

Sycamore House 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?

Requires improvement



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 Sycamore House Surgery on 1 March 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff understood and fulfilled their responsibilities to raise safety concerns and to report incidents and near misses
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed, but there were no failsafe systems in place to assure risks were minimised.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had proactively sought feedback from patients and had a small patient participation group.
- 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 and the practice encouraged a culture of openness and honesty.
- Confidentiality was an issue in reception as the telephones were situated on the front desk; however the staff were aware and endeavoured to keep patient identifiable information to a minimum.

Summary of findings

- Staff were carrying out chaperoning duties, but had not received training or had received the necessary checks.

The areas where the provider must make improvements are:

- Ensure that appropriate risk assessments and training have been done for staff who carry out chaperoning duties.

The areas where the provider should make improvements are:

- The practice should consider the benefits to proactively identifying carers in order to ensure appropriate support and care.
- The practice should consider how they could further promote membership of the patient participation group.
- The practice should risk assess emergency systems to identify the impact on care of patients. Since the inspection the practice has reviewed their systems and now have emergency oxygen available at the practice.

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 requires improvement for providing safe services. There was an effective system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents patients received reasonable support and a verbal and written apology and staff understood their responsibilities to raise concerns and were encouraged to report incidents. The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, however training and the relevant checks had not been completed for staff that carried out chaperoning duties. We found the practice lacked equipment to treat patients and meet their needs, for example oxygen for emergency situations, however since the inspection this has now been rectified.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services. Staff assessed needs and delivered care in line with current evidence based guidance and were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients and clinical audits demonstrated quality improvement. 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 had the skills, knowledge and experience to deliver effective care and treatment and 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



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 higher than others for several aspects of care. 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. Patients we spoke with told us they were very satisfied with their care and they had confidence in the decisions made by clinical staff. The comment cards patients had completed prior to our inspection provided

Good



Summary of findings

positive feedback about staff, their approach and the care provided to them. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff. 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. 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.

Good



Are services well-led?

The practice is rated as good for being well-led. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity. There was an overarching governance framework which supported the delivery of the strategy and good quality care. The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active. There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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, this included enhanced services for dementia and end of life care. The practice was responsive to the needs of older people, and offered home visits and urgent appointments. 70% of patients aged 65 years and over had received their flu vaccination. The practice pharmacist carried out over 75 reviews and medication checks and held regular meetings with the GPs to discuss patient's needs. The practice offered proactive, personalised care to meet the needs of the older people in its population.

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 they were supported by the advanced nurse practitioner and the GPs. Longer appointments and home visits were available when needed. All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice had 240 patients on the diabetic register and 172 (88%) had received their flu vaccination.

Good



Families, children and young people

The practice is rated as good for the care of families, children and young people. There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children. The nurse offered immunisations to children in line with the national immunisation programme. 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. Appointments were available outside of school hours on the day appointments were available to facilitate rapid access. The premises were suitable for children and babies with easy access for pushchairs and prams. The practice provides care to the children and families at Acorns Hospice and we saw positive examples of joint working with midwives and health visitors and antenatal care was provided by the midwife who held a clinic once a week at the practice and the health visitor had a clinic for child immunisation and review once a week.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The practice is rated as good for the care of working-age people. 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. It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. The practice was proactive in offering online services such as appointment booking, telephone consultations and repeat prescriptions services and offered early morning surgery on a Wednesday and Friday morning from 7am to 8am. There was a full range of health promotion and screening that reflected the needs for this age group.

People whose circumstances may make them vulnerable

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments and annual health checks for people with a learning disability. Home visits were carried out to patients who were housebound and to other patients on the day that had a need. There were nine patients on the learning disability register and one had received their annual health checks and the other eight patients had confirmed appointments for their annual reviews. No hearing loop was available, but the practice had a system in place which identified patients who required assistance or sign language interpreters to be booked. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people and held monthly meetings with the district nurses and community teams. There was a system in place to identify patients who required additional support and extra time during appointments. The safeguarding lead and staff had received safeguarding training and 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)

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had 24 patients diagnosed with dementia on their register and 20 (87%) had had their care reviewed in a face to face meeting in the last 12 months. Patients on the dementia and mental health register received annual reviews and patients unable to attend the practice

Summary of findings

were seen at home. Patients experiencing poor mental health were advised how to access various support groups and voluntary organisations. The practice had 26 patients on their mental health register and 23 (88%) had had their care plans reviewed in the last 12 months. The community psychiatric nurse held one clinic a week at the practice to review and monitor patients experiencing poor mental health. Staff had a good understanding of how to support patients with mental health needs and dementia and the practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 279 survey forms were distributed and 117 were returned. This represented 41.9% response rate.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 76% and a national average of 73%.
- 89% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 90% described the overall experience of their GP surgery as good (CCG average 85%, national average 85%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients told us that the staff treated them with dignity and respect and all the practice team were approachable and provided excellent care.

We spoke with two patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had received 49 responses to the NHS Friends and Family Test (FFT) in December 2015. The FFT asks people if they would recommend the services they have used and offers a range of responses. At the time of our inspection results showed that all patients who had responded in were either 'extremely likely' or 'likely' to recommend the practice.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that appropriate risk assessments and training have been done for staff who carry out chaperoning duties.

Action the service **SHOULD** take to improve

- The practice should consider the benefits to proactively identifying carers in order to ensure appropriate support and care.

- The practice should consider how they could further promote membership of the patient participation group.
- The practice should risk assess emergency systems to identify the impact on care of patients. Since the inspection the practice has reviewed their systems and now have emergency oxygen available at the practice.

Sycamore House 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 and a practice manager specialist adviser.

Background to Sycamore House Medical Centre

Sycamore House Medical Centre provides primary medical services and has approximately 4200 patients and holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people who are unwell as well as for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes.

There are two GP partners (both male). The GPs are supported by an advanced nurse practitioner, two practice nurses and one health care assistant. The non-clinical team consists of administrative and reception staff, a practice manager who will be retiring at the end of March 2016. A new manager has been appointed to take over from April 2016.

The practice is a teaching practice for the University of Birmingham Medical School. The practice offers training for medical students in their final year, foundation year 2

doctors and GP registrars. The practice is also accredited with Health Education England (West Midlands) as a training practice for postgraduate specialty training doctors.

The practice serves a higher than average population of those aged 65 years and above. The area served has lower deprivation compared to England as a whole and ranked at seven out of 10, with 10 being the least deprived.

The practice is open to patients between 8am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays and 8am to 1pm on Thursdays. Extended opening hours are available from 7am to 8am Wednesdays and Fridays. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery. The telephone lines are switched to an answering service between 1pm and 3pm Mondays, Tuesdays, Wednesdays and Fridays when the out of hours provider covers the calls.

The out of hours service is provided by NHS 111 service and information about this is available on the practice website and telephone line.

The practice is part of Our Health Partnership. Our Health Partnership is a single GP partnership which brings together 32 practices with approximately 276,000 patients in Birmingham, Walsall and Sutton Coldfield. The partnership was developed by a consortium of local GPs.

The practice is a member of NHS Walsall Clinical Commissioning Group (CCG) which has 63 member practices. The CCG serve communities across the borough,

Detailed findings

covering a population of approximately 274,000 people. A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services.

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 on 5 and 8 October 2013. During our visit we:

- Spoke with a range of staff including GPs, nurse prescriber, practice manager and administration staff and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw that the practice carried out a thorough analysis of significant events.

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

When there were unintended or unexpected safety incidents, patients received support, a verbal or written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Some of the staff who acted as chaperones had not been trained for the role and had not had a risk assessment completed or a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or

adults who may be vulnerable). On speaking with the staff who had not received training, they were unaware of the procedures to follow and no risk assessments had been carried out for this.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead. There was an infection control protocol in place but the clinical lead had not received any up to date training at the time of inspection. Since the inspection we have received confirmation that this was completed on 7 March 2016. Staff had received up to date training via the online learning system. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The last audit had been completed in August 2015. Some areas had been identified for further action, this action had been completed.
- The arrangements for managing medicines, including emergency drugs, high risk medicines, and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing, for example a data collection audit had been completed between April 2015 and January 2016 to monitor the safe prescribing of eight different medications. Prescriptions 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 therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

conduct in previous employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- 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.

Monitoring risks to patients

Risks to patients were assessed and managed appropriately in most areas.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last health and safety and fire risk assessments had been completed in September 2015. All electrical equipment had been checked in February 2016 to ensure the equipment was safe to use and clinical equipment was checked in November 2015 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). The last legionella check had been completed in October 2015.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice was clean and tidy, but no cleaning schedules were available at the time of inspection. Since the inspection we have received completed schedules.

Arrangements to deal with emergencies and major incidents

The practice did not have 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 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, but no oxygen was available. A first aid kit and accident book were available.
- 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 fit for use.
- 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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that 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 most recent published results were 96.3% of the total number of points available, with 4.4% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 80.8% which was lower than the CCG average (91.4%) and national average (89.2%).
- The percentage of patients with hypertension having regular blood pressure tests was 78.9%, this was lower than the CCG average (85.2%) and national average (83.6%).
- Performance for mental health related indicators was 100%, with an exception reporting rate of 10.7%, this was higher than the CCG average (94.7%) and national average (92.8%).
- The dementia diagnosis rate was 100% with an exception reporting rate of 5.3% this was higher than the CCG average (96.8%) and the national average. (94.5%)

The practice monitored its QOF activity on a regular basis and worked closely with the practice pharmacists to ensure appropriate prescribing and with the advanced nurse practitioner to review and monitor patients with long term conditions, the practice invited patients regularly for reviews and encouraged patients to attend their appointments.

Clinical audits demonstrated quality improvements and we saw evidence where changes had been implemented and monitored and discussions held at weekly clinical team meetings. The practice participated in local audits, national benchmarking, peer review and research. Findings were used by the practice to improve services. For example, one audit looked at ACR testing (ACR test is carried out on patients with long term conditions to monitor the risk of kidney disease) of diabetic patients. The audit resulted in 30% of patients being tested in the past 12 months. The practice is implementing changes to ensure a greater number of patients were tested.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- 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.

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 risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services 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. The practice nurse told us that they worked closely with the respiratory specialist nurse and the tissue viability nurse to co-ordinate patient care and treatment. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- 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 process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, drug dependency and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available with one of the practice nurses.

The practice's uptake for the cervical screening programme was 80.58% in the last five years, which was comparable to the national average of 81.83%. The practice nurse had a system in place to monitor patients' results and remind patients who did not attend for their screening test. We saw evidence of quarterly audits that were carried out to monitor uptake and results of cytology screening. The practice demonstrated how they encouraged uptake by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.2% to 100% and five year olds from 93.1% to 100%

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group. We were told that the practice offered very good care and dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in January 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. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 89% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 87% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey in January 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:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).
- 83% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.19% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them and staff recorded on the patient's record if they were a carer and patients were encouraged to identify themselves when registering with the practice.

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 Web GP, where patients can complete an online form for advice which will be reviewed within one working day and actioned by the GP or advanced nurse practitioner.

- The practice offered an early morning clinic on a Wednesday and Friday from 7am to 8am for working patients 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- Patients who had difficulty attending the practice had the facility to access web appointments with one of the GPs.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.

Access to the service

The practice was open between 8am and 6.30pm Mondays, Tuesdays, Wednesdays and Fridays and 8am to 1pm on Thursdays. Appointments were from 8.30am to 11.15am and 2.30pm to 5.40pm Mondays, 9am to 12.15pm and 3.45pm to 5.45pm Tuesdays, 8.30am to 11.50am and 3pm to 5.20pm Wednesdays, 8.45am to 11.30am Thursdays, 8.30am to 11.30am and 3.30pm to 5.25pm Fridays. Extended surgery hours were offered at the following times

7am to 8am on Wednesdays and Fridays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Web consultation service was available via the practice website for patients who needed advice but didn't require an appointment. Patients would leave their details and a GP or the advanced nurse practitioner would contact them within 24 hours to discuss further.

Home visits and same day appointments were also available for patients that required urgent attention or were unable to visit the practice.

Results from the national GP patient survey in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 54% patients said they always or almost always see or speak to the GP they prefer (CCG average 59%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.
- One of the GP partners was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and information was available in the practice patient's leaflet.

We looked at three complaints received in the last 12 months and found that they had been dealt with satisfactorily and in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result

Are services responsive to people's needs?

(for example, to feedback?)

to improve the quality of care. For example, communication between hospital and practice, resulting in delay of treatment for a patient. We saw evidence of discussions held, lessons learnt and actions implemented.

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 and staff understood the values and aims of the practice. Staff we spoke with demonstrated a commitment to providing a high quality service that reflected the vision and we also speak with a GP registrar who told us that they received support and guidance from the GPs at the practice.

The practice is part of Our Health Partnership which brings together 32 practices in Birmingham, Walsall and Sutton Coldfield.

The practice had also been a finalist in the British Medical Journal (BMJ) Awards in 2015 for access to services. The practice was very forward thinking with internet based services and had introduced web consultations and self-help information.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy, good quality care and assessing risk, however there were areas where although required risk assessments had not been completed, for example the availability of oxygen. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions needed to be reviewed and updated, for example storage of hazardous substances.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told

us they were approachable and always took the time to listen to all members of staff. The current practice manager was retiring at the end of March 2016 and a new manager was due to start in April 2016.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support and a verbal and written apology
- They 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 team meetings, but these were not regular. We saw evidence of a meeting that had been held in July 2015 and the following one was in February 2016, but staff informed us that they were kept up to date by the practice manager.
- Staff were kept up to date via messages sent via the computer system and this was followed up by the practice manager to make sure that actions where identified had been completed.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients, through surveys and complaints received. The Patient Participation Group (PPG) commenced 12 months ago, but had a very small number of members, on average two to three patients attended meetings. The chair of

Are services well-led?

Good 

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

the group told us that the practice was looking at ways to increase patient engagement, however there was no display in reception or the waiting area advertising the group or how to express an interest.

- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and took part in initiatives to improve outcomes for patients, for example in 2015; the practice won the Improving Safety and Quality in Primary Care award. The practice has introduced a text messaging service to remind patients of their appointments and reduce the amount of DNAs. This gave patients the opportunity to cancel appointments without having to call the surgery.

Continuous improvement

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How this regulation was not being met:</p> <p>The registered person had not carried out the appropriate checks through the Disclosure and Barring Service (DBS) or completed risk assessments in the absence of a DBS check for staff who acted as a chaperone.</p> <p>This was in breach of Regulation 17 (2)(b)</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	