

# The Manor Practice

## 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 carried out an announced comprehensive inspection at The Manor Practice on 24 May 2016. The practice consists of two sites located at James Preston Health Centre (Main site) and Ashfurlong Medical Centre (branch site). Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. These were used to support learning.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff received appropriate training and support for their roles to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- The practice performed well against national indicators for patient outcomes. The practice was participating in innovative schemes to improve outcomes and reduce unplanned admissions in their older population.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointments. Patients with urgent needs were able to obtain same day consultations.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

The practice was participating in innovative schemes in collaboration with local practices to secure positive outcomes for older people and reduce the need for unplanned admissions.

The elderly care support nurse pilot project was a collaboration between three practices running between September 2015 and September 2016. An elderly care

# Summary of findings

support nurse has been employed to review all patients over 75 years on the practice list to identify, assess and help address any unmet care and support needs. Over 300 patients from across the participating practices have benefited to date receiving care and support from a range of services including NHS, local authority, third sector and voluntary organisations.

The areas where the provider should make improvement are:

- Review and implement ways in which the identification of carers might be improved so that they may receive support.
- Ensure greater involvement of clinical staff in complaints investigations and responses.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed and given a verbal apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as outstanding for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that clinicians kept up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits were used to improve practice and outcomes for patients, for example when making changes to the delivery of services.
- Data showed that the practice was performing well when compared to practices nationally in the management of many long term conditions and in national screening programmes.
- The practice participated in innovative schemes in collaboration with other local practices to improve patient outcomes for the practice's most vulnerable patients. The schemes focussed on elderly patients and addressing any unmet needs in order to minimise the risk of unplanned hospital admissions and secure positive patient outcomes. Evidence to date was showing these were proving to be successful.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice worked collaboratively with local practices in innovative schemes designed to support older and vulnerable patients. The schemes helped ensure patients had access to care and support they needed to improve their lives and minimise the risk of hospital admissions. The schemes helped identify and secure support from a variety of sources including the NHS, local authority, independent and third sector organisations allowing interventions at an earlier stage.
- Patients found it easy to make an appointment with urgent appointments available through a triage system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. However, clinical staff were not always party to the investigation and response to complaints about them.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had been proactive in identifying, implementing and participating in innovative schemes to improve patient outcomes for older and vulnerable patients. Data available to date showed these were having a positive impact.

# Summary of findings

## The six population groups and what we found

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

### Older people

**Outstanding**



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Older patients were allocated a named GP to support their needs.
- The practice worked collaboratively with other practices locally to provide innovative and proactive services to meet the needs of this population group, improve outcomes and reduce unplanned admissions to hospital. The elderly care support nurse pilot project which started in September 2015 and runs until September 2016 is designed to identify and support previously unrecognised need. The elderly care support nurse was reviewing all patients over 75 years to identify, assess and help address any unmet care and support needs. Over 300 patients from across the participating practices have benefited to date receiving care and support from a range of services including the NHS, local authority, third sector and voluntary organisations. The elderly support nurse told us that the majority of patients were from The Manor Practice as the largest of the three participating practices. The unplanned admission scheme (a collaboration between six local practices) employs three community matrons to review admissions for patients over 70 years and facilitate early discharge where appropriate by putting in place appropriate support and care arrangements. There had been a large reduction in hospital bed days compared to non-participating practices as well as a reduction in the number of hospital deaths. The practice joined the scheme in February 2016. Data available from the community matron showed that since the practice joined 24 admissions have been avoided and 17 re-admissions prevented by putting in place appropriate supporting interventions.
- The practice regularly worked with other health professionals to review and ensure those with the most complex care needs were being met. For example, patients with end of life care needs or had unplanned admission to hospital.

# Summary of findings

- Both practice sites were accessible to patients with mobility difficulties. There was a practice wheelchair available if needed.
- The practice undertook home visits and telephone consultations for patients who would otherwise have difficulty attending the practice due to their clinical condition. It also undertook weekly visits to a local nursing home where there was a number of practice patients resident. We received positive feedback about the practice from this home.
- The practice website could be adjusted in font size and colour for easier viewing.
- The practice's adult safeguarding lead had undertaken additional training in the care of older adults who were vulnerable.

## People with long term conditions

**Good**



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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Nursing staff involved in the management of long term conditions had received appropriate training.
- Performance for diabetes related indicators was 100% which was higher than the CCG average and national average of 89%. (Exception reporting for diabetes related indicators was 15% which was slightly higher than the CCG average of 10% and national average 11%).
- Longer appointments and home visits were available for those who needed them due to their clinical needs.
- Patients had a named GP and a structured annual review to check their health and medicines needs were being met. For some conditions these were undertaken as a home visit if the patient was unable to attend the practice due to clinical reasons.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example insulin initiation, electrocardiographs (ECGs), ambulatory blood pressure monitoring and spirometry.



# Summary of findings

## Families, children and young people

Good



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 people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Priority for appointments was also given to sick children.
- Both premises had baby changing facilities and offered a breast feeding friendly service.
- The practice carried out combined six week baby checks and postnatal appointments for convenience.
- The practice worked with midwives, health visitors and school nurses to support and safeguard children and young people.

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

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended opening hours at Ashfurlong Medical Centre on a Monday until 8pm and on a Saturday Morning 8am to 12noon for patients who were unable to attend due to work or other commitments during normal opening hours.
- Telephone triage service also enabled patients who were unable to attend the practice easily to seek clinical advice.
- The practice was proactive in offering online services for booking appointments and ordering repeat prescriptions.
- Text messaging was used to remind patients of appointments and improve attendance.

# Summary of findings

- The practice provided a range of health promotion and screening that reflected the needs of this age group including NHS health checks. The uptake of nation screening programmes was higher than CCG and national averages.
- The practice offered virtual membership to its patient participation group to encourage feedback from this group of patients.

## People whose circumstances may make them vulnerable

Good



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 and those with caring responsibilities. For example, carers and those with a learning disability.
- The practice offered health reviews for patients with a learning disabilities provided by a named nurse. These would be carried out at learning disability units, where appropriate, at times agreed so that patients could still attend their daily activities and routines. The practice had 79 patients registered with a learning disability and 94% had received an annual health reviews in the last 12 months.
- Patients with a learning disability held patient passports which provided important information about them, including their likes and dislikes should they move between services.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Noticeboards displayed information for vulnerable groups on carers, drugs and alcohol misuse and safeguarding support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- New patients were asked about any specific needs as part of the registration process so that it could be taken into account when providing care and treatment.

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

Good



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

# Summary of findings

- Nationally reported data for 2014/15 showed 72% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average 82% and national average 84%.
- National reported data for mental health outcomes (2014/15) was 100% which was above to the CCG average 92% and national average 93%. Exception reporting was comparable to CCG and national averages.
- The practice had a named nurse for mental health reviews who would also follow up those who did not attend.
- Some of the reception staff at the practice had been trained as dementia friends to ensure a better understanding and support for patients with dementia.
- There was a well-established acute referral pathway for the local mental health teams.
- The practice website contained details of mental health support available and easily accessible self-referral forms.
- The principal GP told us that they contacted patients who had attended hospital through alcohol.
- Information was displayed in the waiting area about support available for patients with dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 252 survey forms were distributed and 112 (44%) were returned. This represented approximately 0.7% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 62%
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 69%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 82%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and the CCG average of 75%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards (20 from John Preston Health Centre and 6 from Ashfurlong Medical Practice) which were all very positive about the standard of care received. Patients were very satisfied with the service and found staff helpful and caring.

We spoke with nine patients during the inspection, including two members of the practice's patient participation group (all patients we spoke with were at the John Preston Health Centre). Patients were complimentary about the service and told us that they felt listened to and were treated with dignity and respect. The practice also participated in the Friends and Family test which invites patients to say if they would recommend the practice to others. Data available on NHS Choices website showed the practice currently showing 92% of the 239 patients who responded saying they would recommend the practice to others.

# The Manor Practice

## 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 advisor, a practice manager specialist adviser and an Expert by Experience (a person who has experience of using this particular type of service, or caring for somebody who has).

## Background to The Manor Practice

The Manor Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a suburban area of Birmingham with a list size of approximately 15,700 patients. Patients can be seen at either the main practice site located in James Preston Health Centre (owned by NHS property services) or at their branch site located at Ashfurlong Medical Centre, 233 Tamworth Road, Sutton Coldfield B75 6DX which is shared with another practice and a private consulting service. The branch surgery is co-owned and shared with another practice. Both the main and branch site premises are purpose built for the purpose of providing

primary medical services and have similar numbers of patients in attendance. We visited both sites during our inspection but spent the majority of the time at the James Preston Health Centre.

Based on data available from Public Health England, the practice has lower than the national average levels of deprivation in the area.

Practice staff work flexibly across the provider's two sites (James Preston Health Centre and Ashfurlong Medical Centre). Altogether the staff team consists of five partners (2 male and 3 female), 4 salaried GPs (2 male and 2 female), 8 nurses (including four independent prescribers), 2 health care assistants, a practice manager and a team of administrative staff.

Both sites are open from 8am to 6.30pm Monday to Friday. In addition the Ashfurlong Medical Centre is open 6.30pm to 8.15pm on a Monday and between 8am and 12.30pm on a Saturday for extended opening. When the practice is closed the provision of primary medical services are subcontracted out to an out of hours provider (BADGER).

The practice was a training practice for qualified doctors training to become GPs. The practice also supported military trainee doctors and final year medical students. More recently the practice has provided placements for student nurses.

The practice has not previously been inspected by CQC.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was

# Detailed findings

planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).
- Observed how people were being cared.
- Reviewed how treatment was provided.
- Spoke with health and care professionals who worked closely with the practice.
- Spoke with patients, including a member of the practice's Patient Participation Group (PPG). PPGs are a way in which practices and patients can work together to improve services.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

- Reviewed documentation made available to us for the running of the practice.

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 were aware of the systems and processes of reporting incidents and significant events and 27 had been reported in the last 12 months.
- The incident recording form used by the practice 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).
- Practice staff advised us that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and verbal apology where appropriate.
- The practice carried out a thorough analysis of the significant events and undertook trends analysis to identify opportunities for learning.

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

Records were kept of safety alerts received and action taken in response recorded. Staff were able to recall examples of safety alerts they had acted on. The practice also had a safety alert protocol which also provided contact details for reporting any equipment incidents to relevant organisations.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff and contact details for reporting safeguarding concerns and for further guidance was displayed in clinical areas. There were lead members of staff for child and adult safeguarding. The GPs told us they attended safeguarding meetings

when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and were able to give examples where safeguarding concerns had been raised as appropriate. Staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Alerts placed on patient record ensured staff were aware if patients were at risk.

- Notices in the waiting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed both premises to be visibly clean and tidy and cleaning records were readily available (including records for cleaning clinical equipment). Staff had access to infection control policies and procedures, appropriate hand washing facilities, personal protective equipment and cleaning equipment and had received training as part of their induction. One of the nurses had undertaken additional training and took the lead for infection control at the practice. There was an infection control protocol in place and staff had received up to date training. The practice had received an infection control audit at both sites and had achieved a high rating with scores of 98% at the John Preston Health Centre and 95% at the Ashfurlong Medical Centre. We saw evidence of action taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. The nursing team included four Independent Prescribers who could prescribe medicines for specific clinical

## Are services safe?

conditions. Patient Group Directions had been adopted by the practice to allow the other members of the nursing team to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. Both premises seen appeared well maintained and regular checks were undertaken on the safety and security of the premises.
- The practice had up to date fire risk assessments and carried out regular fire drills. Records showed fire equipment was regularly maintained.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff told us that they had sufficient equipment and that it was in good working order to carry out their job.
- 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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they would cover for each other during periods of absence. The practice also used locum GPs if required.

### Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training.
- The practice had a defibrillator and oxygen with adult and children's masks available at both premises. Records were maintained to show these were checked regularly. We also saw a first aid kit available in reception at the John Preston Health Centre.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for services and staff. Hard copies were kept off site should the premises become inaccessible. Practice staff told us that they had successfully put business continuity plans in place following a flood at the Ashfurlong Medical Centre.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- NICE updates were discussed as a standing agenda item at practice meetings.
- We saw evidence of audits undertaken in relation to the management of patients against NICE guidelines for example patients with heart failure.
- The practice used standardised templates in the management of patient care which helped ensure consistency and adherence to best practice.
- Clinical staff met quarterly for diabetic meetings which enabled them to discuss latest guidance and management of diabetic patients.
- The practice benefited from hosting secondary care consultants at the Ashfurlong Medical Centre which provide opportunities for advice and guidance on specific conditions.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 100% of the total number of points available, which was higher than the CCG average of 94% and national average of 95%. Exception reporting by the practice overall was also higher at 15% compared to the CCG and national averages of 9%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Generally, lower exception rates mean more patients were treated.

The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was higher than the CCG average and national average of 89%. (Exception reporting for diabetes related indicators was 15% which was higher than the CCG average of 10% and national average 11%).
- Performance for mental health related indicators was 100% which was higher than the CCG average of 92% and the national average of 93%. (Exception reporting for mental health related indicators was 13% which was similar to the CCG average of 10% and national average of 11%).

There was evidence of quality improvement including clinical audit.

- The practice was able to show us several audits that had been undertaken, some of these were full cycles where improvements made were implemented and monitored. These included audits in relation to the appropriateness of two week wait referrals and an audit of completeness of documentation when prescribing the contraceptive pill for the first time.
- The practice had undertaken an audit of its triage system in effectively managing urgent health issues. Re-audit had shown triage had been successful in managing patients and the number of telephone consultations had increased between 2015 and 2016.
- An antibiotic prescribing audit showed practice prescribing as similar to others within the CCG.

The practice was working in collaboration with other practices locally in providing innovative services aimed at promoting improved outcomes for some of their most vulnerable patients. These included:

- The elderly care support nurse pilot project – this was a collaboration with three practices to screen for frail and vulnerable elderly patients to find and assess unmet need. Patients are supported and signposted to appropriate services thus helping to prevent unplanned admissions and improve the patients' quality of life. The pilot scheme had been running since September 2015 and was due to be completed in September 2016. It had been estimated that over 300 patients (across the three practices) have benefited from the scheme to date.

# Are services effective?

## (for example, treatment is effective)

Patients received support from a variety of sources to meet their needs for example, occupational therapy, dementia nurses, GP appointments, fire alarms and befriending schemes.

- Unplanned admission scheme - The practice joined an existing scheme in February 2016 with six local practices to reduce the need for hospital admissions and enable frail patients to be discharged earlier with appropriate support in place. The scheme which employed three community matrons originally started in September 2014 and was currently supporting over 200 patients. The scheme to date was proving to be cost effective. There had been a large reduction in hospital bed days compared to non-participating practices as well as a reduction in the number of hospital deaths. Data available from the community matron showed that since the practice joined the scheme in Feb 16 they had managed to prevent 24 admissions by putting in place supporting interventions following avoidable admissions assessments. They had also undertaken 69 post discharge reviews on patients with or who may require a care plan and put in place support that had led to the prevention of readmission for 17 elderly and vulnerable patients.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff, this was adapted to the different staff roles. New staff were allocated a mentor (an experienced member of staff) to support them during their induction. They also received a six month review of their progress.
- A locum pack was available for GPs working at the practice on a temporary basis detailing useful information to support them.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Several members of the nursing team had undertaken additional qualifications in the management of long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff had access to a variety of on-line and in-house training and were given protected learning time to undertake training.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff described the practice as supportive of training. However, we did notice that some staff were not up to date with their training for example, fire safety and safeguarding. The practice addressed this and forwarded to us information shortly after the inspection to show that the training had since been completed.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

- Practice staff told us that they were up to date with processing patient information received so that it would be accessible to clinicians at the practice.
- The practice was a pioneer in the development of e-referrals in Birmingham including the introduction of electronic advice and guidance and the two week cancer referrals to improve the quality of referrals.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Practice staff regularly met with other health care professionals to discuss patients with end of life care needs, those who had unplanned admissions and to discuss the needs of vulnerable children.
- The practice proactively worked with other practices in the locality and health professionals to review the needs of patients with unplanned admissions or at high risk of admission to ensure appropriate care was received.

# Are services effective?

## (for example, treatment is effective)

- Feedback from health and social care professionals about the working relationship with the practice was very positive.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff were able to give examples as to how they supported patients to understand care and treatment. For example, by involving the learning disability team and using easy read leaflets to support a patient with learning disabilities attend for cervical screening.
- Training records showed that staff had undertaken Mental Capacity Act training within the last 12 months.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The practice had formal consent forms for patients undergoing minor surgery at the practice.

### Supporting patients to live healthier lives

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

- Specific clinics were held to support patients with diabetes and respiratory conditions.
- The practice offered in house support in areas such as weight management.
- The practice website contained links to health information and support available for patients.

- The practice had worked with the patient participation group in running an open day which included health promotion advice and support. Sessions included promoting the awareness of breast and prostate cancer.
- There was a dedicated clinical member of staff for undertaking annual health assessments for patients with learning disabilities and poor mental health.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 78% and the national average of 82% (Exception reporting was also comparable). There were systems in place to follow up patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Uptake of these national screening programmes was higher than both the CCG and national averages. For example, the uptake of breast screening for females 50 to 70 years within the last 3 years was 76% compared to the CCG average of 69% and national average of 72%.

Childhood immunisation rates for the vaccinations given were higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% (compared to the CCG range of 80% to 95%) and five year olds from 95% to 99% (compared to the CCG range of 86% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Through the elderly care support nurse project patients over 75 years were being offered a health check to identify any previously undetected health issues.

# 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; conversations taking place in these rooms could not be overheard. Rooms also had key pad locks which prevented the risk of unauthorised access.
- A barrier around reception helped provide space for patients speaking with reception staff.
- Reception staff told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Patient feedback from the 26 comment cards we received and the nine patients we spoke with on the day of inspection was consistently positive. Patients were very satisfied with the care they received and spoke highly of the staff describing them as helpful and caring. Patients told us they were treated with dignity and respect and gave examples of compassionate care they had received when they needed help and support.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. Results for the practice were slightly higher than the CCG and national averages for satisfaction scores on consultations with GPs and nurses in most areas. For example:

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and usually had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. The practice had personalised care plans in place for some of the most vulnerable patients at the practice.

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

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice's own patient survey in 2014/15 in which 245 patients responded showed 98% of patients felt the GP was good at involving them in decisions about their care and treatment.

The practice provided facilities to help patients be involved in decisions about their care. For example, staff told us that translation services were available for patients who did not have English as a first language.

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

## Are services caring?

The practice signposted patients to information and services that could help them cope with care and treatment. Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about various conditions and support groups was also available on the practice website. These were very well publicised and patients could easily access self-referral forms for some of these services. In conjunction with the patient participation group (PPG) the practice had held an open day in which support groups and practice staff had been available to give advice to patients. We received positive comments from patients about the support they had been given from the practice during difficult times.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carer identification policy and protocol in place. Information was displayed in the waiting area inviting patients to identify themselves as carers and alerting them to support available. A carers' pack containing social and financial advice and support was also available. However, there was a relatively low number of patients currently identified as carers, 67 patients (approximately 0.4% of the practice list).

There was a bereavement protocol to support families recently bereaved. Families and relatives were offered a consultation so that support could be offered as required. The bereavement protocol contained a comprehensive list of support services available and books which may be helpful to children.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation.

- The practice offered extended opening hours on a Monday evening and on a Saturday morning at the Ashfurlong Medical Centre for patients who worked or could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, information advising patients that they could book longer appointments was available in the practice leaflet.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice. Practice staff undertook reviews and health assessments of patients resident in local care homes to ensure their needs were met.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. A pre-assessment travel form enabled staff to identify vaccination needs. Although yellow fever was not available from the practice staff were able to signpost to other services where this could be obtained.
- Both premises were accessible to patients with mobility difficulties and included disabled facilities, ramp access and automatic doors. There were low level reception desks so that patients who used a wheelchair were easily able to speak with the reception staff.
- A hearing loop and translation services available if needed. The website could also be translated into a range of languages and font size.
- Both premises had baby changing facilities and offered a breast feeding friendly service.
- The practice had worked with a local home for patients with learning disabilities to provide appointments and annual reviews around their daily activities so as to cause less disruption in their lives.

- Private outpatient clinics operated from the Ashfurlong Medical Centre in specialities such as Ears Nose and Throat (ENT), rheumatology, ophthalmology and plastic surgery. Some referrals to these clinics were made to NHS patients through the choose and book system. This provided greater options and convenience for patients who were able to see consultants closer to home for their outpatient appointments.
- The practice worked collaboratively with other practices in the local area to support and deliver innovative projects for patients over 70 years of age. The projects aimed to identify and effectively support patients who are at risk and help prevent unplanned hospital admissions. The practice proactively looked at unmet patient needs and referred to various support available provided through NHS, local authority, independent and third sector organisations. It also incorporated the needs of carers supporting these patients.
- For the convenience of patients, the practice offered a range of services to support the diagnosis and management of patients with long term conditions for example, an anticoagulation service, insulin initiation, electrocardiographs (ECGs), ambulatory blood pressure monitoring and spirometry.

### Access to the service

Both sites were open from 8am to 6.30pm Monday to Friday. In addition the Ashfurlong Medical Centre opened 6.30pm to 8.15pm on a Monday and between 8am and 12.30pm on a Saturday for extended opening. In the practice's own patient survey undertaken in 2015/16 93% of the 244 patients who responded said they found the practice's opening times convenient.

Consulting times varied depending on the individual GP, the day, and the two sites but at a minimum ranged from 8am to 11am and 3pm to 6pm Monday to Friday.

When the practice was closed services were provided by an out of hours provider (BADGER). Patients were alerted to the out of hours service via the practice answerphone and practice leaflet.

Patients were able to book appointments two to three months in advance. Some appointments were held back for on the day booking and for 48 hours booking. A duty doctor triage system operated for those who required urgent appointments, patients would be invited in or managed via telephone consultation as appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them. We saw on the day of our inspection that the next available routine GP appointment was within 6 working days and nurse appointment within 3 working days.

The practice had a systems and protocols in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

## Listening and learning from concerns and complaints

The practice had systems 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. This set out the expected timescales for managing complaints.
- There were designated lead staff for handling complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a complaints leaflet for patients to take away. Patients were advised how they could escalate their concerns if they were not happy with the way in which it had been managed by the practice and how they could obtain support in raising a complaint.
- The practice documented verbal as well as written formal complaints to ensure they were acted on and could be learned from.

The practice had received 29 complaints between April 2015 and March 2016. We found in most cases they were satisfactorily handled in a timely way. However we found that in complaints relating to clinical staff, that member of staff had not always been party to the investigation and response.

# 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.

- The practice had a mission statement which set out the aims and values of the practice and staff were aware of this.
- The practice had identified through supporting business plans its vision and values and how they would be achieved.
- The practice was a founding member of the recently established 'Our Health Partnership' across Birmingham which will be sharing central functions.
- The practice had a low staff turnover but was looking at forward planning in preparation for future retirements.
- The practice set out within the practice charter its commitments to and expectations of patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the service, the practices vision and good quality care. The structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to staff.
- There was a comprehensive understanding of the performance of the practice. QOF, other national indicators and progress against the CCGs ACE programme were routinely monitored and discussed.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. Findings were shared with staff at clinical meetings.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Important information was disseminated to staff through the clinical and non-clinical meetings.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We found the practice well organised. Records were easily accessed when required.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). Significant events and safety alerts were a standing item at clinical meetings to ensure they were acted on. The practice analysed incidents and significant events to identify any specific trends.

Members of the practice's patient participation group were invited to attend appraisals with the CCG so that they could see how the practice was performing.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or directly with senior staff.
- Staff said they felt respected, valued and supported, by the partners and senior staff in the practice.
- Staff told us that they felt encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had an active PPG consisting of 110 members, some of which were virtual members. The PPG met regularly with GPs and the practice manager. We spoke with two members of the group who told us that they felt valued and that the practice worked with them to deliver improvements such as changes to the practice website. The practice had carried out a patient survey during



# Are services well-led?

Good 

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

2015/16 in conjunction with the PPG and had acted on the findings. The practice had introduced telephone triage, additional telephone lines and staffing to address patient demand.

- Staff told us they felt involved and engaged in how the practice was run. We saw examples of changes that had been introduced as a result of staff feedback for example, the introduction of student nurse placements and the introduction of a symptoms form for patients to complete when providing samples.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Practice staff were well supported in their professional development. The practice team was forward thinking and part of local pilot schemes and collaborative working to improve

outcomes for patients in the area, particularly around the care of older patients. The practice was also participating in new schemes to offer student nurses placements in general practice.

The principle partner also initiated both advice and guidance and the two week wait option within choose and book to help improve the accuracy and speed of referrals. The practice had been recognised by the CCG for its promotion and support of initiatives of the PPG.

The practice was a training practice for qualified doctors training to become GPs. The practice also supported military trainees and final year medical students. More recently the practice had provided placements for student nurses. Some of the nursing staff had received mentorship training to enable them to support student nurses in placements at general practices.