

# Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

## Quality Report

Ridgacre House Surgery  
83 Ridgacre Road Quinton  
Birmingham  
B32 2TJ

Tel: 0121 422 3111

Website: [www.ridgacremedicalcentres.com](http://www.ridgacremedicalcentres.com)

Date of inspection visit: 8 March 2016

Date of publication: 10/05/2016

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

Outstanding 

Are services safe?

Outstanding 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

### Detailed findings from this inspection

Our inspection team	12
Background to Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins (Ridgacre House Surgery) on 8 March 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. The practice had developed an incident reporting system to encourage reporting. The system used was adopted by other practices and resulted in higher rates of reporting and increased openness.
- The practice used innovative and proactive methods to improve patient outcomes and had worked with other local providers to share best practice. A range of schemes developed by the practice to deliver service improvements have been implemented widely with support from the CCG. These include ambulance triage, GP referral triage and a medicines waste project.
- Feedback from patients about their care was positive.
- The practice had worked closely with other organisations in planning how services were delivered to ensure that they met patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients. Feedback from the patients survey had highlighted difficulties in patients seeing the same GP. The employment of several associate partners is hoped to create greater stability in the workforce and improve patient satisfaction as patients get used to the associate partners.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had business resilience in that they had multiple premises and staff that worked across sites. This meant it could adapt quickly to service disruption.
- Information about how to complain was available and easy to understand and complaints were thoroughly investigated and handled in a sensitive and timely manner.

# Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. Strong governance arrangements with clear staff roles supported the running of the service and service improvement.

We saw areas of outstanding practice:

- The provider had developed a reporting tool for incidents and significant events which risk rated incidents. The tool had been adopted by other practices within the local clinical network and had been recognised by the CCG as improving reporting. Practice staff were proactive in reporting incidents. The practice had high levels of incident reporting (148 in the last 12 months). High reporting is viewed positively as it enables the practice to identify trends, reflect on incidents that occurred and learn from them. Weekly clinical governance meeting ensured incidents and significant events underwent regular review and were acted on. Learning was shared internally and with other providers.
- The provider was a key player in the CCG for driving innovation and developments for service improvement. Schemes developed by the provider that had been adopted by others included: Ambulance triage in which GPs gave advice and support to paramedics at the scene to reduce unnecessary referrals to A&E and provide more appropriate care. Early indicators show the number of patients that had attended A&E had reduced from 70% to 12% since September 2016 across participating practices. The provider had also undertaken a medicines waste project in which a savings of £1563 had been achieved in two months by targeting patients where over prescribing had been identified. This scheme was also being adopted by the CCG.

- The provider had operated an internal triage referral system for 10 years, during which time over 4000 referrals had been reviewed by colleagues to improve the accuracy of referrals across both of their sites. With CCG funding this system was being extended within the locality with a pilot due to start in April 2016. GPs with specialist interests and training were being identified to undertake referral triage within a set time frame to help improve the quality of referrals and help reduce pressure on secondary care.
- The provider worked with hospital services and the drug workers team to combine hepatitis C treatment for relevant patients with the treatment for substance misuse. By combining the treatments it was felt patients were more likely to comply. This approached successfully led to the eradication of hepatitis C in three patients.

**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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Reporting systems in place had been designed by the practice and adopted by other practices within the local clinical network resulting in increased openness for reporting across the locality.
- Information about safety was highly valued and used to promote learning and improvement.
- Learning from safety incidents was given high priority and was based on a thorough analysis and investigation. There were high levels of incident reporting with which learning was shared internally and with other practices in the locality.
- Risk management was well embedded and recognised as the responsibility of all staff.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example, the provider's safeguarding lead was also a CCG lead who kept up to date and supported staff on safeguarding matters at this and other practices.
- The practice was proactive in promoting safe prescribing. Schemes identified by the practice to improve medicines safety were being adopted by the CCG.

Outstanding



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were used to support service improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similar to and in some cases 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.
- The practice provided information about services and support available to patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

- The practice is rated as outstanding for providing responsive services.
- The practice worked closely with other organisations to plan and deliver service improvements. For example, working with the ambulance service to support patients in receiving care in the most appropriate place.
- The practice was innovative in its approach to providing integrated patient-centred care. For example, working in conjunction with the drug misuse team to support compliance with treatment for patients with hepatitis C.
- The practice implemented suggestions for improvements and made changes in the way it delivered services in response to patient feedback. For example, the development of schemes for patients who were isolated.
- Patients said they found it easy to make an appointments, with urgent appointments available the same day. Patients did not usually find it easy to make appointments with their preferred GP however the practice had taken action to try and address this through the recruitment of additional partners.
- 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. Complaints were handled sensitively and in a timely way. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

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

Outstanding



# Summary of findings

- The practice had a clear vision with quality and safety as its top priority. Staff shared the vision to deliver high quality care and promote good outcomes for patients.
- High standards were promoted and owned by all practice staff.
- There was clear leadership. Staff were clear about their roles and responsibilities and took ownership of them. Staff felt valued and supported and there were high levels of staff satisfaction.
- Governance and performance management arrangements were based on best practice for example, the high priority given to clinical governance, learning from safety incidents and other feedback received.
- There were robust governance and performance management arrangements in place.
- The practice actively engaged with their patient participation group, kept them informed and acted on feedback received.
- There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and a key player within the CCG for driving innovation. The practice had developed four schemes that had been adopted by local practices and the CCG to drive service improvement across the practice population and more widely in the CCG area.

# 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 outstanding for the care of older people. The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- All patients over 75 years had a named GP and those who had been identified as having complex care needs.
- There was a GP lead for the care of older people and for managing patients who were identified as having complex care needs and at risk of admission to hospital.
- Ambulance triage was in place in which GPs gave advice and support to paramedics at the scene to reduce unnecessary referrals to A&E and provide more appropriate care. Early indicators showed that the number of patients that had attended A&E through this scheme had reduced from 70% to 12% since September 2016 across participating practices.
- The practice held regular multi-disciplinary team meetings with district nurses, palliative care nurses and case managers to review the care of those who were most vulnerable including those with end of life care needs.
- The practice offered home visits and urgent appointments for those with enhanced needs.
- The premises were accessible to patients with mobility difficulties.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of older people. The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- Patients with long term conditions received regular reviews of their conditions to check their health and medicines needs were being met.
- The provider had recently undertaken an audit to review and address issues relating to overprescribing and medicine hoarding. The CCG planned to adopt the scheme as part of their 2016/17 targets. The outcome of the audit was showing improved outcomes for patients.
- The practice operated a number of clinics specifically for patients with long term conditions including diabetes, asthma, heart disease and hypertension.

Outstanding



# Summary of findings

- The practice also undertook screening for atrial fibrillation (heart condition) for patients over 65 years and had to date screened 1018 patients out of 1341 eligible to support early diagnosis and treatment.
- The practice was above average for patient uptake of national screening programmes such as bowel and breast cancer.
- Nursing staff had lead roles in chronic disease management and received training and support for this.
- Performance for diabetes related indicators overall was at 89% which was the same as both the CCG average and national average.
- Longer appointments and home visits were available for those who needed them.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The practice is rated as outstanding for the care of families, children and young people. The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- 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 or had failed to attend immunisations. The practice worked closely with the health visiting team to support children at risk.
- Immunisation rates for standard childhood immunisations were comparable to the CCG and national averages.
- The percentage of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months was 77% which was slightly higher than the CCG average of 74% and national average of 75%.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. For example information displayed which emphasised the rights of children and young people to privacy and being able to speak in confidence.
- The practice was accessible for pushchairs, had baby changing facilities and advertised a breast feeding friendly service. Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 69% and the national average of 74%.

Outstanding





# Summary of findings

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

The practice is rated as outstanding for the care of working-age people (including those recently retired and students). The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- 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 online services as well as a range of health promotion and screening that reflects the needs of this age group. This included NHS health checks, access to health trainers, travel vaccinations, sexual health and family planning services.
- For the convenience of patients the practice offered extended opening hours on a Monday and Wednesday evening and on a Friday morning.
- A self check in reduced the need for patients to queue at reception.

Outstanding



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- The practice held register of patients living in vulnerable circumstances including those with a learning disability or misused drugs and alcohol.
- The practice ran drug misuse clinics which was open to patients within the locality. Two of the GPs had a special interest in substance misuse and five held the RCGP certificate in alcohol and substance misuse Part 2 who worked with drug workers to support these patients. In conjunction with this service the practice ran a hepatitis C clinic to improve compliance with treatment. There were currently 62 patients actively receiving drug and alcohol support at the practice.
- Longer appointments were available for those who needed them.
- The practice told us that they would register patients with no fixed abode but did not currently have any patients.
- There were 124 patients registered as carers at the practice. A carers pack which provided information about support available was provided to those identified as carers.

Outstanding



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and were well supported. The safeguarding lead for the provider organisation also had lead roles in this area within the CCG and was an educator for other practices for domestic violence.
- The practice had a register for patients with a learning disability, these patients had been sent a patient passport so that their needs, likes and dislikes could be recorded and understood when using services. We saw that patients had been invited for reviews with uptake this year of 61%. The lead GP for safeguarding had recently visited a residential home in which a number of patients registered with a learning disability lived to carry out their annual health reviews. Practice staff told us that all patients on the register had been invited for a review.
- Those with specific needs were identified so that reception staff were aware and could support the patient as appropriate when they arranged an appointment.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The provider was rated as outstanding overall. The issues identified as outstanding affected all patients including this population group.

- National reported data from 2014/15 showed that 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 82% and national average of 84%. The practice told us that they had been actively working to improve the support for dementia patients and current data showed the practice performing now at 82%.
- Specific dementia clinics were being delivered and the practice had also begun to work in partnership with the Alzheimer's Society to review and support patients with dementia and their families.
- National reported data from 2014/15 showed performance against mental health related indicators was 91% which was comparable to the CCG average of 92% and the national average of 93%.
- The practice provided in house counselling services for patients who would benefit from it.

Outstanding



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 351 survey forms were distributed and 125 (36%) were returned.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 60% and a national average of 70%.
- 70% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 66% and a national average of 73%.
- 87% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 83% and a national average of 85%.

- 84% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 74% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards. We also spoke with eight patients during the inspection which included two members of the Patient Participation Group. Feedback received was very positive about the standard of care received. Patients described the staff as friendly, and said that they felt listened to. Patients told us that they were treated with dignity and respect.

# Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

## 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 and a practice manager specialist advisor.

### Background to Drs Brinksman, Conlon, Manley, Saunders, Hull & Martins

- Drs Brinksman, Conlon, Manley, Saunders, Hull and Martins practice (also known as Ridgacre House Surgery) 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 personal medical service (PMS) 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 (Ridgacre House Surgery) is located in a suburban area of Birmingham in premises that have

been adapted for the purpose of providing primary medical services. There is also a branch surgery, Highfield House Surgery at 88 Highfield Lane, Birmingham B32 1QX which we visited during our inspection. The diabetic clinic is held at Highfield House Surgery on one session each week but otherwise it is not routinely used to see patients. Close to the main surgery there is a separate building known as the annex which is used for meetings and some administrative functions. The provider also has another location in Nechells, Birmingham which is separately registered with CQC.

- Based on data available from Public Health England, the levels of deprivation in the area served by Ridgacre House Surgery are above the national average. The practice has a registered list size of approximately 9300 patients.
- Practice staff work flexibly across the provider's two registered locations (Ridgacre House Surgery and the Nechells Practice), although clinical staff are mainly affiliated with one location they cross over if needed. Altogether the staff team consists of 13 partners, 8 nurses and 23 administrative staff. Clinical staff consisted of both male and female members.
- The practice is open from 8.30am Monday to Thursday and 7.30am on a Friday. It closes at 6.30pm on Tuesday, Thursday and Friday, 7.30pm on Wednesday and 8pm on Monday.
- The practice has not previously been inspected by CQC.

# Detailed findings

## Why we carried out this inspection

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

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

## 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 8 March 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, senior managers 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 members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us related to 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.

- The practice had developed a system for recording and reporting significant events which enabled incidents to be risk rated and analysed more easily. The system which originated at the practice has been adopted by other practices within the local clinical network. This has led to standardisation and an increase in reporting across the locality. It has also created greater openness enabling learning to take place when things went wrong.
- Staff were aware of the incident reporting system and told us that they were encouraged to use it. There was a high reporting of incidents with 148 incidents and significant events recorded within the last 12 months. High reporting is viewed positively because it enables the practice to identify trends, reflect on incidents that occurred and learn from them.
- A weekly meeting was held by the clinical governance and administrative lead to review reported incidents, ensure immediate action was taken and to refer those to be discussed further at the clinical meetings.
- A quarterly report was circulated among staff (including locum GPs) which identified the incident and relevant learning points.
- The practice shared learning from significant events externally with other practices in their local clinical network.

We reviewed two recorded incidents in detail and saw that they had been thoroughly investigated and acted upon. For example, the incorrect reporting of an electrocardiograph (ECGs) had resulted in changes to the way ECGs were reported.

There were nominated staff responsible for reviewing safety alerts. A spread sheet was maintained of actions taken in response to those received. Staff were able to give examples of searches they had made to identify patients affected by drug and equipment alerts so that care and treatment could be adjusted accordingly.

### 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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. The provider had a clinical safeguarding lead and safeguarding deputies at each of their locations. The safeguarding lead was also a safeguarding lead for the CCG providing support to other practices across three local clinical networks on safeguarding matters and was also a clinical educator to support GP practices on domestic violence. The practice was aware of and involved in schemes to support patients in vulnerable circumstances and we were informed that the practice was proactive in making relevant referrals. The practice had various policies in place for supporting vulnerable patients which included contact information for agencies responsible for investigating safeguarding concerns. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to level 3 safeguarding. Staff we spoke with were able to give examples of concerns they had escalated. Alerts on the patient record system ensured staff were aware if a patient was at risk and so could be extra vigilant. The safeguarding lead told us that they tried to attend serious case reviews when possible and encouraged others to send reports.
- Notices were displayed prominently throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS
- We observed the premises (both the main and branch surgery) to be clean and tidy, staff had access to appropriate hand washing facilities, personal protective and cleaning equipment. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Staff had undertaken online infection control training and had access to infection control policies and procedures. An infection control audit was undertaken by the CCG in March 2016, the practice had achieved 96% and a green rating. The practice had been commended on improvements made since the previous audit in November 2016. Infection control featured regularly in nursing and clinical team meetings.



## Are services safe?

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The provider funded two sessions per week of pharmacy support as well as receiving input from the local CCG pharmacy teams. We saw that regular medicine audits were carried out to ensure prescribing was in line with best practice guidelines for safe prescribing. The provider had recently undertaken an audit to review and address issues relating to overprescribing and medicine hoarding, a scheme which was now being adopted by other practices. The provider targeted patients at risk and worked with the community pharmacists and patients to prevent this from happening. A report for September and October 2015 showed 27 patients were reviewed and as well as improving medicines safety the changes implemented had led to a saving of £1563. The CCG are now planning to adopt this scheme more widely in 2016/17.
  - Prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to also administer vaccinations.
  - We reviewed the personnel files for five members of staff 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.
  - Nursing staff who undertook cervical screening maintained records of samples taken which they checked regularly to ensure results had been received and appropriately followed up.
- maintenance support. There was a nominated trained lead for health and safety as well as relevant policies available to staff. Staff had received on line health and safety training.
- The practice had up to date fire risk assessments and had carried out fire drills and fire alarm tests. Fire equipment was regularly maintained. There was currently no evacuation equipment for patients who were unable to use the stairs in the event of a fire, the partners told us that they had recognised this and were in the process of purchasing one.
  - Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These had been undertaken within the last 12 months.
  - 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. Practice rotas were established two months in advance so that any staffing issues could be identified and addressed. Staff co-ordinated their leave to ensure there were enough staff available and where needed would support by working additional hours. As the provider operated across two locations staff were able to provide cross cover. The practice had also increased the number of partners since its initial registration with CQC which aimed to reduce number of locum GPs used and create a more stable workforce.

### Arrangements to deal with emergencies and major incidents

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

- The practice had an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to any emergency. Clearly defined emergency procedures helped to keep staff and patients safe.
- All staff groups received annual basic life support training.

### 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. The premises appeared well maintained and received regular



## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed this was checked on a weekly basis.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice. Staff knew where to find them when needed. The emergency medicines were regularly checked to ensure they were in date and those we saw were.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and relevant services. The provider had two main locations and staff worked across both sites this enabled the practice to more easily manage any disruptions to the service.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- Staff used standardised templates in the management of long term conditions to ensure guidance was consistently applied.
- New guidance was discussed with staff at Clinical Management Group meetings which had representation from all staff groups so that information could be disseminated as relevant.
- Staff told us of networking forums attended and updates received relevant to their specialist areas.
- Audits were undertaken to monitor practice and ensure it was aligned to NICE guidelines.
- The practice routinely conferred over referrals to secondary care and had protocols in place to ensure appropriate referrals were made. The system had been in place since 2006 and since starting 4461 referrals had been reviewed by colleagues across both of their sites. The scheme was being taken forward through the local clinical network to improve the quality of referrals and potential burden on secondary care.

### 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 96% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 8% which was lower than the CCG and national average 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. Data from 2014/15 showed;

- Performance for diabetes related indicators was 89% which was similar to the CCG average and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 78% which was below the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was 91% which was similar to the CCG average of 92% and the national average of 93%.

Although this practice was not an outlier for any QOF (or other national) clinical targets, national reported data from 2014/15 showed that 72% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was below the CCG average of 82% and national average of 84%. Practice staff told us that they also had a low prevalence of dementia but had worked to improve the identification of these patients so that they could be supported. As a result the practice register had increased by 37% (between October 2014 and October 2015). Specific dementia clinics were being delivered and the practice had also begun to work in partnership with the Alzheimer's Society to review and support patients with dementia and their families. Practice data showed an improvement in the number of patients with dementia reviewed in the last 12 months as now being 82%.

The practice regularly undertook clinical audits to support quality improvement. The provider had undertaken 19 clinical audits across its two locations in the last two years. We saw the audits undertaken were relevant to the practice and the services provided. We reviewed two completed audit cycles relating to medicines and care provided in the treatment of patients who misused drugs. The practice had worked with drug workers and implemented system alerts to prompt clinicians to help improve care.

Prescribing data for medicines such as antibiotics and hypnotics showed prescribing to be in line with other practices nationally.

### 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 and new staff underwent a six month probationary review. Staff had access to a staff handbook for reference. Locum packs were available in each clinical room which contained useful information including policies and procedures to support GPs working on a temporary basis.
- A training matrix was held to ensure staff kept up to date with the practice's mandatory training. Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice could demonstrate that staff received role-specific training for example, for staff reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. Nursing staff told us that they attended nurse forum meetings which enabled them to network and keep up to date.
- The practice had a well-established system of appraisals which included all GPs. The practice told us that these had been in place for a number of years and predated the official appraisal and revalidation system for doctors. We saw examples of appraisals undertaken, these were very comprehensive and provided opportunities for staff to identify development and learning needs. We saw evidence of learning needs being taken forward and of staff progression.

### 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. Practice staff responsible for processing patient information such as test results and hospital letters told us that they usually kept up to date so that patient information was available to clinical staff when needed. The practice made use of electronic tasks to notify clinicians of any action needed in response to information received. The practice also effectively used the intradoc system for management information making it accessible to staff when needed.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan ongoing care and treatment. Monthly multidisciplinary team meetings were held with health and social care professionals to discuss patients with complex healthcare needs, end of life care needs and vulnerable patients. We received positive feedback from health and social care professionals that worked closely with the practice in order to meet the needs of patients.

### 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. The practice's safeguarding lead was working with the CCG as part of the Mental Capacity team to promote understanding among other practices in this area.
- The practice had in place mental capacity assessment forms that had been designed to help them comply with legislation.
- Staff also understood their roles and responsibilities in relation to assessing capacity to consent in children and young patients. The practice promoted through leaflets and information displayed of the rights to privacy and confidentiality of younger patients when attending consultations.
- Formal consent processes were in place for minor surgery and for the fitting of intra uterine devices. This included providing information relating to risks and benefits of the procedure.

### Supporting patients to live healthier lives

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

- Patients that had unplanned admissions had their health and care needs reviewed.
- Clinics for patients with various long term health conditions including diabetes, asthma and coronary heart disease were held to help monitor and manage their condition. The practice had a recall system to encourage patients to attend their health reviews.
- Patients could access services to help improve their lifestyles including support from health trainers who

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

provide advice on diet, exercise and smoking cessation. Support for patients who misused drugs and alcohol was also available to patients at this and other practices.

- Travel vaccinations were available. A pre assessment was undertaken to identify specific vaccination needs.
- A variety of patient information leaflets were made available for patients to take away.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 79% and the national average of 82% and had lower exception reporting. It was practice policy to contact patients who did not attend for their cervical screening test. The practice also undertook screening for atrial fibrillation (heart condition) for patients over 65 years and had to date screened 1018 patients out of 1341 eligible to

support early diagnosis and treatment. The practice was above the CCG and national average for patient uptake of breast cancer screening and similar to the CCG and national average for uptake of bowel screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 97% (compared to the CCG range from 80% to 95%) and five year olds from 84% to 97% (compared to the CCG range from 86% to 96%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Within the last 12 months 95 patients had taken up the offer of a health check.

# 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.
- Staff were mindful of maintaining patient confidentiality. Phone calls were undertaken away from the front desk in a separate room to avoid conversations and potential information being overheard.
- A patient newsletter kept patients informed about the practices and included information such as services provided, staff changes and the patient group.

Feedback from the 39 patient Care Quality Commission comment cards we received and the eight patients we spoke with on the day of the inspection was very positive. Patients were happy with the care and treatment they received and found the staff helpful and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to and in some areas above average for its satisfaction scores on consultations with GPs and nurses and helpfulness of reception staff. For example:

- 85% said the GP was good at listening to them compared to the CCG and national average of 87%.
- 85% said the GP gave them enough time compared to the CCG and national average of 85%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 92%.
- 85% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 82%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 77%.

- 93% said they found the receptionists at the practice helpful compared to the CCG average of 84% and 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 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. Care plans that had been agreed with patients were in place for those with complex care needs.

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 were in line with local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG and national average of 81%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG and national average of 74%.
- 70% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 67% and national average of 65%.

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

The practice maintained a carers register and had 124 carers on this register. The practice had sought to identify how it could improve support to carers and was in the process of drawing up a new carers policy which included details of local organisations and support available for staff to follow. It also identified how the practice would support carers to access services more easily. A carers pack was available for patients to take away which provided advice and information about various avenues of support available to them.

Staff told us that if families had suffered bereavement a GP would contact them to offer support. A protocol was in place in the event of a death to ensure relevant people were notified and it was included as part of this.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the local Clinical Commissioning Group (CCG) and other practices locally to plan services and to improve outcomes for patients in the area. The practice participated in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. The practice was a key player within the CCG in driving innovation to improve service delivery and outcomes for patients. Partners at the practice had identified schemes that had been approved and adopted by their local clinical network and CCG. These included: significant event reporting system, ambulance triage, medicines waste management and triage of GP referrals to secondary care.

- The practice offered extended opening hours on a Friday morning from 7.30am and on Monday evening until 8pm and Wednesday until 7.30pm to support working patients and those who could not attend during normal opening hours. Both GPs and nurses worked during extended hours. The practice also opened some bank holidays which helped to manage the workload following bank holidays.
- There was a flexible approach to appointments and home visits and longer appointments were available when needed.
- Same day appointments were available for those who needed one. A duty doctor system operated so patients needing urgent care were able to consult with a GP.
- There were disabled facilities, a hearing loop and translation services available. Disabled facilities included parking at the Ridgacre surgery and ramp access, disabled toilet and lift to consulting room on the first floor. Doors were not automated and staff told us that they would assist if they saw anyone needing help. Alerts on records enabled staff to identify those who needed specific support.
- The practice offered baby changing facilities and a breast feeding friendly service.
- Patients were able to receive support from trained GPs and drug workers for substance misuse and were currently actively supporting 62 patients. For relevant patients the provider was working collaboratively with hospital services and the drug workers team to combine

hepatitis C treatment with treatment for substance misuse. This had helped increase compliance with treatment and as a provider had led to some successes in completely eradicating the disease.

- The provider had instigated an ambulance triage scheme adopted by other practices in their local clinical network to deliver the most appropriate care to patients who would otherwise attend accident and emergency. The scheme was originally proposed by a GP at the practice after meeting the Head of Urgent Care at Birmingham Community Trust. The scheme aimed to reduce the number of patients taken to A&E unnecessarily and to free paramedic time to attend other 999 calls. It had been identified that 70% of 999 calls went to A&E and only 30% of patients remained at home when paramedics arrived. In agreement with the local clinical network a business case was made and approved by the CCG to pilot a scheme in which paramedics could contact the patient's GP for advice and support at the scene. Patients would either stay at home with follow up from the practice, have care diverted as a planned admission or go to A&E. Early indicators show the scheme which started in September 2015 and covered a population of 220,000 patients had been a success. Latest figures show the scheme was achieving a rate of 79% of patients staying at home with support from their practice, 9% of patients attending hospital as a planned admission and only 12% of patients going to A&E. Although funding for the scheme was due to finish in March 2016, the provider was proposing to take it forward through the new partnership arrangements.
- The provider operated an internal triage referral system over the last 10 years to support more robust referrals to secondary care. This process enabled them to refine their referrals and refer more accurately. A referral management system based on these arrangements was put forward by the provider and accepted by the CCG for piloting within the local clinical network. The scheme draws on expertise from GPs with specialist interests to review referrals within a short time frame. Over 40 GPs have been identified and trained to support the scheme which starts in April 2016. A secondary care consultant is involved for quality monitoring the project.
- For patient convenience in-house services included phlebotomy and anticoagulation clinics.
- A noticeboard rota helped manage information displayed to patients and regularly kept it refreshed.





# Are services responsive to people's needs?

(for example, to feedback?)

## Access to the service

The practice was open from 8.30am Monday to Thursday and from 7.30am on a Friday. It closed at 6.30pm on a Tuesday, Thursday and Friday; 7.30pm on a Wednesday and 8pm on a Monday. Appointments were available 9am to 12.20pm and 2pm to 5.50pm Monday to Friday. Extended hours were worked by GPs and nurses 6.30pm to 8pm on a Monday; 6.30pm to 7.30pm Wednesday and 7.30am to 8.40am Friday. When the practice was closed primary medical services were provided by an out-of-hours provider.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed compared to CCG and national averages. The practice scored well for patient satisfaction with opening hours but lower for patients who said they could see the GP they preferred.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone compared to the CCG average of 60% and national average of 70%.
- 12% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 33% and national average of 36%.

The partners explained that they hoped access to a patients preferred GP would improve as patients got used to the associate partners which had reduced the need for locum GPs.

Feedback received from patients as part of the inspection was that they were usually able to get appointments when they needed. The next available routine appointments for the GP was in two working days and practice nurse the next working day.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated GP and admin person who handled all complaints in the practice.
- Guidance was available to support staff when responding to complaints.
- Complaints information was displayed in the waiting area and included in the practice leaflet. A complaints leaflet was also available at reception for patients to take away.

The practice had received 30 complaints in the last 12 months. Evidence seen showed that complaints had been handled appropriately and with sensitivity. Responses had been made in a timely way. Patients were informed as to how they could escalate their concerns if they were unhappy with the response received from the practice.

# Are services well-led?

Outstanding



(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. At the start of the inspection the partners gave a presentation telling us about some of the schemes they had developed and future plans for the service. The practice was currently in discussions to form a larger partnership with 32 other practices locally in which central functions would be shared. One of the partners was on the board of this partnership.

A systematic approach was taken to working with other organisations to improve care

outcomes, tackle health inequalities and obtain best value for money. The practice had a proven track record in innovation, several schemes developed by partners (from their own ideas and tried out in their own practice) had been adopted by other practices within their local clinical network and more widely through the CCG.

The practice's mission statement was written in conjunction with their patient panel.

### Governance arrangements

The practice had an overarching governance framework which supported service delivery and good quality care. Arrangements in place included:

- A clear staffing structure in which staff were aware of their own roles and responsibilities. Staff had clearly delegated roles which they took ownership of, for example significant events, governance, complaints, unplanned admissions. Each role had a nominated clinical and administrative support lead.
- Practice specific policies were implemented and were available to all staff from their computers.
- Clinical staff had lead roles in the management of patients with long term conditions and undertook regular reviews of the data to ensure the practice stayed on track with their performance. They also monitored practice performance against the CCG Aspiring for Clinical Excellence (ACE) programme.
- A programme of clinical audit enabled the practice to monitor quality and to make improvements to care provided.

- Various clinical and administrative meetings took place to ensure information affecting patients and the running of the service was discussed and important information disseminated.
- The practice was well organised and made effective use of electronic systems to ensure information was well documented for future reference and follow up.
- The practice was proactive in identifying where improvements could be made and risks were well managed.

### Leadership and culture

There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement. Staff at all levels were actively encouraged to raise concerns.

Both practice staff and other health professionals that worked closely with the practice told us that they felt valued. There was an open culture in which staff felt able to raise any issues with partners and senior staff.

The partners were visible in the practice. Staff told us they felt supported by the partners and other senior staff. They found them approachable if they needed to discuss anything. Staff were aware of the practice's whistle blowing policy.

The provider was aware of and complied with the requirements of the Duty of Candour. A culture of openness and honesty was encouraged. We saw that when there were unexpected or unintended safety incidents people affected were given an explanation and apology. The practice viewed complaints and significant events as a learning opportunity and dealt with them sensitively.

Members of patient participation group told us how the practice kept them informed about new projects for example they were invited to attend a locality discussion on the new GP referral triage system being introduced and were informed about complaints.

### 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?

Outstanding



(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), surveys and complaints received. There was an active PPG and new members were encouraged. The group met regularly and meetings were attended by the practice manager and a GP who were able to influence change. We saw that the practice had responded to feedback received including providing a comfortable chair with arms in the waiting area for patients to use. The PPG were also in the process of setting up a monthly tea party at the practice and inviting patients who may be isolated to come in.
- The practice had gathered feedback from staff through regular meetings, away days and appraisals. We saw evidence that the practice responded to feedback from staff for example discussions around workloads had been acted on and support for staff training given.

## Continuous improvement

The leadership drove continuous improvement and staff were accountable for delivering change. Safe innovation was celebrated. There was a clear proactive approach to seeking out and embedding new ways of providing care and treatment.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice was forward thinking and a key player within the CCG for driving innovation. The practice had developed four schemes that had been adopted by local practices and the CCG aimed at delivering service improvement. These included:

- Ambulance triage – supporting patients to receive the most appropriate care as an alternative to A&E and helping to improve efficiency within the ambulance service.
- Medicine waste project supporting safer prescribing and efficiencies.
- GP referral triage – Supporting more accurate referrals to secondary care.
- Significant Event reporting systems – supporting safer services through reflection and learning when things went wrong

The practice was a training practice for qualified doctors training to become a GP and actively participates in research with the local university.