

# Dr Kalpana Kommalapati

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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 Dr. Kommalapati on 11 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review the response from the national patient survey to further consider areas not included in the practice survey for further improvement.

# Summary of findings

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly at or above average compared to the national average. Childhood immunisation figures had been lower than expected and work had been done to improve this. As part of the ACE appraisal visit conducted in July 2016, it was recorded that the practice had achieved 100% attendance for children under the age of one and that a number of non-responders were contributing to the lower attendances for children aged between two and five years old.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality 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, although a personal development plan had not been agreed with the practice manager.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice lower than others for several aspects of care and

Good



# Summary of findings

this was being addressed. Results from the Friends and Family test showed that patients were generally happy with the care given and an in-house patient survey conducted during 2016 had shown improved satisfaction.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- 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. An abdominal aortic aneurysm screening clinic was to be introduced later in the year, with a specialist clinic held for those patients who were eligible.
- Patients spoken with 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. Responses from the national patient survey were less positive in relation to opening times and telephone access. The practice in-house survey demonstrated some improvement to access via the telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- As the practice was single-handed, all patients had the principal GP as the named GP.
- All patients on the avoiding unplanned admissions register had personalised care plans in place, which were routinely reviewed.
- The GP carried out visits to an intermediate care home, when required. The GP was supported by the practice nurse and health care assistant, who would visit the home on a fortnightly basis.
- A phlebotomy at home service was offered to these patients by the nursing team.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, the practice was treating a higher than average number of diabetic patients and this group of patients had become an area of special interest for the health care assistant, who had completed a foundation course in diabetic care. Patients on the diabetic register were offered a routine annual check and referred to the GP for medication review when required.
- Performance for diabetes related indicators was comparable with the CCG and national averages. For example, 70% of patients had had a blood pressure reading in the last 12 months of 140/80mmHg or less, compared to a CCG average of 75% and a national average of 78%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- The principal GP was the named GP for all these patients and a structured annual review to check their health and medicines needs were being met. An additional winter clinic was arranged for these patients, offering longer appointments and three invitations were sent to encourage attendance.
- 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. Those admitted to hospital were regularly reviewed, either through a telephone consultation or home visit. Alternatively, they would be offered an appointment at the surgery within two weeks of discharge from hospital.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- 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. All children under the age of five were offered same day or emergency appointments.
- Children's immunisations were monitored routinely and those who had not had theirs completed, would be contacted by the practice nurse.
- 75% of women aged between 25-64 were recorded as having a cervical screening test in the preceding 5 years. This compared to a CCG average of 79% and a national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



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

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

- 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.

Good





# Summary of findings

- Telephone consultations were offered for those patients who might not be able to access the surgery during the day due to work commitments.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## 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 practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



## 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).

- 81% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national average of 84%. Exception reporting was 17% compared to a CCG average of 12% and a national average of 13% and the practice demonstrated that appropriate exception reporting was in place.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months, compared to a CCG average of 88% and a national average of 89%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia and all newly diagnosed dementia patients were referred to the memory clinic.
- The practice carried out advance care planning for patients with dementia.
- The practice had set up monthly clinics for dementia patients, provided by the Alzheimer's Society. This would also be available to carers of these patients, who would be provided with information on how to deal with dementia, as well as signposting patients to appropriate services. This clinic would also offer an extended appointment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was not consistently performing in line with local and national averages. 356 survey forms were distributed and 95 were returned. This represented 4% of the practice's patient list.

- 58% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 61% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive

about the standard of care received. Patients commented the GP was very patient and caring and the staff were friendly and helpful. There was one comment regarding occasional difficulty in obtaining an appointment.

In addition, the practice completed an in-house survey during 2016 and received 90 responses in total. Areas covered included: speed at which the phone was answered, convenience of the day and timing of the appointment, the length of time they waited to see the GP or nurse and the level of satisfaction with the information provided. The practice received high scores in most areas.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2016. In December 2016, 58%, of patients were "extremely likely" to recommend the practice to their friends and family. However this had since increased to 83% of patients.

## Areas for improvement

### Action the service SHOULD take to improve

- Review the response from the national patient survey to further consider areas not included in the practice survey for further improvement.

# Dr Kalpana Kommalapati

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Kalpana Kommalapati

The practice is located in the Sheldon district of Birmingham and has recently been refurbished to include extended clinical facilities. Parking is available both on-site and alongside the premises. The surgery occupies a two-storey building and is suitable for disabled patients. This is a single-handed practice, led by a part-time female GP and a long-term, part-time male locum GP. There is a part-time practice nurse and a part-time health care assistant. There is a part-time practice manager, supported by three part-time receptionists and a medical secretary. The practice is a teaching practice for GPs in training and also supports an independent prescriber who holds hypertension clinics at the surgery, supervised by the principal GP.

The practice is open between 9am and 2pm Mondays to Fridays and from 4pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesdays, the practice opens in the afternoon between 4pm and 7.15pm. The practice is closed on Thursday afternoons. Appointments are from 9am to 12am Mondays to Fridays and in the afternoons between 4.30pm and 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday afternoons appointments are available between 4.30pm and 7.15pm. When the practice is closed during the day and after evening surgeries, patients are

directed to the Badger out of hours service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments are also available for people that need them.

There are 2,709 registered patients on the practice list.

## Why we carried out this inspection

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

## How we carried out this inspection

Before 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 11 January 2017. During our visit we

- Spoke with a range of staff including the principal GP, the practice nurse, the practice manager, the health care assistant, a receptionist and medical secretary 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.

# Detailed findings

- 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. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We looked at 14 incidents which had been recorded in 2016 and saw these had been discussed at practice meetings and where appropriate, lessons had been learnt. For example a patient referred on a two week wait had not been followed up in accordance with the practice's procedure. This included whether they had actually been seen within the timescale. The practice concluded all such referrals should be completed as soon as the task had been sent and all staff were to be involved in the future monitoring of these requests.

We reviewed safety records, incident reports, including high risk medicines, patient safety alerts and minutes of meetings where these were discussed. We looked at an example of a safety alert and how this had been processed through a patient search, which had identified there were no patients being prescribed this medicine at the time. We saw that this was also discussed at the practice's clinical team meeting.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Other staff were trained to levels 1 and 2 depending on their role.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. In March 2016, a self-audit had been completed, with an overall score of 72%. Following a concerted effort to improve this performance, another audit was completed in December 2016, achieving an overall score of 98%.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines, such as methotrexate. Emergency drug stocks were locked in a secure cupboard.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure

## Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. We saw four examples of medicine optimisation audits which were for antibiotics, analgesics, anticoagulants and steroid cream. A review showed that the practice was prescribing a group of medicines for heart disease in line with good practice guidelines. Prescription stationery was securely stored and there were systems in place to monitor its use.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and an action plan. A fire evacuation exercise was due to be carried out shortly after our visit. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks which were checked regularly. 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. Exception rates were 5%. (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 2015/16 showed:

- Performance for diabetes related indicators was similar to the CCG and national average. For example, 70% of patients in whom the last BP reading, measured within the last 12 months was 140/80mmHg or less, compared to a CCG average of 75% and a national average of 78%. The exception rates was 5%, compared to a CCG and national average of 9%.
- Performance for mental health related indicators was better than the CCG and national average. For example, 94% of patients with mental health conditions had their alcohol status recorded in the preceding 12 months, compared to a CCG average of 88% and a national average of 89%. In addition, 96% of patients had their smoking status recorded in the preceding 12 months compared to a CCG and national average of 95%.

- We saw that appropriate reviews of dementia care were in place. At 17%, the exception reporting was higher than the CCG average of 12% and a national average of 13%. The practice demonstrated that appropriate exception reporting was in place.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years. All of these were completed audits where the improvements made were implemented and monitored. These included splenectomies, HIV testing and rheumatoid arthritis. Each of these had encouraged reflection on how the practice dealt with such diagnoses and how procedures could be improved to manage them.

Information about patients' outcomes was used to make improvements. For example, in response to high numbers of hospital admissions for patients with Chronic Obstructive Pulmonary Disease, (COPD), the practice in conjunction with the CCG, introduced COPD clinics led by specialist COPD nurses. Appointments were offered to those patients with multiple mobility issues and those who were also a high risk of admission to hospital. These patients were also reviewed on an ad-hoc basis when presenting at the surgery with other health issues. As a result of this initiative, hospital admissions were reducing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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 patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available.

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 79% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, immunisation rates for vaccinations given to under two year olds ranged from 82% to 100% and for five year olds from 82% to 100%. This compared to a CCG average of 83% to 95% and a national average of 88% to 94%. We were told there had previously been some unreliability in the capture of this data, which had been identified by the practice. Steps had been taken to ensure the reporting was accurate and reliable. In addition, all families who did not attend their appointments were called in for a face-to-face discussion.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. 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 15 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 (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us of their involvement in how the practice operated and their various initiatives including a quarterly newsletter and patient surveys. The PPG had also held several fund-raising events to assist the practice in buying new equipment. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had mixed results in comparison to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.

- 75% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 70% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. The practice in-house survey received a more positive response to engagement with reception staff.

The practice had undertaken their own patient satisfaction survey, however had not included all areas identified above.

### 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed how patients responded 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:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice had undertaken their own patient satisfaction survey, however had not included all areas identified above.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as

carers (2% of the practice list). A clinic had been set up run by the Alzheimer's Society to provide carers with information on how to deal with dementia and to sign post people with long-term dementia to the appropriate services. Written information was available to direct carers to the various sources of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them to offer support and a sympathy card was sent. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

We were also told that staff would take responsibility for escorting those patients with a visual impairment safely home following a visit to the surgery. There were also examples of patients being offered financial support to take a taxi either home from the surgery, or to hospital.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an evening surgery on a Wednesday evening until 7.15pm 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients were referred to other clinics for these vaccines.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 9am and 2pm Mondays to Fridays and from 4pm to 6.30pm on Mondays, Tuesdays and Fridays. On Wednesdays, the practice opened in the afternoon between 4pm and 7.15pm. The practice was closed on Thursday afternoons. Appointments were from 9am to 12am Mondays to Fridays and in the afternoons between 4.30pm and 6.30pm on Mondays, Tuesdays and Fridays. On Wednesday afternoons appointments were available between 4.30pm and 7.15pm. When the practice was closed, patients were directed to the Badger out of hours service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.
- 58% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%. The practice had introduced a new telephone system, which dealt with calls more efficiently and through feedback from patients, it was recognised this was already beginning to improve access for patients.

In response to the national patient survey the practice told us they had added another surgery, provided by the locum GP between 12.30pm and 2.30pm on Wednesday's. In addition, the practice completed an in-house survey during 2016 and received 90 responses in total. Areas covered included: speed at which the phone was answered, convenience of the day and timing of the appointment, the length of time they waited to see the GP or nurse and the level of satisfaction with the information provided. The practice received improved scores in most areas.

People told us on the day of the inspection that they were able to get appointments when they needed them. The PPG had also suggested the practice review their appointments system and booking process, which had been adopted. This included encouraging patients to use the online appointment system and identifying slots for these appointments to be available, which had relieved the pressure overall.

The practice had a system in place to assess:

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

Reception staff would take a request for a home visit and this would be logged and considered by the GP before deciding whether, based on clinical need, a home visit was appropriate. This may also involve a telephone conversation between the GP and the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

# Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the reception area, in the practice leaflet and on their website.

We looked at five complaints received in the last 12 months and found these were appropriately handled, dealt with in

a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a vulnerable patient had experienced problems in obtaining an appointment. Consequently, the practice had taken steps to ensure the records of those patients diagnosed with cancer were properly annotated to make sure timely appointments were offered in future.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection, the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The principal GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings. Examples of what was discussed included: health and safety, the appointment system, significant events and complaints.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the principal GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly. They told us of their involvement in how the practice operated and their various initiatives including a quarterly newsletter and patient surveys. They had also suggested the practice review their appointments system and booking process, which had been adopted. The PPG had also held several fund-raising events to assist the practice in buying new equipment.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

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.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. The practice had been registered as a “Research ready” practice and had previously participated in several Chronic Obstructive Pulmonary Disease (COPD) research projects with Birmingham University. In addition, the practice had embarked upon a programme of spirometry screening smokers over the age of 40 and as a result had diagnosed six new patients with COPD.