

# Saltley Centre For Health Care

## 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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Saltley Centre For Health Care	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Saltley Centre For Health Care on 10 March 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Risks to patients were assessed and well managed. Risks linked to infection control which related specifically to the practice premises had been identified at a recent infection control audit and the practice had suspended minor surgery as a result. However, we found that despite attempts by the practice to make relevant improvements to the practice premises in order to improve infection control, they had been unable to do so due to strict modification restrictions imposed by the building landlord.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Patients commented that recent changes had led to improvements in the way they were treated.
- The practice had carried out clinical audits and repeat audits to improve and maintain patient outcomes.
- We saw evidence to demonstrate that the practice had carried out a comprehensive analysis of its patient population profile and developed targeted services and made changes to the way it delivered services as a consequence. For example by offering more in-house services such as diabetes care or 24 blood pressure monitoring.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Patients also commented that access had improved in recent months.

# Summary of findings

However, there were areas of practice where the provider should make improvements:

- Consider how the practice could proactively support and identify carers to improve outcomes.
- Consider the promotion of national screening programmes to improve uptake.

- Promote and encourage membership of the patient participation group and work with them to identify areas for improvement.

**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?

- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at relevant practice meetings (clinical or practice meetings as appropriate). Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and verbal or written apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

Good



### Are services effective?

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Data showed patient outcomes were at or above average for the locality for most areas with the exception of chronic obstructive pulmonary disease (COPD) prevalence rates. We saw evidence to demonstrate that improvements were being planned.
- The practice had carried out four clinical audits completed in the last two years. Three of these were completed audit cycles where the improvements made were implemented and monitored.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



# Summary of findings

## Are services caring?

Good



- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example, patients rated the practice lower for GP consultations and for their involvement in GP decisions about their care and treatment. We saw that steps were being taken to improve this area and patients we spoke with commented on how this had recently improved.
- We found that information for patients about the services available was easy to understand and accessible.
- We saw that staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We saw that staff treated patients with kindness and respect although confidentiality was not always maintained at reception.

## Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had engaged with the Clinical Commissioning Group (CCG), involved specialist diabetes nurses and collaborated with the Alzheimer's Society to provide relevant targeted in-house services for its patients.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was mostly comparable to local and national averages. However, patients rated the practice lower for practice opening hours and for the overall experience of making an appointment. Recent changes implemented by the practice had resulted in improvements in these areas and were demonstrated through the results of a practice survey.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

# Summary of findings

## Are services well-led?

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice was aware of practice performance levels and changes had been made where required.
- There was a documented leadership structure and most staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice and clinical meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice had carried out proactive succession planning.
- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- The practice did not have a fully engaged patient participation group to further support practice development.
- There was a strong focus on continuous learning and development at all levels. Staff told us they had received regular performance reviews and had clear objectives.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The leadership of the practice had started to engage with this patient group to look at further options to improve services for them. For example, the practice had collaborated with Alzheimer's Society to raise dementia awareness.
- Online appointments were available and patients who were housebound. They were also able to submit repeat prescription requests via the phone.
- There were longer appointments available for older patients and those over 75 were allocated a named GP.
- Home visits were available for older patients and patients who would benefit from these.
- The practice had a ramped access and automatic front entrance doors.
- There were marked disabled parking bays near the practice.

### People with long term conditions

Good



- Performance for diabetes related indicators was above the national average (practice average of 90% compared to a national average of 84%). The practice had set-up and established a dedicated diabetes clinic that offered a range of diabetes services and monitoring.
- The percentage of patients with hypertension having regular blood pressure tests was also above the national average (practice average of 88% compared to a national average of 84%). In-house 24 hour blood pressure monitoring was also available at the practice.
- Longer appointments and home visits were available when needed.
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were above CCG averages.
- The practice's uptake for the cervical screening programme was 81% which comparable to the CCG average of 79% and the national average of 82%.
- Appointments were available outside of school hours.
- The practice had a dedicated healthcare assistant and health trainer who attended the practice once a week and offered a range of health promotion services and treatments.
- The practice also worked with health visitors to support young families.

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours Monday to Friday from 6pm to 7pm to accommodate working patients.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was available at the practice and the practice referred appropriate patients to the health trainer for more focused support.

Good



## People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- The practice offered longer appointments for these patients and where possible, patients were also seen without a booked appointment.
- Clinical staff had received specialised external training in order to better support patients who had been affected by domestic violence.
- The practice also worked with health visitors to identify children who may be vulnerable.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.

Good





# Summary of findings

- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

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

- Performance for mental health related indicators was higher than the national average (practice average of 100% compared to a national average of 89%). However, the exception reporting rates were also higher for the practice (15%) compared to the CCG (10%) and national (11%) reporting rate. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice carried out advance care planning for patients with dementia. For example, the practice had collaborated with the Alzheimer's Society to raise dementia awareness and had hosted two dementia awareness and advice sessions.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence that the GP had completed online mental capacity training.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016 were mixed. The results showed that the practice was performing below local and national averages with regards to overall experience and whether patients were likely to recommend the practice. 403 survey forms were distributed and 67 were returned. This represented a 17% response rate.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 56% were satisfied with the surgery's opening hours (CCG average 73%, national average 75%).
- 69% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).

- 55% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all of which were all positive about the standard of care received. The comments cards also highlighted that although there had been issues with opening hours, this had greatly improved in recent months and the practice was now open for longer on Monday to Friday. We also spoke with four patients (two of whom were members of the patient participation group) who also commented on their recent positive interactions with staff and overall experiences at the practice.

## Areas for improvement

### Action the service SHOULD take to improve

However, there were areas of practice where the provider should make improvements:

- Consider how the practice could proactively support and identify carers to improve outcomes.
- Consider the promotion of national screening programmes to improve uptake.
- Promote and encourage membership of the patient participation group and work with them to identify areas for improvement.

# Saltley Centre For Health Care

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Saltley Centre For Health Care

- Saltley Centre For Health Care is located at Cradock Road, Saltley, Saltley, West Midlands, and provides care and treatment for just over 7000 patients (the practice has recently merged with another practice).
- There are three GP partners and three salaried GPs who work at the practice. Four GPs are male and two are female. The practice also has three practice nurses, one locum practice pharmacist, one healthcare assistant, two practice managers, two assistant managers and a team of administrative staff.
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 9am and 7pm Monday to Friday. Appointments take place from 9am to 6.30pm daily. The practice offers extended hours Monday to Friday from 6pm to 7pm.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Primecare. Patients are directed to this service on the practice answer phone message from

when the practice closes at 7pm to 8am the next day. Before the practice opens at 9am, an arrangement is in place with Primecare whereby a practice GP contact number is provided to the out-of-hours provider for any emergency contact between 8am and when the practice opens at 9am.

- The practice is located in an area with high levels of deprivation and is among one of the most deprived areas nationally. There is a much higher population average of younger patients aged below 34 years at the practice compared to the national average and a much lower number of patients over 35 years.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 February 2016. During our visit we:

- Spoke with a range of staff (including GP's, practice nurse, practice managers, reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would complete a significant event form and inform the practice manager of any incidents. The significant event recording form was available in reception for staff to complete.
- The practice manager then analysed the significant event and informed the GP if this concerned a clinical issue. This was then discussed relevant monthly practice or clinical meetings as appropriate.
- The practice had documented four significant events and one 'learning event' on a significant event form in the past 12 months. We saw evidence to demonstrate that significant events were regularly discussed and that learning had been shared.
- We saw that the practice had carried out an analysis of the individual significant events and suggestions to prevent reoccurrence had been considered.

We reviewed safety records, incident reports, safety alerts and minutes of monthly staff meetings where these were discussed. We saw that lessons were shared to make sure action was taken to improve safety in the practice.

We saw evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate. The GP we spoke with was able to discuss an example of an incident where contact had been made with the affected patient to apologise and clarify actions taken by the practice to improve processes to prevent reoccurrence.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. We saw that policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings on a quarterly basis (which were also attended by health

visitors) and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All the GPs were trained to the appropriate level.

- The healthcare assistant and practice nurses carried out chaperone duties. A notice in the waiting room advised patients that a chaperone was available, if required. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed areas of the premises which did not appear to be clean (for example the reception area carpet) and we saw in some cases the premises required updating. This was aligned to the views of patients who commented that the practice required refurbishment and that the patient toilets were not very clean. The practice informed us that they recognised this was an issue but since building was not owned by the GPs it had found it very difficult to make changes. This was due to strict restrictions being placed on the practice by the building owners with regards to making any improvements or updating. We saw evidence to demonstrate that attempts had been made by the practice to liaise with the building owners but these had been unsuccessful to date. Following concern about effective infection control not being in place due to the state of the premises, the practice had taken the initiative to suspend minor surgery.
- A GP and one of the practice managers were joint infection control leads who liaised with the local infection prevention teams. There was an infection control protocol in place and staff had received up to date training. An infection control audit had been undertaken March 2016 by the CCG which had identified a number of essential improvements required to ensure effective infection control. We saw that in almost all cases, this was related to improvements to the premises and better cleaning protocols. The practice told us that they had recently changed the cleaning company employed. The practice also informed us that following this audit, they had been advised that minor surgery remain suspended until appropriate improvements to the premises had been made.

## Are services safe?

- We saw that as a result of the infection control audit, the practice had developed an action plan to address the improvements. We noted that most of the actions involved liaising with the estates management of the building owners although dates for when this would be done by had not always been documented.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The emergency medicines were readily accessible to staff in the event of an emergency. Prescriptions were securely stored and there were systems in place to monitor their use. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed three personnel files of those recently employed 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 checks through the Disclosure and Barring Service had been carried out.
- We reviewed five personnel files and noted that there had been only one recently employed member of staff (locum practice pharmacist) whilst other staff had been employed for nine years or more. We found that for the locum practice pharmacist, all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and

safety risk assessment had been carried out in July 2015 and all actions arising from this had been completed. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required.

### Arrangements to deal with emergencies and major incidents

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

- There was an on-screen instant messaging system alert on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for the relevant agencies.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and we saw evidence of an audit based on NICE guidance that had been used to direct patient care.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 97% of the total number of points available. This was above the CCG & national QOF averages of 94%. The practice had an 11% exception reporting which was slightly higher than the CCG & national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was an outlier for one QOF (or other national) clinical target. This was for the lower ratio of reported prevalence of chronic obstructive pulmonary disease (COPD) when compared to the expected prevalence (practice ratio of 0.27 compared to 0.63 nationally). However, in other indicators the practice performed highly compared to the national average. For example, QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was above the national average (practice average of 90% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was above the national average (practice average of 88% compared to a national average of 84%).

- Performance for mental health related indicators was higher than the national average (practice average of 100% compared to a national average of 89%). However, the exception reporting rates were also higher for the practice (15%) compared to the CCG (10%) and national (11%) reporting rate.

The practice had analysed its patient population and believed that the lower numbers of COPD picked up by the practice was due to it's much younger than average patient population. The practice had also planned a COPD audit to look into this issue further.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of which were completed audit cycles where the improvements identified had been implemented and monitored.
- The practice had participated in applicable local audits, national benchmarking and research.
- We saw that findings had been used by the practice to improve services. For example, a COPD audit had reviewed the practice management of COPD patients and a subsequent re-audit had indicated an increase in the quality of care and monitoring of these patients.

### Effective staffing

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

- We saw evidence to show that the practice had a comprehensive induction programme for newly appointed members of staff. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions such as diabetes by the practice nurse. The practice had also provided more specialist external diabetes training for two of the GP's in order for them to lead on the newly established in-house diabetes care in collaboration with a diabetic specialist nurse.
- The learning needs of staff were identified through a system of annual appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. Staff files reviewed identified that all staff had received an appraisal within the last 12 months.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules as well as in-house or external training. We saw that clinical staff had received specialised external training in order to better support patients who had been affected by domestic violence.

### 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 medical records and test results. Information such as NHS patient information leaflets were also available.
- A locum clinical pharmacist had been appointed by the practice to ensure medication reviews and changes in medication directed by hospitals were appropriately managed. The pharmacist also provided support and advice to the practice GPs.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- We saw that there was a form to record information for out-of-hours services.

Staff worked together and 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. We saw evidence that end of life care multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- In our discussions with the GP, we found that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw evidence that the GP had completed online mental capacity training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- A GP discussed a recent example where this had been done effectively.
- Verbal consent [WA1] was noted on the patient computer records although this was not being done consistently. Currently, the practice had suspended minor surgery due to concerns around infection control relating specifically to the practice premises. However, where appropriate, written consent was also obtained (such as for joint injections), the consent form was scanned and attached to patient notes.

### Supporting patients to live healthier lives

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

- These included patients who may be in the last 12 months of their lives, carers and those requiring advice on their diet, those requiring advice on alcohol or smoking cessation. Patients were then signposted to the relevant service.
- Weekly practice visits by a health trainer every Monday to provided support and advice on lifestyle issues such as diet, smoking cessation and alcohol awareness.
- A healthcare assistant conducted the health checks and gave some advice on health promotion as well as making referrals to the health trainer where appropriate.

The practice's uptake for the cervical screening programme was 81% which comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. However, the practice was below average for national screening programmes for bowel cancer screening (practice average 33% compared to CCG average of 51% and national average of 58%) and breast cancer screening (practice average 58% compared to CCG average of 69% and national average of 72%). We saw that there were posters in the waiting area highlighting the importance of breast cancer screening and promoting breast cancer checks.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 77% to 100% and five year olds from 94% to 100% for the practice which were above the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and



## Are services effective? (for example, treatment is effective)

NHS health checks for people aged 40–74. Poster's in the waiting area informed patients of these health checks. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. However, confidentiality was difficult to maintain in the reception area. Telephone and face-to-face appointment bookings were both taken at the front desk and although patients were advised to stand back we observed that it was still possible to hear confidential information. The practice informed us that they recognised this was an issue and had wished to install a glass window to improve this but had not been possible due to restrictions by the building owners.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A poster was displayed in the waiting area advised that a room was available.

All of the 32 patient CQC comment cards we received were positive about the service experienced and interactions with staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They told us they were happy with the care being provided by the practice and said their dignity was respected. However, they?? felt that confidentiality was not always maintained during interactions with staff at reception. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 7 January 2016 showed patient responses were varied in relation to being treated with compassion, dignity and respect. For example the practice was above average for its satisfaction scores in relation to the practice nurse and

reception staff. However, national GP patient survey data indicated that the practice was below the CCG and national average for its satisfaction scores on consultations with GPs. 403 survey forms were distributed and 67 were returned. This represented 17% response rate:

- 67% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 75% said the GP gave them enough time (CCG average 86%, national average 87%).
- 87% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 64% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

We found that GP staff had been made aware of the feedback from the national survey and the practice had worked at making improvements and changes. A practice survey had then been carried out in January 2016. The practice had sent out 35 surveys and 27 forms had been returned. The survey results indicated that the changes implemented had demonstrated improvements in patient experiences of GP consultations. For example, patients now felt they had sufficient consultation time with their GP (as the practice had increased GP consultation times) and were more satisfied overall with the GP consultation experience. The practice survey was due to be repeated in April 2016 and GP consultations had become a regular point of discussion at clinical meetings from March 2016.

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

Patients we spoke with informed us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also informed 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 and that this had improved in recent months. Patient feedback on the comment cards we received was also positive and aligned with these views.

## Are services caring?

Results from the national GP patient survey published in 7 January 2016 showed patients rated the practice lower to questions about their involvement in planning and making decisions about their care and treatment in relation to GP consultations. Results were in line with local and national averages for nurse consultations. For example:

- 63% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 62% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 82%)
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

The practice told us that as a result of the feedback regarding GP consultations, discussions had taken place to suggest ways of improvement. In addition, from March 2016, ways to improve the GP consultation experience was a regular agenda item for clinical meetings. Comment cards we reviewed suggested recent improvements in this area. Patients we spoke with also commented that GPs took the time to explain treatment decisions properly and that they felt more involved. 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. A practice survey had also been conducted by the practice in January 2016 which had shown an increase in patient satisfaction with GP consultations.

Staff told us that translation services were available for patients who did not have English as a first language although this was rarely used as most GP's were bilingual.

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

We saw that there were leaflets in the patient waiting areas that provided patients information on how to access a number of support groups and organisations. For example, we saw leaflets on the services available for carer's, safeguarding information and contacts numbers for patients as well as contact numbers for domestic violence support services.

The practice maintained a carer's register although alerts on the computer system were not in place to inform GPs when a patient was also a carer. The practice told us they currently had 30 carers on their register which only amounted to 0.4% of the practice patient list. There was also no evidence of the carers register being effectively utilised to support carers.

We saw that carer's packs were available for patients to take which contained written information to direct carers to the various avenues of support available to them. One member of staff was also a 'Carer's Champion' who was able to advise and direct relevant patients to the support available.

We were told that the practice did not have a formal process in place to support families that had suffered bereavement. However, families were signposted to relevant counselling and support services as appropriate.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had comprehensively reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had analysed the patient population profile and identified that for its patient population, diabetes, asthma and hypertension were particularly prevalent. It had also found that its patient population was much younger than the national average. In response, the practice had extended its opening hours to accommodate its younger, working age patient population.

The practice had also set up other targeted services such as an in-house diabetes care clinic twice every month. The practice had provided two of its GPs with further accredited external diabetes training to ensure an effective in-house diabetes service was provided. These GPs worked with two specialist diabetic nurses to run the diabetes clinics as well as collaborating with a diabetic consultant who provided a virtual clinic to discuss complex cases with the practice GPs and nurses.

The practice had carried out an audit with the support of the CCG to improve identification of dementia and ensure that the diagnosis was correctly documented on the clinical system. The practice also informed us of the work carried out in collaboration with the Alzheimer's Society relating to dementia awareness and had hosted two dementia awareness and advice sessions in January 2016 for patients to attend. These had been well-attended and the practice had planned to make this a regular event.

The practice had worked with the CCG to also provide other in-house services. For example, in-house electrocardiograms (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain), 24 hour blood pressure monitoring and phlebotomy (taking blood from a vein) services.

- The practice offered extended hours Monday to Friday from 6pm to 7pm to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for older patients and those over 75 were allocated a named GP.

- Patients whose circumstances may make them vulnerable were also offered longer appointments and had alerts placed on the patient record system. These patients were also seen without a booked appointment.
- Text message reminders of appointment times were in place to try and reduce non-attendance rates.
- The practice had a dedicated diabetes clinic that offered a range of diabetes services and monitoring.
- Home visits were available for older patients and patients who would benefit from these.
- Patients identified as at-risk of hospital admission had care plans in place and were provided with a direct line to the practice.
- A practice pharmacist had been appointed on a locum basis to provide further support and advice about the changing medicine needs of patients and to ensure effective medicine reviews.
- Same day appointments were available for children and those with serious medical conditions.
- We noted that the patient toilets were wide enough for wheelchair users.
- The consultation rooms were all located on the ground floor
- A hearing loop was not available at the practice at the time of the inspection. However, the practice informed us that following an Equality Act Assessment, an order had been placed for one.
- The practice had a ramped access and automatic doors for the front entrance and the practice was located in a single-storey building.
- There were marked parking bays for the disabled near the practice.

### Access to the service

The practice was open between 9am and 7pm Monday to Friday. Appointments were from 9am to 6.30pm daily. The practice offered extended hours Monday to Friday from 6pm to 7pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mainly below average in comparison to local and national averages. Although the practice was rated higher for being able to get through on the phone

# Are services responsive to people's needs?

(for example, to feedback?)

and being able to see their preferred GP, patients rated the practice lower in relation to opening hours; convenience of appointments; overall experience and on whether they would recommend to someone new.

- 56% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 70% said that the last appointment they got was convenient hours (CCG average 91%, national average 92%).
- 69% described the overall experience of their GP surgery as fairly good or very good (CCG average 83%, national average 85%).
- 55% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).
- 69% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 71% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

The practice had analysed the results of the patient survey and we saw evidence to demonstrate that the practice had made changes to improve their opening hours, access and overall experience of the practice. For example, the practice had:

- Increased opening hours so that the practice was now open until 7pm Monday to Friday.
- Introduced a new telephone system with option choices for patients.
- Increased the number of appointments available daily.
- Made online bookings available.
- Conducted practice surveys to seek further patient views and improve the patient experience.

- Conducted an audit to analyse and improve the numbers of patients not attending their booked appointments.

Comment cards we collected and patients we spoke with on the day of the inspection were aligned with the view that the practice had improved recently. Specifically patients commented that this improvement was related to appointment access, convenience and overall patient experience at the practice.

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The two practice managers were the designated responsible members of staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a complaints and feedback leaflet displayed in reception.

We looked at the two complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency when dealing with the complaint. We saw that the practice had recorded information such as details of the complaint, action taken and next steps. Where appropriate, patients had received a letter of explanation and an apology from the practice. Action taken to prevent reoccurrence had also been recorded. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw evidence that complaints, safeguarding and significant events were reoccurring agenda items and discussed at both clinical and general staff meetings to maximise learning.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- We found that the practice had a purpose and values statement
- This stated that the practice focus was on the delivery of exceptional quality of care; taking care of staff; working towards integrated and holistic care with patient empowerment as well as responding to the needs of their patients.

### 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 in place and staff members we spoke with were aware of their own roles and responsibilities
- Policies we viewed were practice specific and were available to all staff members
- The practice was aware of practice performance levels and changes had been made where required.
- The practice had in place a programme of continuous clinical and non-clinical audit to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks.

### Leadership and culture

The practice had undergone a period of significant change leading to an increase in patient list size due to the merger of two practices. We found that the GPs at the practice had the experience, capacity and capability to run the practice and ensure high quality care. Four of the GPs were available in the practice on the day of the inspection. Staff members we spoke with told us that they found the GP partners to be very supportive and approachable and that the GPs and management encouraged a culture of openness and honesty.

The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept records of written correspondence.

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

- Staff members informed us that the practice held monthly team and clinical meetings and we viewed documentation to support this.
- Staff members we spoke with told us that there was an open and transparent culture within the practice and that they had opportunities to raise any issues and felt supported when they did. For example, we saw evidence that the practice meeting agenda was posted in the reception area and staff were provided with the opportunity to add any agenda items they wished to be discussed at the next meeting.
- Staff members said that they felt respected, valued and supported by both management and GPs in the practice. Staff members we spoke with said that open discussion was encouraged by the management team.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through a practice survey and complaints received and monitored survey data from other sources.
- We saw evidence that there was a patient participation group (PPG) in place although attendance at the meetings was very low. It was also not representative of the practice patient population and it had not yet been possible for a PPG chairperson to be appointed. We did not see any evidence of the PPG was currently being actively promoted in the waiting areas.
- We met with two of the PPG members. They informed us that the practice listened to their views and had implemented some suggestions although they also felt there were not enough PPG members to make a significant impact. The practice had recognised that the PPG was not currently being effectively utilised and showed us some evidence of how this was being made a priority going forward.

# Are services well-led?

Good 

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

- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff members informed us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff members informed us they felt involved and engaged to improve how the practice was run. For example, we saw evidence that the practice meeting agenda was posted in the reception area and staff were provided with the opportunity to add any agenda items they wished to be discussed at the next meeting.

## **Continuous improvement**

There was a strong focus on continuous learning and improvement at all levels within the practice and the practice was working to become an approved training provider. The practice had thoroughly analysed its patient population and sought to provide targeted services in-house such as diabetes care and 24 hour blood pressure monitoring. Staff had received additional training in order to do this effectively. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice actively participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices.