

Northwood Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

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 Northwood Medical Centre on 25 October 2016. 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.
- There were effective systems in place to assess and manage risks to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients from all age groups consistently reported they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The GPs and staff took additional measures to support patients during acute health

problems and times of uncertainty. A caring and compassionate ethos was evident throughout the practice and patients and staff gave examples of caring acts carried out by the GPs and nurses.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The National GP Patient Survey 2016 response reflected this. The practice operated effective appointment systems which allowed patients to be seen on the same day if necessary.
- 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.

Summary of findings

The areas where the provider should make improvement are:

- Take action to ensure there is a system in place for checking and recording fridge temperatures during times of staff absence.
- Display the procedure for managing emergencies in reception for frontline staff to refer to.

- Ensure photo identity is kept in all staff records.
- Display more information for carers in the waiting area.

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.

- 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 received reasonable support, information and a written apology. They were told about any actions taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The practice had achieved 99.6% of the total QOF points available in the most recent results from 2015/16. This was above the CCG and national averages of 97% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance and the practice discussed changes in best practice at clinical meetings.
- The practice carried out clinical audits which demonstrated quality improvement in areas such as diabetes.
- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice higher than others for all aspects of care and patients consistently reported positive comments regarding all aspects of the practice.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The GPs contacted patients who had undergone difficult and emotional health issues such as miscarriage, to offer support.

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, for example regarding services for patients with pre-diabetes.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The National GP Patient Survey 2016 results and comments cards also reported ease of access to appointments.
- 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. Learning from complaints was shared with staff and other stakeholders.

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 meetings which included governance.
- 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 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.
- All staff reported feeling valued and well supported in their roles.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice served seven care homes and each had a nominated GP who visited on a weekly basis and as requested in response to patients' needs.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the local incentive scheme for patients over 75 who had complex needs. They had robust systems in place to review their condition.
- Housebound patients were visited at home to provide flu vaccinations by the practice nurses.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Each GP also had a specific area of interest and monitored outcomes for long term conditions.
- The Quality and Outcomes Framework (QOF) achievement for all long term conditions were above the local and national averages, for example in conditions such as diabetes, chronic obstructive pulmonary disease, asthma and mental health.
- Longer appointments and home visits were available when needed.
- The practice used an automated appointment system for flu and QOF recalls and also sent texts to remind patients of their appointments.
- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. Patients were called during their month of birth and all conditions were reviewed at the same visit.
- 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 health trainers held weekly sessions to encourage healthy lifestyles and choices.

Good



Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were at 77% which was above the CCG average of 70% and national average of 76%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The practice were using questionnaires to explore ways of gaining the views of young people regarding sexual health services and how they could be better delivered.

Working age people (including those recently retired and students)

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

Good



- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice actively encouraged patients aged 40-74 years to take NHS health checks and provided in house phlebotomy (taking of blood for tests).
- GPs arranged to telephone patients with their test results to prevent the need for time off work.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances and those with a learning disability and reviewed these patients regularly.

Summary of findings

- The practice offered longer appointments for patients with a learning disability. When patients were attending with a carer the GP was notified to ensure the patients were seen as soon as possible.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 96% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national averages of 85% and 84% respectively.
- The overall achievement for mental health indicators were 100% compared with the CCG and national averages of 97% and 94% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had access to mental health support organisations such Birmingham Healthy Minds, Forward Thinking Birmingham and single point of access and older patients over 66 years were referred to psycho-geriatricians.
- The practice hosted clinics from the consultant psychiatrist and community psychiatric nurse alternate weeks for patients with ongoing mental health problems to prevent them having to attend the hospital.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above the local and national averages. There were 230 survey forms distributed and 104 returned. This represented over 1% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by telephone compared to the national average of 73%.
- 94% 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%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 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%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Patients frequently commented on the high quality of care they received and the caring and compassionate staff at the practice.

We spoke with six patients during the inspection. All six patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Many cards made specific reference to when the GPs had been helpful and understanding when experiencing complex health problems.

Areas for improvement

Action the service **SHOULD** take to improve

- Take action to ensure there is a system in place for checking and recording fridge temperatures during times of staff absence.
- Display the procedure for managing emergencies in reception for frontline staff to refer to.
- Ensure photo identity is kept in all staff records.
- Display more information for carers in the waiting area.

Northwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Northwood Medical Centre

Northwood Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 9,100 patients living in Kings Norton, Alvechurch and the surrounding areas of Birmingham. A GMS contract is a standard nationally agreed contract used for general medical services providers. The practice has a branch surgery located in Alvechurch which was not inspected.

The practice operates from a two storey Georgian building where consultations with patients take place on the ground floor. There are disabled parking spaces and whilst space in the waiting areas is limited there is sufficient space to accommodate patients using mobility aids.

The practice population has a higher than average number of patients aged 0 to 4 years, and those aged 60 to 75 years and a significantly higher than average number of patients over 85 years. National data indicates that the area is one that experiences moderate levels of deprivation. The practice population is made up of predominantly white British with pockets of patients from ethnic minority groups.

There are four full time GP partners, one female, three male and one full time salaried male GP. The practice employ three practice nurses, two health care assistants, a practice manager and deputy practice manager, who are supported by a team of administrative and reception staff.

The practice is open on Monday, Tuesday, Wednesday and Friday between 8am and 6.30pm, and opens from 8am until 1.30pm on Thursdays, with cover provided by Southdoc from 1.30pm until 6.30pm. Extended hours appointments are provided on Wednesday from 7am until 7.55am for pre-bookable appointments only. When the surgery is closed services are provided by the out of hours service who can be contacted via NHS 111.

Why we carried out this inspection

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

How we carried out this inspection

Before inspecting, 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 inspection on 25 October 2016. During our inspection we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, the practice manager and assistant practice manager, reception and administration staff and we spoke with patients who used the service.
- Observed how patients were assisted when they attended the practice and how staff dealt with their queries.
- 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.
- Reviewed staff files.

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 inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw that the practice carried out a thorough analysis of the significant events. We saw a summary of the significant events which provided a clear account of events and actions taken as a result with learning outcomes. These were discussed at practice meetings and disseminated to all staff.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had a system in place for receiving safety alerts and recording the actions taken. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we noted that the practice had changed their protocol for visiting care homes in response to an event where a home visit had been delayed. The new system had been revisited and was found to be working well.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. They were able to describe signs which would alert them to safeguarding issues. GPs were trained to child protection or child safeguarding level three and nurses to level two. All other staff had received training at a level appropriate to their role. The practice had alerts on the system for children and adults on the safeguarding register and vulnerable patients.

- There were notices in the practice that advised patients that chaperones were available if required. Only clinical staff who were trained for the role and had received a Disclosure and Barring Service (DBS) check acted as chaperones. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who communicated any infection control issues via the nurses meetings. There was an infection control protocol in place and staff had received appropriate training. The practice had carried out an infection control audit in September 2016 and areas for action were taken to address any improvements identified as a result. Cleaning schedules were in place and were monitored by the nursing staff for clinical areas and the practice manager for the rest of the practice.
- 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). Vaccine fridge temperatures were recorded and had remained within the normal range, although we noted there were some occasional omissions in recording. Specifically in August 2016 during holiday time, although the temperature had always fallen within normal limits for other recording. Recording since that time was consistent. 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 Clinical Commissioning Group (CCG) pharmacy teams, to ensure

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We noted that some of the signed copies had not been available on the day of the inspection as they were kept at the branch practice. However, following our inspection the practice manager submitted copies of these. They also subsequently changed the system to keep these in hard copy at one location and make them all accessible on the intranet for access at any location. 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 identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noted that the practice manager did not keep photographic identity in the staff records. They had a checklist to demonstrate they had seen this and all required documentation and had signed to confirm this.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked in February 2016 to ensure the equipment was safe to use and clinical equipment had also been checked at that time 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. The practice had a staffing policy which stated a minimum level of staff required to be on duty. There was a rota system in place for all the different staffing groups to ensure this was adhered to.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms as well as a 'panic button' 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 and stored securely. We noted the practice displayed the procedure for managing emergencies in the staff training room but not in the reception area.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which had been reviewed in October 2016. The plan included emergency contact numbers for staff and the practice manager and all partners kept a copy offsite.

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. We saw examples where changes in NICE guidance had been acknowledged and changes in practice introduced as a result. The practice told us they had recently added NICE guidance as a standing agenda item for the monthly practice meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

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 practice had achieved 99.6% of the total QOF points available in the most recent results from 2015/16. This was above the CCG and national average of 97% and 95% respectively. Overall exception reporting was at 11% which was comparable to the CCG and national averages of 9% and 10% respectively. (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 had a clinical lead for each area of the QOF and followed national guidance regarding exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was better than the national average. They achieved 98% of the points available compared to the national average of 89%.

- Performance for mental health related indicators was 100% which was higher than the national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, where the improvements made were implemented and monitored. For example, the practice had demonstrated improved blood glucose levels in patients with diabetes as a result of referrals for lifestyle and dietary advice.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

All GPs in the practice had their own special interests and expertise in clinical areas therefore patients could book to see them, for example, in diabetes, dermatology, respiratory conditions and heart disease.

Information about patients' outcomes was used to make improvements. For example, the practice discussed patients who had been admitted to hospital to review whether the practice could have managed them differently to achieve a better outcome or prevent admission. We saw that care plans were revisited within a week of discharge and that patients were involved in drawing up and reviewing care plans.

The GPs at the practice reviewed all blood and test results and contacted patients themselves to discuss these. Patients we spoke with confirmed this happened and commented this was reassuring and helpful that they could ask questions if they had concerns regarding the findings.

The GPs also contacted patients who had suffered miscarriage to offer support and answer any questions. Staff at the practice ensured that all antenatal appointments were cancelled when made aware of this.

The practice had introduced the practise of taking the pulse of all elderly patients who attended for flu vaccination as a result of identifying a patient with heart problems opportunistically. This was considered to be a quick and simple procedure which could easily identify patients who may require investigations for an irregular heartbeat.

Effective staffing

Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. The practice manager allocated staff to work with other staff and record their own notes regarding learning. They ensured that they discussed topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality at induction.
- 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 such as diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. We saw they had received update training in October 2016.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff we spoke with confirmed they had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information governance, dementia awareness and domestic violence. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a dedicated member of staff who managed recalls for QOF which had been arranged according the patient's birthday month to review all conditions and prevent multiple attendances. The practice used an automated appointment system for flu and QOF recalls and also sent texts to remind patients of their appointments.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals, for example the practice met with the multidisciplinary team on a bi-monthly basis for patients on the safeguarding register, patients at the end of life and those with complex needs when 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.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA) and had undertaken MCA training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The practice had recorded written consent for procedures such as insertion of contraceptive devices. This was scanned and entered in the patients records.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- 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. The practice told us they signposted to the relevant service and patients we spoke with confirmed this.
- The practice worked closely with the alcohol adviser who attended the practice and offered support to patients with alcohol problems.
- The practice's uptake for the cervical screening programme was 77%, which was above the CCG average of 70% and comparable to the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Screening rates for these were above the CCG and national averages. For example:
- The percentage of females, aged 50-70 years, who were screened for breast cancer in last 36 months was 77% compared to the CCG and national averages of 67% and 72% respectively.

- The percentage of patients aged 60-69 years, who were screened for bowel cancer in last 30 months was 59% compared to the CCG and national averages of 46% and 58% respectively.

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.

Childhood immunisation rates for the vaccinations given were above the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and compared to the CCG rates of 93% to 95%. Uptake rates for five year olds ranged 95% to 100% compared to the CCG rates of 82% 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 years. 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

During our inspection we noted how members of staff assisted patients when attending for their appointments. We observed that staff were friendly and very helpful to patients and treated them with dignity and respect. We also noted they dealt with patients telephone queries in a polite and efficient manner.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments and we noted that consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- If patients were upset or needed to speak privately or discuss sensitive issues the reception staff could offer a separate room to discuss their needs.

We received 34 Care Quality Commission comment cards that patients had left for us. All of these were positive about the service experienced. Patients consistently referred to dedicated GPs who always provided excellent care and reassurance regarding their condition. Patients commented on all GPs by name and expressed satisfaction with the care they provided and that they were always treated respectfully. Patients reported that the GPs were patient and provided time for them to discuss their condition and concerns.

We spoke with six patients during our inspection from different age groups. All patients we spoke with told us the GPs and all staff treated them respectfully and provided responses that aligned with the views of those on the comment cards. They also told us the care provided by the practice was always of a high standard and said their dignity and privacy was respected and the practice was very caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. We saw an example of where a staff member had been vigilant in their observations of a patient's mental state. They had brought concerns regarding the patient's condition to the attention of their usual GP who contacted them and offered a consultation and subsequent successful treatment.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses and all other areas. For example:

- 94% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 96% and the national average of 97%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received frequently made reference to how the GPs and nurses spent time explaining their treatment options. Patients we spoke with on the day told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 87% 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%.

Are services caring?

- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Two of the doctors also spoke several languages, such as Punjabi, Hindi, Urdu and French.
- Information leaflets were available in an easy read format. The practice website contained a significant amount of information regarding many conditions and advice on health care. For example, end of life, sexual health, breathing problems and mental health.
- The GPs checked all blood and test results daily and contacted patients personally to discuss the results and answer any queries they may have had.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

Comment cards left by patients made reference to how they were given support to deal with their long term conditions as well as acute phases of illness. They commented on how the GPs took time to explain and offer strategies on how to live with their condition. Patients we spoke with on the day of the inspection also referred to similar experiences. The practice encouraged patients to see the same GP where possible to provide continuity of care specifically to patients with long term health conditions.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers which represented approximately 1% of the practice list. The practice offered flu vaccinations to all carers and the practice nurse and health care assistant carried out home visits to provide these for patients who were housebound. Health checks were also available for carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered additional support and signposted them to external support services if required. They also contacted patients who had suffered a miscarriage to offer additional support and answer any questions.

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. For example, the practice had started to search for patients with pre-diabetes prior to the implementation of a local incentive scheme. They had also engaged in work regarding stroke prevention.

- The practice offered extended hours appointments on Wednesdays from 7am until 7.55am for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice provided services to seven care homes in the area and carried out at least weekly visits to each one and visited more frequently if required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were accessible facilities, a hearing loop and translation services available.
- The practice offered sexual health screening and counselling and were engaged in the 'Umbrella Scheme'. Umbrella is a comprehensive collection of information provided for young people to show where services can be accessed across the area. The practice were carrying out a survey for young people to gain their views on how they could make services more user friendly. They had sent out 600 questionnaires at the time of our inspection.
- The practice had access to Birmingham Healthy Minds, Forward Thinking Birmingham for patients aged 0 to 25 years which provided support for patients with mental health problems in this age group. The practice had single point of access for 18 to 65 year olds which meant

the practice could contact the service directly if they had concerns regarding patient's mental health. Patients over 65 years with mental health problems were referred to psycho geriatricians.

Access to the service

The practice was open between 8am and 6.30pm on Monday, Tuesday, Wednesday and Friday and from 8am until 1.30pm on Thursdays. Appointments were available between these times with both nurses and GPs. Extended hours appointments were offered from 7am until 7.55am on Wednesdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. Patients could telephone before 10am and were guaranteed an appointment. After 12 midday the duty GP triaged patients to determine if a consultation was necessary on the same day.

Results from the National GP Patient Survey published in July 2016 showed that patient's satisfaction was consistently high and above the CCG and national averages in all areas. Responses to how they could access care and treatment included:

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 76%.
- 83% of patients said they could get through easily to the practice by telephone compared to the national average of 73%.
- 97% of patients reported they could get an appointment at a convenient time compared to the CCG and national average of 90% and 92% respectively.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. Several patients we spoke with had called the practice that day for an appointment. The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. Reception staff referred all requests for home visits to the GPs for decisions regarding the need and prioritisation of a visit. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice. We saw they kept a log of all complaints, recorded all actions and that these were discussed at the practice meetings.
- We saw that information was available to help patients understand the complaints system such as notices in the waiting area and information in the practice leaflet. There were also complaints leaflets available in the reception area.

We looked at nine complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw how the practice had changed its policy to improve communication with care homes following the investigation into a complaint.

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. Their vision included:
- To provide a caring environment where patient care comes first.
- To provide an efficient, well run surgery, where staff were valued and given opportunities to develop their careers and promoted from within.
- The practice had a strategy which reflected their vision and values and these were regularly monitored. Staff we spoke with demonstrated an understanding and commitment to the practice values and ethos.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. All GPs led in specific areas where they had special interests and expertise. The practice governance framework ensured there was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff we spoke with confirmed this.

The practice had specific policies which were available to all staff at both sites on the practice computer system. The practice held regular meetings where the performance of the practice was reviewed and areas of improvement addressed. For example, QOF was discussed and each GP led on specific areas and engaged with staff to ensure recall systems were working effectively.

We saw that clinical and internal audit was used to monitor quality and to make improvements, such as prescribing audits to ensure appropriate prescribing of specific medicines. There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

During our inspection the partners in the practice demonstrated they had plans in place and were committed to running the practice and ensure high quality care was provided. They told us they prioritised safe, high quality and compassionate care and we saw examples of where this had been achieved. Staff told us the partners were

approachable and always took the time to listen to all members of staff. Patients we spoke with also commented on the high quality of the service provided and how they felt that patients were put at the centre of care.

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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. The practice told us they held team away half days on occasions. They had also taken the staff out in recognition of their work and input following publication of the high satisfaction levels in the National GP Patient Survey 2016.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. At the start of every year one of the GPs requested staff to forward ideas to improve their working environment and care of patients. For example, staff submitted ideas for self check-in screens, headsets for the telephones and blood pressure monitors for the waiting room.

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.

Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested a suggestion box in reception which the practice had introduced. The PPG were given responsibility regarding viewing and reporting the comments received.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged regarding how to improve and deliver services.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had been involved in an initiative to a stratified care approach that matched patients with back pain to treatment packages appropriate for them. This had been shown to:

- Significantly decrease disability from back pain
- Reduce time off work
- Save money by making better use of health resources

The practice had trialled this approach and were presenting this to the CCG for potential adoption across the wider area. They had also carried out work in stroke prevention and pre-diabetes.