had been identified. The practice had taken action to address this through the employment of regular long term-locum GPs including three female GPs. Further action required the recruitment of salaried GPs. Two GPs were due to commence employment in September 2017. We saw recruitment records to confirm this.

NHS Choices website scores had improved to a rating of four stars by April 2017. The practice told us they actively encouraged patients to provide feedback either through their regular patient surveys carried out by the practice, the NHS Friends and Family Test and online through NHS Choices website. Where comments had been made on the NHS Choices website the practice had responded, reviewed

the comments and made changes as a result. For example, we saw evidence that customer services training had been completed by staff as a result of this feedback. Feedback from the NHS Friends and Family test showed that 83% of patients would recommend the practice to others.

The PPG met regularly with the practice to consider ways of improving the service for patients. Meetings took place every three months. The minutes showed that discussions had taken place about actions required to improve service for patients. This had included the promotion of online booking options; the increased availability of telephone triage with GPs and pharmacists to improve patient access to appointments; and reviews of National GP Patient Survey results to identify where further action was needed. The PPG reported they had received positive feedback from patients on their experiences of the online prescribing system.

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

Patients told us that health issues were discussed with them and 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.

The results from the National GP Patient Survey published in July 2017 showed results that were mainly below national and local averages. When asked about their involvement in planning and making decisions about their care and treatment patients responded:

- 71% of patients said the last GP they saw was good at explaining tests and treatments which was an increase of 2% on the previous year and lower than the CCG and national averages of 86% and 85% respectively.
- 55% of patients said the last GP they saw was good at involving them in decisions about their care which was a decrease of 8% on the previous year and lower than the CCG average of 81% and the national average of 82%.

However, results from the practice patient surveys (the latest in March 2017) carried out quarterly by an external company to gain patient views showed that patients had rated the practice higher than the results of the National GP Patient Survey:



## Are services caring?

- 76% of patients said the last GP they saw was good at explaining tests and treatments
- 77% of patients said the last GP they saw was good at involving them in decisions about their care.

We discussed these results with the principal GP and the practice manager who told us that they had concerns about the National Patient Surveys as the survey forms were sent to patients who were linguistically diverse (73% of the practice patient population). They felt this was not a true reflection of the services the practice provided, although they had undertaken many improvements in the last two years to improve patient experiences of their services. They confirmed however, they would continue to analyse, reflect and review the feedback from these surveys to drive improvements in the services they provided, in conjunction with other feedback from own surveys, NHS Choices website and NHS Friends and Family tests.

The results of the practice quarterly surveys identified that improvement was needed in relation to the services provided by clinical staff. Nevertheless, feedback had shown a steady improvement over the last three surveys (2016/2017). For example, in March 2016 patients rated their confidence in the clinicians ability as 76% which had increased to 78% in March 2017.

The practice told us they had recognised that stability of clinical staff was key to patient experiences as indicated in all survey results. They had employed more regular long-term locums to address this. They had also successfully appointed two salaried GPs due to commence at the practice in September 2017.

Staff told us that translation services were available for patients who did not have English as a first language. Over 70% of the patients registered with the practice did not have English as their first language. Staff and patients told us that twice weekly clinics were held specifically for Romanian patients and support from Romanian staff as interpreters was provided. We also found that a number of practice staff could speak other languages to support patients.

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

The practice provided support for patients and carers in a number of ways:

- Information leaflets were available in the waiting area of the practice.

- Staff told us that if families had suffered bereavement they were contacted by the practice.
- Patient information leaflets and notices were available in the patient waiting areas which told patients how to access a number of support groups and organisations. This information was also available in a range of languages on the practice website.
- Counselling sessions were provided at the practice by Healthy Minds and Faith Counselling.

The practice had made improvements to the service provided for patients with caring responsibilities.

- The practice's computer system alerted the GPs if a patient was also a carer. The practice maintained a register of all patients who were carers and supported these patients by offering health checks and referral for social services support. The practice told us they had increased the focus on identifying and providing care and support for carers. At the time of the inspection 394 carers were known to the practice which represented 4% of the practice population. This was a significant increase on the results of the previous inspection of 0.7%.
- The practice had a carers lead to identify and signpost carers among their patients.
- Support was provided at the practice by external agencies such as Citizens Advice Bureau (CAB) who attended the practice weekly to advise patients about support available to them.
- Health checks and flexible appointments were provided for carers.
- Staff told us that during the flu season all carers were contacted and offered flu vaccinations. A copy of the carers pack had also been mailed to those patients providing a list of all services available to them.
- The practice was working with the local Forward Carers (Birmingham's Carers Hub) to provide additional support for patients. A carers event in partnership with Forward Carers was scheduled for 24 August 2017.

Feedback from patients showed that they were positive about the emotional support provided by the practice. Comments included that staff were friendly, supportive and caring. Patients who had attended the practice events had commented on the value of and their appreciation of these and were enthusiastic about future dates planned.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 19 April 2016 we rated the practice as requires improvement for providing responsive services.

Improvements needed included:

- patient access to the services provided.
- a systematic analysis on the actions taken in response to complaints and patient feedback to ensure changes had been effectively implemented and maintained.

At this inspection we found that the practice had responded to the National GP Patient Survey results and made changes to improve patient access to services provided. The practice was committed to addressing the areas requiring improvement in the survey results. Whilst the survey results in some areas were still below average they had clearly worked hard to achieve improvements. They had established systems to drive further improvements that would be gained over time.

The practice had implemented a revised system to respond to and learn from complaints received. The practice is now rated as good for providing responsive services.

### Responding to and meeting patients' needs

Systems ensured that staff were supported to maintain the level of service provided. The practice was located in an area that was culturally diverse with high levels of deprivation, and the practice demonstrated they understood the needs of their practice population. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) and other practices to discuss local needs and service improvements that needed to be prioritised.

Services were planned and delivered in ways to ensure the needs of different patient groups were given flexibility, choice and continuity of care. For example:

- Urgent access appointments were available for children and those with serious medical conditions. GPs told us that urgent appointments were available every day and confirmed that patients would always be seen.
- GPs made home visits to patients whose health or mobility prevented them from attending the practice for appointments.

- Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability and dementia.
- Vulnerable patients were supported to register with the practice, such as homeless people or travellers. There was a system for highlighting vulnerability in individual patient records.
- A telephone answer machine message provided information to direct patients to the NHS 111 service for out of hours support. Information was also available to patients about this facility in the practice leaflet and on the website.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. GPs and the nurses told us they shared information with patients to help them understand and manage their conditions. This was confirmed by patients who completed comment cards.
- The practice offered routine ante natal clinics, childhood immunisations and cervical smears. A minor surgery service was provided by the practice which included joint injections.
- The practice provided services across a range of ethnic groups and we saw that translation services were available if they were needed. Staff members spoke a range of different languages to support patients. Information about this facility was available on the information board in the reception area. Additionally, two members of staff worked full time at the practice as receptionists but also provided a translation services for Romanian patients who did not have English as a first language.

The practice told us they had created ways to engage with patients to provide help, advice and support in their health and wellbeing. For example, a programme of awareness days/events had been developed and implemented in conjunction with the PPG during 2016/2017. These had been supported by external advisory agencies such as Diabetes UK and Age UK. This included:

- Diabetes awareness days. These events had included food tasting; volunteers had demonstrated that tasty food was still possible with healthier choices to help

# Are services responsive to people's needs?

## (for example, to feedback?)

improve their health and wellbeing. These had been well attended, with in excess of 60 patients attending each event (10% of the patients diagnosed with diabetes).

- Antibiotic awareness event. This had taken place in July 2017 following feedback from members of the Romanian community and staff who worked with and interpreted for them about understanding the purpose of antibiotics. Seventeen patients had attended this introductory event and as a result ongoing monthly events had been planned on a variety of topics, with the next event scheduled for August 2017.

### Access to the service

The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma, diabetes, epilepsy, and heart disease.

- Comprehensive information was available to patients about appointments on the practice leaflet and online. This included details on how to arrange urgent appointments, home visits and order repeat prescriptions. Daily urgent and routine appointments were available. Online appointments were available with all clinical staff and all patients were offered online access.
- Daily telephone consultation appointments were available with GPs and with pharmacists who worked at the practice.
- The practice was open on Mondays to Fridays each week from 8.30am to 6.30pm. Telephone lines remained open when the practice was closed at lunchtime from 1pm to 2pm. The practice provided extended hours appointments on Monday evenings from 6.30pm to 8pm and on Saturday mornings from 9am to 1pm. The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. Patients could access a local walk in centre, or call 111 for out-of-hours services.
- The practice building was accessible to patients with mobility difficulties, clinicians supported patients who used a wheelchair in a ground level consultation room. Other consultation rooms were available on the first floor. There were baby changing facilities and a room was available for breast feeding should this be required.

Results from the National GP Patient Survey published in July 2017 showed that patients' satisfaction with how they could access care and treatment was generally below local and national averages, although there had been some improvements on the previous year's results. For example:

- 76% of patients were able to get an appointment to see or speak to someone the last time they tried which was below the CCG average of 80% and a national average of 84% (an increase of 9% since the previous survey results).
- 52% of patients described their experience of making an appointment as good which was lower than the CCG average of 70% and the national average of 73%. (This was an increase of 5% on the previous year).
- 41% of patients said they usually waited 15 minutes or less after their appointment time which was lower than the CCG average of 60% and national average of 64%.

The practice had taken action in response to the survey results. Survey analysis was completed when annual results were published. We reviewed those completed for the last three years. The practice had produced and worked to action plans to drive improvement in patients experience of the services provided. Patients were encouraged to provide feedback on their experiences of the services they received in a variety of ways:

- Through practice open days
- Through practice patient surveys,
- Through patient feedback on NHS Choices website
- Through a suggestions box that was available in the reception area.

The practice had recognised that the responses to the National GP Patient Survey had been traditionally very low. They identified that the National GP Patient Survey was sent out to patients in a limited language format and required literacy skills to complete. Many patients in their practice population (73%) did not have English as their first language.

Having identified the limitations of the National GP Patient Survey, the practice had decided to implement a regular programme of patient surveys which had been designed to correlate with the National GP Patient Survey questions, but were also more linguistically and culturally appropriate. Interpreters were available to help patients with survey responses if required. PPG members also provided support during the three day survey periods.

# Are services responsive to people's needs?

## (for example, to feedback?)

These surveys were carried out quarterly and completed by an independent company. The results for the survey completed in March 2017 showed that 377 patients had been surveyed with a 74% response rate from those patients attending the practice over a three day period.

The practice patient survey results were generally higher than national results. For example:

- 69% of patients described their experience of making an appointment as good compared to the national survey results of 52%.
- 67% of patients said they usually waited 15 minutes or less after their appointment time compared to the national survey results of 41%.

The practice had undergone significant changes to improve performance, access and services for patients:

- The employment of additional staff had been on-going. The employment of regular long term-locum GPs including three female GPs, appointed in November 2015, January and June 2016. Two further salaried GPs had been recruited to commence on 4 and 21 September 2017.
- A team of staff had been established to manage the appointments system, introduced in April 2016. The number of staff to answer telephone calls for the mornings when the telephone lines opened had been increased; this was introduced in September 2016.
- Changes to the release times for appointments so that telephone access was not concentrated to early mornings, was introduced in September 2016.
- A new system of on the day morning and afternoon appointments had been introduced. Telephone access had been spread throughout the day which had seen a reduction in the morning telephone congestion, was introduced in September 2016.
- Conducted audits to analyse and improve the numbers of patients not attending their booked appointments.

The results of the practice patient surveys showed that improvements had continued to be made in telephone access (from 52% in June 2016 to 60% in March 2017).

Patients gave overall positive views about the appointments system. We received 50 comment cards all of which were positive about the availability of appointments at the practice. Patients told us that getting appointments and waiting times were acceptable, and that they could always see a GP if the appointment was urgent. Patients specifically commented that the practice had improved recently in relation to appointment access, convenience and overall patient experience at the practice.

### Listening and learning from concerns and complaints

The practice had enhanced their system for responding to concerns and complaints they received. We saw evidence that demonstrated how the practice listened to patients views, analysed complaints and saw that learning from these had been shared with all staff.

- Information was available in the waiting area to help patients understand the complaints system.
- A comprehensive complaints log was maintained in which the person responsible for dealing with the complaint was recorded. Outcomes showed what action had been taken and by whom. A follow up review was routinely carried out to ensure that changes made had been implemented and maintained.
- An analysis of complaints was routinely completed to identify themes or trends and to ensure that all processes had been followed.
- Where learning had been identified from complaints this had been shared with staff in team meetings. We saw minutes of meetings to confirm this. Staff confirmed that discussions had taken place and demonstrated knowledge of learning that had been shared with them.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice aims were:

- To provide the best possible standards of health care for their patients.
- To maintain standards through continuing audit of care provided, through peer assessment and through professional learning and development.

Staff demonstrated they knew and understood these practice values. The practice had a detailed current business plan and a range of strategy documents to support this. The practice had engaged with the Clinical Commissioning Group (CCG) to consider and develop plans to meet the needs of the local population.

### Governance arrangements

The practice had a governance framework that supported the delivery of the strategy and good quality care. This outlined the structures and procedures which ensured that:

- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national performance measurement tool. The QOF data for this practice showed that in all relevant services in 2015/2016 it was performing mostly in line with or above local and national standards. We saw that QOF data was regularly discussed at clinical meetings with action taken to maintain or improve outcomes.
- There was a clear staffing structure and that staff were aware of their own and each other's roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Staff were aware of their content and where to access them.
- There were arrangements in place to identify, record and manage risks within the practice and to ensure that mitigating actions were implemented.
- The practice had systems for overseeing and monitoring staff training. We reviewed staff training logs and saw that these had been fully documented and were up to date. All staff had received the necessary training and updates and details were documented appropriately.

### Leadership and culture

During the inspection the lead GP and the practice manager demonstrated that:

- They had the experience, capacity and capability to run the practice and ensure high quality care.
- Clinical and non-clinical staff had a wide range of skills and experience. They told us they prioritised safe, high quality and compassionate care.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings, or directly with a GP or manager. They felt confident and supported in doing so.
- The GPs and the practice manager were visible in the practice. Staff told us that they were approachable and always took the time to listen to all members of staff.
- There were high levels of staff satisfaction. Staff told us they enjoyed working at the practice and felt they were part of the team.
- Staff told us the practice held regular practice meetings which included discussion of significant events, complaints and patient feedback.
- Staff said they felt respected, valued and supported, particularly by the GPs and management within the practice. Staff felt involved in discussions about how to run and develop the practice and staff were encouraged to identify opportunities to improve the service delivered by the practice.
- There were systems 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 providing staff with additional training or support when incidents had occurred and a training need had been identified as a result.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through surveys they had carried out, through the NHS Friends and Family Test and the GP National Patient Survey results. They had compiled an action plan to address issues identified from the feedback such as the



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difficulty with accessing the practice by telephone and the lack of consistent clinical staff at the practice. For example, during 2016/2017 additional staff had been employed and deployed in response to the feedback.

- The practice had an active Patient Participation Group (PPG). The PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care. The PPG told us they had regular quarterly meetings with the practice and minutes of meetings were available to patients in the waiting area and on the practice website. The PPG were exploring ways to promote the services offered by the practice and worked with staff to signpost patients and carers to the various support groups.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion.

- Staff told us they were confident they would be supported if they needed to raise any issues or concerns. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.

- Staff told us the practice worked as a team and this approach enabled them to provide the best care they could for all patients.
- There had been increased staff training such as customer care skills for reception staff.

## Continuous improvement

The practice told us they:

- Encouraged continuous improvement to ensure that a clear proactive approach to seeking out and embedding new ways of providing care and treatment was maintained. This was particularly evident with the educational engagement sessions held with various patient population groups.
- Maintained their commitment to and encouraged continuous learning and innovation through regular meetings, training events, protected learning time as well as making time to reflect on practice to consider further improvements.
- Continued to work proactively with the CCG and other practices to develop services to promote care within the community.
- The practice had become a member of a GP federation of 15 practices and attended meetings to gain from a mutual sharing of information within the group.