

Small Heath Medical Practice

Quality Report

2 Great Wood Road
Birmingham
B10 9QE

Tel: 0121 766 8828

Website: www.smallheathmedicalpractice.nhs.uk

Date of inspection visit: 13 May 2016

Date of publication: 07/07/2016

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

Ratings

Overall rating for this service

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9

Detailed findings from this inspection

Our inspection team	10
Background to Small Heath Medical Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Small Heath Medical Practice on 13 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and generally 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. Although national GP patient survey data showed scores below CCG and national average for patient involvement.

- 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 usually found it easy to make an appointment and changes had been made to the appointment system to improve access. Urgent appointments were 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 improvements are:

- Clarify within the repeat prescribing policy which medicines are to be referred back to GP for uncollected prescriptions.
- Undertake routine fire drills of the premises.
- Review clinical audit process to ensure improvements made are sustained.

Summary of findings

- Review appraisal process for nursing staff to ensure they receive clinical input into this.
- Review processes to try and encourage greater uptake of national screening programmes for relevant patients.
- Review and implement ways in which the identification of carers might be improved.

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 were informed and received an apology. Actions were taken to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and generally well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Despite the challenges of high levels of deprivation and diverse population needs, data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly in line with CCG and national averages.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated improvements to the delivery of services although it was not clear from audits whether improvements made had been sustained.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff, although nursing staff did not receive clinical input into their appraisals.
- 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 in line with others for many aspects of care.
- Patients said they were treated with compassion, dignity and respect although were rated lower in the national GP patient survey than other practices for involving patients in decisions about their care and treatment.

Good



Summary of findings

- 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 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 to secure improvements to services where these were identified.
- Most patients said they found it easy to make an appointment when they needed one. Urgent appointments were available the same day.
- 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.

Good



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.
- 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 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

Good



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.
- Uptake of flu vaccines in the over 65years was similar to other practices in the local clinical network.
- The practice participated in the admissions avoidance scheme to review the care of those who had an unexpected admission to hospital.
- The practice held quarterly multidisciplinary team meetings with relevant health and care professionals to discuss and plan the care of those with end of life needs.

People with long term conditions

Good



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 specific clinics including chronic pulmonary disease, diabetes and asthma were held. Patients at risk of hospital admission were identified as a priority.
- Practice performance for diabetes related indicators overall was 92% which was slightly higher than the CCG and national average 89%.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example insulin initiation, electrocardiographs (ECGs), ambulatory blood pressure monitoring and spirometry.
- Home visits were available for patients whose clinical needs made it difficult to attend the practice.
- Patients with long term condition had a named GP and received a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

Good



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 or failed to attend for immunisations.
- Immunisation rates for all standard childhood immunisations were comparable to the CCG average. The practice had approached local community leaders to encourage uptake among ethnic groups in the area.
- The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives, health visitors and school nurses in providing care and treatment to vulnerable children.
- The practice had baby changing facilities and was accessible for pushchairs. The practice also offered a breast feeding friendly service.

Working age people (including those recently retired and students)

Good



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.
- Early morning appointments were available to accommodate the needs of those who worked during surgery opening hours.
- The practice offered telephone consultations.
- 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. NHS Health checks were available to patients aged 40 to 75 years, 5% of eligible patients had taken up this offer. Patients were also signposted to support services such as health trainers.

People whose circumstances may make them vulnerable

Good



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

Summary of findings

- The practice held a register of patients living in vulnerable circumstances such as those with a learning disability. Alerts on patient records identified those who were vulnerable so that efforts could be made to deal with them promptly where possible.
- The practice offered longer appointments for patients with a learning disability and told us that 75% of patients with a learning disability had received a health check in the last 12 months.
- Patients with a learning disability received health passports to support them as they moved between services.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.
- The practice hosted weekly sessions with the Citizens Advice Bureau who were able to provide financial and social advice.
- A carers pack was available to support patients with caring responsibilities. The practice had identified 63 carers registered with them.
- The practice registered patients with no fixed abode at the practice address so that they could receive health care.

People experiencing poor mental health (including people with dementia)

Good



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

- National reported data for 2014/15 showed 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average 82% and national average 84%. The practice told us the latest data (not yet published) was 100%.
- National reported data for mental health outcomes (2014/15) was 95% which was comparable to the CCG average 92% and national average 93%.
- Some of the reception staff at the practice had been trained as dementia friends to ensure a better understanding and support for patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing mostly in line with local averages but below national averages in relation to access. 411 survey forms were distributed and 94 (23%) were returned. This represented approximately 1.7% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average 62% and national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 69% and national average of 76%.
- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% national average of 85%.

- 71% 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 79%.

As part of our inspection we spoke with nine patients (including three members of the practice's patient participation group) and also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 completed comment cards. The majority of feedback was very positive about the standard of care received. Patients were complimentary about the staff and described a number of examples telling us how well they had been supported when they needed help. Although satisfied with the service overall a small number of patients commented on difficulties making an appointment.

Small Heath Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Small Heath Medical Practice

Small Heath Medical Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Small Heath Medical Practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in purpose built accommodation. Based on data available from Public Health England, the area served is among the most deprived areas in the country (within the highest 10%). The practice has a registered list size of approximately 5500 patients.

The practice is open between 8am and 6.30pm Monday to Friday, with the exception of Wednesday when it closes from 1.30pm for the afternoon. Appointments are available:

Monday 7am to 12.30pm and 3pm to 5.30pm

Tuesday 9am to 12.30pm and 3pm to 5.30pm

Wednesday 7.15am to 8am and 10am to 12.30pm

Thursday 9am to 12.30am and 3pm to 5.30pm

Friday 9am to 12.30pm and 3pm to 5.30pm

When the practice is closed primary medical services are provided by an out-of-hours provider (BADGER).

The practice currently has four GP partners (1 male and 3 female) and one salaried GP (male). Other practice staff consist of a team of three practice nurses and two recently appointed nurse prescribers, a healthcare assistant and a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice is a training practice for qualified doctors training to become a GP and also supports training for student nurses.

The practice has not previously been inspected by CQC.

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.

Detailed findings

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 13 May 2015. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the assistant practice manager and administrative staff).
- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with members of the practice's Patient Participation Group.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There were systems in place for reporting and recording significant events.

- Staff we spoke with were aware of the systems in place for reporting incidents. The practice had an online incident reporting form as well as incident forms held in reception. These were sent to the practice manager and one of the partners to be discussed at clinical meetings. 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 an explanation and apology. Actions were identified to mitigate the risk of the same thing happening again.

We reviewed records of incident reports, patient safety alerts received and minutes of meetings where these were discussed. Staff we spoke with told us of incidents which had occurred and been shared with them to improve safety in the practice. Incidents were also shared more widely with other practices within the locality. In one example seen a prescription for a controlled drug had gone missing. The practice reviewed and updated their policies to maintain documented records as to who had collected the prescription. There were systems in place for managing safety alerts received and logs were kept to record action taken to address those.

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. Safeguarding policies and contact information for agencies responsible for investigating safeguarding concerns were accessible to staff if they had concerns about a patient's welfare. There were lead members of staff for safeguarding children and adults and staff knew

who these were if they had a concern they wished to discuss. Staff had received training on safeguarding children and vulnerable adults relevant to their role and were able to provide examples of concerns they had raised with appropriate agencies which demonstrated they understood their responsibilities. We saw evidence of discussions in practice meetings to remind staff of reporting arrangements for female genital mutilation (FGM). The practice also had a link worker to support patients who were victims of domestic violence. GPs were trained to child safeguarding level 3 and had had received FGM training relevant to the population needs. Safeguarding alerts on patient records ensured staff were aware of patients at risk.

- Notices were displayed throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. The practice had appropriate hand washing facilities, personal protective equipment, equipment for cleaning spillages and arrangements for the safe disposal of clinical waste. One of the practice nurses took the lead for infection control. Infection control training was incorporated into staff induction and available through on line training. The CCG had undertaken an infection control audit in January 2016, the practice had scored 90% and an amber rating. We saw evidence of progress against the action plan for example, in the development of equipment cleaning schedules.
- 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). There were processes in place for handling repeat prescriptions which included the review of high risk medicines. Uncollected scripts were usually destroyed and noted in patient record. Staff told us that there were some exceptions to this when they informed the GP of uncollected prescriptions however, these medicines were not formally reported in the prescribing policy to ensure a consistent approach. The practice carried out

Are services safe?

regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of 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 generally well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice appeared well maintained and an equality impact assessment had been undertaken on the premises. The practice was currently receiving external support for managing health and safety at the practice. There was a health and safety policy available to staff.
- The practice had up to date fire risk assessments and carried out regular maintenance of fire equipment. There was an evacuation plan in place and nominated fire wardens. Fire alarms were regularly tested but we did not see any evidence of fire drills undertaken.
- 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, risk assessments did not cover all identified risks for example, blind cords.

- 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. The practice had recently appointed two nurse prescribers to increase staffing capacity. Staff told us that they supported each other during absences and that there was a limit to how many staff could be on leave at the same time. GP locums were occasionally employed if needed.

Arrangements to deal with emergencies and major incidents

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

- Staff told us they had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks which were checked daily by staff to ensure they were in date and in working order.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. The practice checked the emergency medicines monthly and those 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. Staff were aware of the plan which included emergency contact details for services in case of emergency but no contact details 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 and frequently discussed this at clinical meetings.
- Information from training courses and updates were shared by staff at the practice's clinical meetings. Clinical meetings were also used to discuss the management of patient care and treatment.
- Practice staff were able to give examples of NICE and other guidelines that they used when managing patient conditions for example, thyroid screening.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 91% of the total number of points available, which was comparable to the CCG average of 94% and national average of 95%. Exception reporting by the practice was 9% which was the same as the CCG and national average. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Data from 2014/15 showed;

- Performance for diabetes related indicators was 92% which was similar to the CCG average and national average of 89%.
- Performance for mental health related indicators was 95% which was similar to the CCG average of 92% and the national average of 93%.

This practice was an outlier for QOF / national clinical targets in the following areas: uptake of cervical screening,

percentage of patients with asthma who have had a review within the last 12 months and reported versus expected prevalence of coronary heart disease (CHD). We discussed these with the practice.

- The practice told us they had identified issues with data extraction for CHD prevalence which had been rectified when they changed IT system and now showed no discrepancies.
- For cervical screening the practice had a system of sending three reminders to patients and had sought advice on how they may encourage patients within the ethnic minority groups to attend. The practice sent us more recent data on cervical screening uptake for 2015/16 which was similar to the previous year 73% compared to the previous year 72%.
- Data available from the practice showed that asthma reviews undertaken in the previous 12 months had improved from 47% in 2014/15 to 70% in 2015/16. The practice told us that they had improved the recall system which now carried out automatic searches of the patient record system to identify and send letters to relevant patients. Patients received three reminders to attend an asthma review before being made exempt.

There was evidence of quality improvement including clinical audit.

- The practice showed us seven clinical audits undertaken during the last year, four of these were completed audits where improvements implemented during the first audit were monitored.
- We saw evidence of discussions and improvements made in response to audit findings although it was not always clear from the completed audit cycles as to whether improvements had been sustained.
- The practice participated in local benchmarking through the CCG.
- Practice staff told us that antibiotic prescribing at the practice was the best within their locality.

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 was specific to the employee's role. New staff had a probation period in which

Are services effective?

(for example, treatment is effective)

competencies were checked. As part of induction process staff were also required to complete mandatory training such as fire safety and safeguarding. This was available through on line training modules.

- Clinical staff took responsibility for reviewing patients with long term conditions and had undertaken specific training in these areas.
- 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 updates.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff had access to and made use of e-learning training modules and in-house training that included: safeguarding, fire safety awareness, basic life support and information governance. They told us that they had protected learning time for this.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. However, we identified that the nursing staff did not have clinical input as part of their appraisal process.

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, investigations and test results.
- Daily reviews were undertaken of hospital admissions and discharges so that appropriate action could be taken to ensure patients' care needs were met. These patients were also discussed at monthly clinical meetings.

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 to discuss those with end of life care needs. Practice staff also met regularly with health visitors to discuss children at risk on a quarterly basis.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice were able to tell us of examples where capacity assessments had been undertaken.
- Information about the Mental Capacity Act 2005 was displayed in clinical areas.
- When providing care and treatment for children and young people, staff also understood relevant guidance when obtaining consent.
- Consent forms for minor surgery included space for interpreters to sign to ensure patients whose first language was not English were able to give informed consent.

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.
- Health trainers were available to support patients to live healthier lifestyles for example, support with diet and exercise. In house smoking cessation advice was also available.
- A television in the waiting area displayed information to promote patients' health.

The practice's uptake for the cervical screening programme was 72%, which was below the CCG average of 78% and the national average of 82%. There were systems in place to follow up patients who did not attend for their cervical screening test. 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. There was a low uptake for the bowel and breast cancer national screening programmes among the practice population compared to CCG and national averages.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 96% (compared to the CCG range from 80% to 95%) and five year olds from 85% to 98% (compared to the CCG range from 86% to 96%). The practice told us that they had worked with local community leaders to try and encourage uptake among some of the ethnic groups in the area.

Data from the CCG for January to December 2015 showed uptake of flu vaccinations for over 65 year olds was similar

to other practices within the local clinical network (67% compared to 68%). Uptake of flu vaccinations for those in at risk groups was also similar to other practices in the local clinical network (42% compared to 41%).

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. Protocols were in place to refer to GPs where 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. A photo board of staff and name badges helped patients to identify who they were speaking to.

- 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. Key pad locks on clinical rooms helped prevent unauthorised access during consultations.
- Music was played in the reception area to avoid conversations being overheard.
- Reception staff told us that if someone wished to discuss something in private this could be accommodated. A designated room was available for private conversations.
- A barrier around the reception area encouraged patients to stand back while other patients spoke with reception staff.

Feedback from patients received through the 28 completed patient Care Quality Commission comment cards was very positive about the service experienced. Patients were very complimentary about the staff and gave a number of positive examples as to how they had been supported by staff. Patients described the staff as helpful, caring and told us they were treated with dignity and respect.

We spoke with nine patients on the day of the inspection including three members of the practice's patient participation group (PPG). Most patients told us they were satisfied with the care provided by the practice and all said that staff treated them with respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar to other practices for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.

- 82% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG compared to the CCG and national average of 95%.
- 81% said the last GP they spoke to was good at treating them with care and concern compared to the CCG and national average of 85%.
- 84% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 80% said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback received from the completed CQC comment cards and patients we spoke with told us that most patients felt listened to and involved in decision making about the care and treatment they received. That they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Personalised care plans were in place for patients with complex care needs and we saw examples of these.

Patient responses to questions in the National GP Patient Survey (published January 2016) about their involvement in planning and making decisions about their care and treatment were below the CCG and national averages. For example:

- 83% 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%.
- 68% 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 national average of 82%.
- 77% 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 national average of 85%.

The practice had reviewed the patient survey results with the patient participation group and an action plan was drawn up.

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

Are services caring?

- Staff told us that they had a diverse population and high numbers of patients who did not speak English as a first language. To meet the needs of these patients, translation services were available. We saw notices in the reception areas informing patients this service was available.

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 staff if a patient was also a carer. New patients were asked about their caring responsibilities in order to identify those who may need support. The practice had a carers board in the waiting area and written information in a carers pack which directed carers to various avenues of support available to them. The practice had a nominated carers champion. There were 63 patients identified as carers (approximately 0.1% of the practice list).

The practice had a documented bereavement protocol. Patients who had suffered a bereavement were sent a letter which provided information and advice about support locally available if they needed it.

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 was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. The practice told us that they had signed up for the GP improvement scheme with the CCG to help them work more effectively.

- The practice offered early appointments on a Monday from 7am and Wednesday from 7.15am 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 those whose clinical needs meant it was difficult for them to attend the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was accessible to patients with mobility difficulties. The practice had disabled parking spaces and ramp access into the premises. Consulting rooms were situated on the ground floor and a low reception desk enabled patients who used a wheelchair to speak more easily with reception staff.
- A hearing loop was available in reception. Staff had been shown how to use it.
- Translation services were available.
- The practice had baby changing facilities and offered a breast feeding friendly service.
- A self-service check in avoided the need for patients to queue at reception.
- The practice offered a range of enhanced services for the convenience of patients including insulin initiation, electrocardiographs (ECGs), ambulatory blood pressure monitoring and spirometry.
- The Citizens Advice Bureau ran weekly sessions from the practice to provide social and financial advice to patients.

- It had been recognised that there were high levels of tuberculosis in the Birmingham area and the practice was participating in a new initiative to screen patients.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, with the exception of Wednesday when it closed at 1.30pm for the afternoon.

Appointments were available:

Monday 7am to 12.30pm and 3pm to 5.30pm

Tuesday 9am to 12.30pm and 3pm to 5.30pm

Wednesday 7.15am to 8am and 10am to 12.30pm

Thursday 9am to 12.30am and 3pm to 5.30pm

Friday 9am to 12.30pm and 3pm to 5.30pm

Extended hours appointments were offered on a Monday morning between 7am and 8am and on a Wednesday morning between 7.15am and 8am. Patients could pre-book appointments up to four weeks in advance. Some appointments were released on the day and others 48 hours in advance. Urgent appointments were also available for patients that needed them which were allocated through a GP triage system.

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.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average 75% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average 62% and the national average of 73%.

While most patients told us they were able to get an appointment when they needed them, five comment cards that had been completed by patients said they had difficulty in obtaining an appointment. The practice told us that they had recently reviewed their appointment system for urgent appointments and had introduced a GP triage system during busy periods. The triage GP assessed and allocated urgent appointments. This was currently being monitored in order to assess how well the system was working. We saw that the next available routine GP appointment was available within one working day but over two weeks for the nurse.

Are services responsive to people's needs?

(for example, to feedback?)

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.

The practice had discussed the results of the patient survey with the patient participation group and put in place actions to try and address areas in which results were below average compared to other practices. For example, waiting over 15 minutes from appointment time. The practice ensured any delays with appointments were notified to reception staff so that patients could be informed. There had also been the introduction of a triage system to help alleviate pressure on the appointment system.

Listening and learning from concerns and complaints

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

- The practice's 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.
- Details of the complaints process were included in the practice leaflet and displayed in the waiting area along with a comments, suggestions and complaints form.

The practice shared with us the complaints they had received within the last 12 months, there were 15 in total. Examples of complaints seen showed that they had been satisfactorily handled in a timely way. For example, waiting times were discussed at a practice meeting in response to a complaint received. Results from discussions were shared with the patient along with details on how to escalate their concerns if unhappy with the response received.

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

At the start of the inspection the partners gave a presentation telling us how they aimed to promote good outcomes for patients and future plans for the service. The practice was currently in discussions to form a larger partnership with other practices locally in which central functions could be shared.

The vision and values of the practice were shared with staff who told us that they wanted to provide the best care they could. During our inspection we found practice staff demonstrated these values.

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 staff.
- Practice meetings were well documented and ensured important information relating to the service was disseminated to staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However, it was not always clear that changes made through clinical audits had led to sustained improvements.
- Effective use of clinical meetings to discuss patients' needs and manage safety issues.
- There were arrangements in place 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. The practice was well organised. Staff told us the partners were approachable and always took the time to listen to members of staff.

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

- Staff told us the practice held regular staff meetings to ensure important information was disseminated. Minutes of these meetings were well documented for future reference.
- The practice held annual social events to help bring the team together.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Practice staff told us that there was a whistle blowing policy in place but had not had cause to use it.
- Staff said they felt respected, valued and supported, they found managers and partners approachable. They told us that they were involved in discussions about the practice and invited to contribute to these.

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 comments and complaints received. The PPG consisted of approximately 15 patients and met on a quarterly basis. We spoke with three members of the group who told us the practice was responsive to feedback and actions taken to improve the service. For example, refurbishment of the waiting area, changes to the telephone system and actions to improve confidentiality at reception. PPG members we spoke with told us they felt valued.
- The practice had gathered feedback from staff through appraisals, practice meetings and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run and that partners would ask them for feedback for example in relation to the appointment system.

Continuous improvement

Staff were supported in their professional development and to support the needs of the practice.

Are services well-led?

Good 

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

The practice was a training practice for qualified doctors training to become GPs. We spoke with a GP registrar who told us that they felt well supported by the practice. The practice was also supporting the training of student nurses.