

# Springfield Surgery

## Quality Report

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

### Ratings

|  |  |      |   |
|--|--|------|---|
| Overall rating for this service            |  | Good |  |
| Are services safe?                         |  | Good |  |
| Are services effective?                    |  | Good |  |
| Are services caring?                       |  | Good |  |
| Are services responsive to people's needs? |  | Good |  |
| Are services well-led?                     |  | Good |  |

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Surgery 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 for reporting and recording significant events. We noted these were well documented and that thorough investigation took place.
- Risks to patients were assessed and well managed and these were well documented.
- 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.
- Patient feedback was consistently high and patients said they were treated with compassion, dignity and respect and they were involved in their care and

decisions about their treatment. Patients spoke highly of all the staff at the practice via the comment cards, in the patient survey and on the day of the inspection. We saw where other professionals had commented on the high standard of care provided by the practice.

- The practice had identified a member of staff to act as a Carer's Coordinator whose role was to provide allocated time and offer appointments for carers to attend and discuss any issues they have, reduce isolation and provide information on other services that may be able to offer support. The practice had identified specific training for this role which had been undertaken and they demonstrated a genuine commitment to supporting patients who were carers. All patients who had been identified as carers were called by the co-ordinator to confirm their current carers status and 30 minute appointments were offered to allow them to discuss their needs and identify resources accordingly.
- The practice worked closely with the Springfield Project and outside organisations and places of

# Summary of findings

worship to gain a better understanding of the issues facing their practice population. The practice had consistently above average survey results and a high level of positive feedback from patients.

- Information about services and how to complain was available and easy to understand and complaints were handled in a timely manner. 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 and there was continuity of care. Urgent appointments were available the same day utilising a GP triage system during specific times.
- 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 and staff spoke positively regarding the support and leadership from management and the partners.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Improve the system for recording the actions taken in response to safety alerts.
- Continue to follow legislation on the management of controlled drugs.
- Continue to consider ways of increasing uptake of national screening programmes.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system for reporting and recording significant events. Staff were aware of the process and actively engaged in this. We saw that these were discussed and shared with all staff.
- We saw evidence to show that safety alerts were addressed and actioned, although the recording of these was not always clear. The practice would benefit from a recording system to more clearly demonstrate the actions taken.
- Lessons were shared to make sure action was taken to improve safety in the practice and staff confirmed this.
- When things went wrong patients received reasonable support 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 practises to keep patients safe and safeguarded from abuse. All staff demonstrated an awareness of safeguarding and had received appropriate training.
- Risks to patients were assessed and managed and we saw the practice manager kept comprehensive records of risk assessments and actions to mitigate risk. We noted that the procedure in place for disposing of controlled drugs was not in line with legislation, however the practice addressed this immediately and submitted evidence to demonstrate they had made the appropriate changes.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the local and national averages. The practice had achieved 96% of the total points available compared to the CCG and national averages of 97% and 95% respectively.
- Staff assessed needs and delivered care in line with current evidence based guidance and all staff had access to this at all times. The partners discussed changes in national and local guidance at weekly practice meetings.

# Summary of findings

- The practice had initiated an audit regarding blood tests for patients taking medicines that needed close monitoring which showed improvement. We also saw evidence of improvement in prescribing practises for specific medicines which demonstrated more appropriate prescribing.
- The practice had maximum achievement in the overall asthma domain within the QOF which was above the CCG and national averages of 98% and 97% respectively.
- One of the GPs had worked closely with a local community project to develop social prescribing and the involvement of general practice. This had been adopted by the local area with funding for two years.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, specifically in areas such as respiratory conditions.
- There was evidence of appraisals and personal development plans for all staff and staff reported this as a positive experience.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, such as the diabetes specialist nurse.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients' satisfaction with care received was higher than the CCG and national average in most areas. For example, 95% of patients said their GP was good at explaining tests and treatments compared with the CCG and national averages of 85% and 86% respectively.
- Patients spoke positively about how they were treated at the practice and that was with compassion, dignity and respect and they were involved in decisions about their care and treatment. They commented on how GPs and nurses took time to discuss their condition and ensured their understanding of their treatment options and how reception staff were very helpful and kind. Patients told us these acts of caring and kindness had had a positive impact on their lives.
- Information for patients about the services available was easy to understand and accessible and we noted there were two screens for patients to check in which were available in several different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

- The practice had identified a member of staff who attended specific training regarding carers and how to support them. They provided 30 minute appointments and invited carers to attend to discuss any issues or concerns, signpost to support organisations or provide support as required. The practice had received positive feedback from patients who had attended these appointments.
- The practice were also hosting a tea and cake session at the surgery for patients to attend, to promote social interaction and knowledge of services and support available to carers. This was to include a speaker from the Birmingham Carers Hub. The practice worked closely with the Springfield Project to facilitate this.

## Are services responsive to people's needs?

The practice is rated as good 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 (CCG) to secure improvements to services where these were identified.
- 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 introduced telephone triage and all routine appointments were 15 minutes duration in response to patient feedback regarding waiting to see the GP once at the practice.
- The practice had identified that there were areas of significant social isolation and had worked closely with the Springfield Project to develop a social prescribing service for those patients who were lonely, vulnerable or isolated.
- The practice was aware of drug and substance abuse problems in the area and offered appointments to support patients in this area of health.
- The practice had identified the benefit to patients of prompt access to counselling when necessary and employed two counsellors to ensure this service was available for patients.
- The practice had suitable 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.

Good



# Summary of findings

- The practice staff were aware of the problems patients suffered with domestic abuse and all staff had received training in how to support patients with this. The practice was registered with the Identify and Referral to Improve Safety (IRIS) service.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was well established and proactive in working with the practice to improve services. They reported that the practice engaged well with them and supported their work.

## Are services well-led?

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

**Good**



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients using an holistic approach to include spiritual, physical, non-discriminatory care with attention to the most vulnerable patients in the community. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held weekly meetings involving all staff which included governance and performance.
- 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 and staff and patients confirmed this. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- Continuous learning and improvement took place at all levels together with plans to develop services.
- Staff told us they felt very well supported by the GPs and the practice manager. Every two years the GPs funded a weekend away for all staff for team building and to encourage development of new ideas for improvements in the practice.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Over 75 health checks which included frailty health assessments were offered and care plans and medicines were reviewed regularly.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. For example, one nurse had a diploma in asthma.
- The practice's achievement in the overall diabetes domain within the Quality and Outcomes Framework (QOF) was 86%, which was comparable with the CCG and national averages of 87% and 86% respectively.
- Longer appointments and home visits were available when needed.
- All these patients 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.

Good



### Families, children and young people

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

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high at age 5 for all standard childhood immunisations although immunisation rates for children up to 2 years was below average.

Good





# Summary of findings

- 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 and were specifically allocated for this group of patients. The premises were suitable for children and babies. Children were always seen on the same day as a priority.
- We saw positive examples of joint working with the health visitor and the midwife.
- Staff had been trained in domestic abuse and how to offer support to victims of this.

## **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.
- The practice offered extended hours appointments on Monday and Thursday evenings and Friday mornings for those patients who could not attend during core hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group, for example, smoking cessation and weight management.
- The practice had lower than average rates for bowel screening and attributed this to cultural factors due to the varied ethnic diversity. However, they told us they continued to encourage this opportunistically.

**Good**



## **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 those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other patients with complex needs. The practice had a lead GP for patients with a learning disability who worked with the local lead for the area.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients and could refer to support agencies such as Age UK, Citizen's

**Good**



# Summary of findings

Advice Bureau and the Birmingham Carer's Hub. The practice had an identified member of the reception team who had been trained to offer support to carers and provided 30 minutes appointments to carers to discuss their needs and allow signposting to appropriate additional support services. There was a significant amount of information regarding carers in the waiting area.

- 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.
- The practice engaged with the local community and had met with representatives from places of worship to discuss access to health services affected by cultural issues.

## 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).

- Overall achievement in mental health outcomes were comparable with the national averages.
- 79% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their record, in the preceding 12 months which was lower than the CCG average of 86% but comparable to the national average of 81%. However, the practice exception reporting rate for this indicator was significantly below the CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Two counsellors attended the practice to offer psychological and emotional support to these patients.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# 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 performing above the local and national averages in most areas. There were 364 survey forms distributed and 83 were returned. This represented under 2% of the practice's patient list and was a 23% response rate.

- 76% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 73%.
- 75% 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 national average of 85%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG

average of 82% and national average of 85%.

- 88% 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 national average of 78%.

- 40% of patients said they did not feel they had to wait too long to be seen compared to the CCG and national average of 53% and 58% respectively.

The practice had responded to the lower than average satisfaction patients expressed at how long they waited to be seen and had put measures in place to address this.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 80 comment cards which were all positive about the standard of care received and patients referred to GPs by name expressing their satisfaction with how they were treated. Patients frequently referred to the kindness and understanding of the GPs and nurses and how they took time to ensure understanding of their condition.

We spoke with three patients during our inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. These views were aligned to comments received from the Patient Participation Group (PPG). A PPG is a group of patients who work together with their GP practice to represent the views of patients with the aim of improving services.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve the system for recording the actions taken in response to safety alerts.
- Continue to follow legislation on the management of controlled drugs.
- Continue to consider ways of increasing uptake of national screening programmes.

# Springfield Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Springfield Surgery

Springfield Surgery is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 5,000 patients living in Sparkhill, Birmingham and the surrounding areas. A GMS contract is a standard nationally agreed contract used for general medical services providers.

The practice operates from a large four storey health centre owned by the Community Health Partnership, which accommodates two other GP practices and some community services. The practice is situated on the second floor and a lift provides easy access to the practice from all floors including the car park on the lower ground floor.

The practice population has a significantly higher than average number of patients aged 0 to 20 years and 25 to 40 years and the number of patients aged 45 to 85 years was considerably lower than the national average. National data indicates that the area is one that experiences high levels of deprivation. The practice population is diverse with 58% of patients from Pakistani origin, 23% from Indian, Somali and African and Caribbean ethnic origin. Ten percent of patients were white British and a further 9% were from other white ethnic backgrounds.

There are two male GP partners, who employ one salaried female GP. The practice employ two practice nurses, and a

practice manager who are supported by a team of seven administrative and reception staff. The practice offer a range of services including minor surgery, long term condition monitoring, cervical cytology and child health services, phlebotomy (blood taking) and flu clinics. There are also a number of services the practice work with closely and signpost patients to within the building and in the larger community, such as the Amman Walk in centre, the drug and alcohol service, the Citizens Advice Bureau, the Springfield Project, the Birmingham Women's Aid, Birmingham Carers Hub and the British Red Cross. The Springfield Project is a charitable organisation who are committed to providing support to improve the lives of families, children and young people from diverse backgrounds.

The practice premises is open on Monday from 8am until 8pm, Tuesdays from 8am until 12.30pm and 2pm until 6pm, Wednesdays from 8am until 6.30pm, Thursdays from 8am until 7pm and Fridays from 7.30am until 6.30pm. Extended hours appointments are offered from 6.30pm until 8pm on Mondays, 6.30pm until 7pm on Thursdays and 7.30am until 8.30am on Fridays for pre-bookable appointments only. The practice closes from 1pm until 2pm on Tuesdays when cover is provided by the out of hours service Primecare who can be contacted via NHS 111.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before inspecting the practice, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 11 January 2017. During our inspection we:

- Spoke with a range of staff including GPs, the practice manager, a nurse, and reception staff and we spoke with patients who used the service.
- Observed how patients were assisted when they attended the practice that day.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed staff files.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system for reporting and recording significant events and we saw the practice had a policy for reporting 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 and in paper form. 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We saw the practice carried out a thorough analysis of the significant events and these were discussed at practice meetings along with changes implemented to address any issues. They kept a summary log which set out their actions and lessons learnt.
- We reviewed safety records, incident reports, patient safety alerts, including those from the Medicines and Healthcare products Regulatory Agency (MHRA) and minutes of meetings where these were discussed. The practice had a system to share and action safety alerts. These were received by the practice manager and sent to all relevant staff who would action accordingly. We looked at recent alerts and saw that appropriate action had been taken, although we noted that there was no system or log to easily show the actions taken.
- We saw evidence that lessons learnt regarding safety issues were shared and action was taken to improve safety in the practice. For example, the practice had changed the system for issuing specific medicines in response to a significant event.
- 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. One of the GPs was the lead member of staff for safeguarding adults and the nurse was the lead for child safeguarding. The GPs attended safeguarding meetings and 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 and the lead nurse for safeguarding were trained to child protection or child safeguarding level three and other staff were trained to a level appropriate to their role. The practice had quarterly safeguarding meetings with the multi-disciplinary team and held ad hoc meetings in between if necessary.
- We saw notices in the practice that advised patients that chaperones were available if required. Nursing and some reception staff carried out chaperoning. All staff who carried out chaperoning 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 visibly clean and tidy. One of the practice nurses was the infection control clinical lead who had received training in infection control and all staff had infection control training during their induction to the practice. There was an infection control protocol in place and the infection control lead had carried out an audit in 2016 and addressed areas identified as in need of change. For example, they had increased the range of sterile gloves available.
- 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). Controlled drugs were stored and handled appropriately, however, we noted that the practice policy for the destruction of controlled drugs did not reflect current legislation. This was highlighted to the practice who took immediate action and we were

### Overview of safety systems and processes

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

## Are services safe?

satisfied no patients had been put at risk. They discussed this in the practice, consulted with the local medicines management adviser and amended the policy accordingly. They submitted a copy of the new policy to us to evidence this. We saw that fridge temperatures had been recorded twice daily and had remained within the acceptable limits.

- Processes were in place for handling repeat prescriptions which included the review of patients' blood results prior to prescribing of high risk medicines. There had been shared care protocols agreed with secondary care and the practice monitored these patients regularly. We checked patient records, and saw that patients taking high risk medicines had been appropriately monitored, for example, those taking Warfarin (blood thinning medicines). Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service where applicable.

### Monitoring risks to patients

Risks to patients were assessed and well managed. The practice was based within Sparkhill Primary Care Centre which was a managed premises. The practice kept a copy of the operational policy which set out all the operational arrangements and responsibilities.

- There were procedures for monitoring and managing risks to patient and staff safety. We saw a comprehensive risk assessment had been carried out which included all areas of the practice and what actions were necessary to mitigate the risks. There was a health and safety policy available with a poster in the practice which identified the local health and safety representative. Staff had undertaken fire training, had up to date fire risk assessments and carried out regular fire drills.

- All electrical equipment was checked annually to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. We saw this had been checked in March 2016. The practice had a variety of other risk assessments 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 for all the different staffing groups to ensure enough staff were on duty and we saw examples of current rotas. All staff at the practice were part time and provided cover for each other during times of annual leave and sickness.

### Arrangements to deal with emergencies and major incidents

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

- The practice had an alert on their computers which alerted staff to any emergency and staff we spoke with were all aware of this.
- All staff received annual basic life support training and there were emergency medicines available in a treatment room which was not accessible to the public. Medicines were also available to deal with any anaphylactic (allergic) reaction in all treatment rooms. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The practice manager and the GPs kept a copy at their home.



# 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 to keep all clinical staff up to date. Staff had access to NICE guidelines on their computers and used this information to deliver care and treatment that met patients' needs. Some guidelines were summarised and available on the practice shared drive for easy access.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Changes in NICE guidance were discussed at practice meetings.

### 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 showed the practice had achieved 96% of the total number of clinical points available. Their exception reporting rate was 8% which was below the Clinical Commissioning Group (CCG) and the national average of 9% and 10% respectively. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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 comparable to the CCG and the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was within the recommended level was 72% compared with the CCG average of 71% and the national average of 70%.
- Overall performance for mental health related indicators was comparable with the national average. The

percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 81% compared to the national average of 89%. The practice exception reporting rate for this indicator was 2% which was low compared to the national average of 13%.

There was evidence of quality improvement including clinical audit.

- We saw that five clinical audits had been undertaken in the last two years, which were complete audits where the improvements made were implemented and monitored. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings from audits were used by the practice to improve services. For example, the practice had reviewed improved prescribing in the primary prevention of heart problems and monitoring of high risk medicines. We noted that the practice discussed the outcomes of audit at clinical meetings and introduced appropriate actions and that some audits had been repeated after the second cycle.

Information about patients' outcomes was used to make improvements, for example, the practice had agreed to ensure that more detailed monitoring was carried out for patients receiving oral nutritional supplements.

### 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. We noted the practice had a comprehensive induction pack for locum GPs.
- 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. One nurse had achieved a diploma in asthma and had attended training in diabetes. One of the nurses was undertaking a degree course in practice nursing which was to commence in the near future.



# Are services effective?

## (for example, treatment is effective)

- 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. They also met for local peer support with staff from other practices every four months.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and support. 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, in-house training and at protected learning sessions.

### Coordinating patient care and information sharing

The practice had system for dealing with and sharing information and results from other services as well as notifying patients of changes. The GPs reviewed all discharge letters, would decide whether a follow up was necessary and liaise with reception staff to facilitate this. There were some examples when the GP would contact the patient directly if they considered it urgent.

We saw 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. We saw minutes of meetings to confirm this.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had received training in Deprivation of Liberty Safeguards (DOLS).
- 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.
- Written consent was gained for minor surgery and joint injections. We saw an example of the form used which was scanned and stored in the patient's record.

### 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 with a learning disability. The practice had registers with alerts on the clinical system for these patients. The GPs referred patients who would benefit from psychological support to the Improving Access to Psychological Therapies (IAPT) counsellors. The practice were proactive in signposting patients to other services offered within the building such as the Amman Walk-in Service. This service provided confidential support and treatment for patients aged 16 and over regarding feelings of stress, low mood and depression.
- One of the GPs worked closely with the Reach Out Recovery service and offered appointments for patients experiencing difficulty with substance misuse.
- The practice provided family planning services although they referred patients who needed intra-uterine contraceptive device fitting and hormonal implants to

# Are services effective?

## (for example, treatment is effective)

the local family planning service. Chlamydia screening packs were available to young people aged 15-24 years and barrier methods of contraception were provided at the practice.

- The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 80% and below the national average of 81%. The practice had acknowledged this lower than average achievement and attributed this to the diverse practice population and high number of patients from variable ethnic groups where communication and understanding was difficult. However, they told us they continued to opportunistically encourage patients to attend for screening and the system alerted staff that screening was overdue to facilitate this. The practice ensured a female sample taker was available to encourage uptake. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were comparable to the CCG and national averages. For example, the percentage of females aged 50-70 years screened for breast cancer in the last three years was 68% compared with the CCG average of 66% and national average of 72%.

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- The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 39% compared with the CCG and national averages of 46% and 58% respectively.

Childhood immunisation rates for children aged two years for the vaccinations given were lower than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 88% compared to the expected range of 90%. Vaccinations for five year olds ranged from 87% to 98% which was comparable with the CCG and national averages of 85% to 96% and 88% to 94% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74 years.

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

The practice nurses were carrying out health checks on patients who met the criteria for having pre-diabetes and were calling these patients to offer health and dietary advice to prevent the onset of type two diabetes. The practice nurse also worked closely with Health Exchange to offer advice on exercise, healthy eating, weight loss and smoking cessation.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed members of staff were friendly, courteous and very helpful to patients and treated them with dignity and respect both when they attended the reception desk and on the telephone.

- Curtains were provided to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and 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.
- There was a sign in the reception area asking waiting patients to stand back when other patients were checking in at reception.
- There were 80 Care Quality Commission comment cards received from patients. The majority (76) of them reported complete satisfaction with the service experienced and patients commented on all GPs at the practice expressing how they listened, treated them with respect and took time to allow them to explain their symptoms. Specifically, older patients and those whose first language was not English commented on how the GPs took time to listen and explain their condition to them and alleviate any anxieties. 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 a member of the Patient Participation Group (PPG). They also told us the care provided by the practice was excellent and said their dignity and privacy was respected. 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 patient satisfaction scores on consultations with GPs were higher than the CCG and national averages and comparable for nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients we spoke with told us they felt involved in decisions about the care and treatment they received. They told us they were always made aware of their medicines and treatment options and felt listened to and supported by staff. Patients reported they 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 patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with or above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% to the national average of 85%.

## Are services caring?

The practice provided facilities to help patients be involved in decisions about their care. We saw that translation services were available for patients who did not have English as a first language and some staff at the practice spoke Urdu, Punjabi, Mirpuri, French and German. The appointment check in screen was set out in eight different languages and we saw information informing patients that interpretation services were available. Staff we spoke with confirmed they accessed the interpreting service when necessary.

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

Patients we spoke with and comment cards we received highlighted how the GPs and nurse took time to explain and ensure understanding of their newly diagnosed condition, as well as ongoing support with long term conditions. Patients gave specific examples of this and reported how the support from the practice had enabled them to cope during difficult times when they were adapting to significant changes in their health. They told us that the reception staff contributed to this in their kind and helpful approach.

The practice had a significant amount of information regarding carers in the waiting area and leaflets around the practice. They advertised a carers tea and cake event which provided an opportunity to discuss their views and feelings with other carers and hear from an invited speaker from the Birmingham Carers Hub. This was organised by the Springfield Project and the practice worked closely with them to facilitate this event.

There were also leaflets regarding The Springfield Neighbour Scheme offering support and activities designed to boost self-esteem and address social isolation. These services were also advertised in the practice newsletter.

The practice had identified a specific member of the administration team to the role of Care Co-ordinator. They had funded training to provide them with the skills and knowledge to support carers in the practice and direct them to the appropriate group or organisation. The Care Coordinator had contacted all registered carers and spoken with them to confirm their carers status and offered 30 minute appointments if they wished to attend for support and have an opportunity to discuss their needs. They had offered 16 appointments since they commenced this service and five patients had attended. They maintained records for these patients and recorded feedback from those who had attended. Patients reported positive outcomes from the service in that their quality of life had improved as a result of accessing information provided by the Care Co-ordinator to support groups and respite care.

The practice hosted a weekly session from an adviser from the Citizens Advice Bureau (CAB) to offer impartial, confidential advice for those patients experiencing difficulties. This was also advertised in the practice newsletter.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 64 patients as carers which represented 1.3% of the practice list. The practice offered carers flu vaccines, health checks and longer appointments and facilitated appointments that were convenient to both carer and patient to allow them to attend together.

Staff told us that if families had suffered bereavement a sympathy card was sent. Their regular GP would assess the need for follow up or further contact with the family dependent on their circumstances and knowledge of the family.

# 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 early appointments from 7.30am on Mondays and later appointments on Mondays and Thursdays until 8pm and 7pm respectively, for working patients and those patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, those who attend with carers and those with multiple long term conditions.
- 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 required same day consultation and they offered a triage service which allowed the GPs to advise patients if they needed to be seen that day.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a lift, a hearing loop and translation services available.
- The practice worked with the Patient Participation Group (PPG) to gain patients' views and share information regarding specific projects where needs had been identified. A PPG is a group of volunteer patients who meet with practice staff to feedback patient views and suggestions for improving, changing and developing patient services in the practice. The PPG had worked with the practice to develop a newsletter which advertised local initiatives and provided information regarding the services at the practice. For example, there was information regarding carers, Citizens Advice Bureau, Springfield Neighbour Scheme, telephone triage and domestic violence support.
- The practice had engaged with the local religious leaders to discuss specific treatments and medicines about which patients had expressed concern. For example, poor uptake of nasal flu vaccine. Patients

consistently commented on the practice's willingness to offer more than was required, both from clinical perspective and for support to deal with their medical conditions.

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### Access to the service

The practice premises was open to patients between 8am and 8pm on Mondays, 8am until 12.30pm and 2pm until 6pm on Tuesdays, 8am until 6.30pm on Wednesdays, 8am until 7pm Thursdays and 7.30am until 6.30pm on Fridays and appointments were available during those times. During the period of closure on Tuesdays from 12.30pm until 2pm the service was covered by a local arrangement from Primecare out of hours provider. Extended hours appointments were available on Monday from 6.30pm until 8pm, Thursday from 6.30pm until 7pm and Friday from 7.30 until 8am for bookable appointments only. 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 and the practice provided telephone triage. All patients who called on the day between 8am and 10am were dealt with by the duty GP who would decide if an appointment was required on the day and provided this if necessary.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and the national average of 85%.
- 76% of patients said they could get through easily to the practice by telephone compared to the CCG average of 70% and the national average of 73%.
- 40% of patients said they did not feel they had to wait too long to be seen compared to the CCG and national average of 53% and 58% respectively.

We saw that the practice had introduced measures to address the lower than average satisfaction regarding how long patients waited once they had arrived for their appointment. The practice acknowledged that they did not wish to rush patients during their consultation in response to the survey and therefore took the decision to extend routine appointments to 15 minutes. The practice reported this had helped reduce waiting times but intended to

# Are services responsive to people's needs?

(for example, to feedback?)

continue to monitor this. Patients we spoke with reported that they did sometimes need to wait once they had arrived at the practice. However, they told us they appreciated that the GPs did not rush patients and that they also experienced this unhurried approach from the GPs and as a result did not consider it problematic.

Patients told us on the day of the inspection that they were able to get appointments when they needed them and could always get seen on the same day if they needed to see a GP urgently. The reception staff were aware of the process for home visits. Home visits were sent to the duty GP who prioritised and dealt with these. They had access to the GPs if patients were requesting a home visit who did not meet the criteria to enable the GP to decide on the clinical need. Patients reported this was a helpful and reassuring facility.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that a poster in the waiting area to inform patients about the complaints procedure and there was a facility to provide feedback via the practice website as well as a notice in reception asking patients to leave feedback.

We looked at three complaints received in the last 12 months and found they had been dealt with appropriately in a timely manner. Lessons learnt from individual concerns and complaints were shared with staff. For example, we noted that the system had been changed to allow GPs specific times to deal with referrals.



# 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 and staff knew and understood the values. For example, several staff told us they felt the practice priority was always on delivering family focussed patient centred care and putting patients first.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example, we saw the practice were planning to recruit a new GP to address the growing population, as well as looking at developing patient education sessions regarding specific conditions such as diabetes.

### 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. For example, they had staff who had specific skills in certain areas, such as minor surgery and safeguarding.
- Practice specific policies were implemented and were available to all staff. We noted these were accessible electronically and in hard copy.
- A comprehensive understanding of the performance of the practice was maintained and we saw evidence of minutes of meetings where this was discussed and plans put in place to address any areas which required specific action.
- Clinical and internal audit was used to monitor quality and to make improvements. We noted how changes had been implemented as a result of audit, such as improved monitoring of patients taking high risk medicines.
- There were arrangements for identifying, recording and managing risks and issues and implementing mitigating actions.

### Leadership and culture

During our inspection the partners and management team demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw evidence that they prioritised safe, high quality and compassionate care, from their practises, audit, discussions and outcomes for patients. Staff told us the partners were approachable and always took the time to listen to all members of staff and this was evident during our inspection.

The provider was aware of and had systems 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 for staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment they gave affected people reasonable support, and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw minutes of meetings to demonstrate this.
- 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 improve and develop the practice, and the partners encouraged all members of staff to engage in this.

### 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. There was a Patient Participation Group (PPG) who worked closely with the practice. A PPG is a group of volunteer patients who meet with practice staff to feedback patient views and suggestions for improving, changing and developing patient services in the practice.

The PPG met regularly and meetings were always attended by the practice manager. We spoke with a member of the

# Are services well-led?

Good 

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

PPG who told us the practice was very responsive and engaged well with the group. They provided many examples of how changes had been made as a result of their suggestions and comments. For example, they had introduced a newsletter and a text system for cancelling appointments.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. The practice had a long established work force as well as some new members

to the team who reported good communication in the practice and a family focused ethos. 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 encouraged to share ideas of how to improve procedures in the practice to benefit patients. The practice arranged a staff weekend away every two years to provide an opportunity for team building and development of new ideas for the practice.