

Selly Oak Health Centre

Quality Report

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Date of inspection visit: 2 August 2016

Date of publication: 06/09/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Selly Oak Health Centre on 2 August 2016. The overall rating for this service is good.

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

- Processes and procedures were in place to keep patients safe. This included a system for reporting and recording significant events, keeping these under review and sharing learning where this occurred.
- The practice was aware of and provided services according to the needs of their patient population. This included transient patients such as students, asylum seekers and refugees.
- Staff received regular training and skill updates to ensure they had the appropriate skills, knowledge and experience to deliver effective care and treatment.
- Regular meetings and discussions were held with staff and multi-disciplinary teams to ensure patient received the best care and treatment in a coordinated way.

- Patients told us they were treated with dignity and respect and that they were fully involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand. Patients told us that they knew how to complain if they needed to.
- The practice had an active Patient Participation Group (PPG). The PPG were proactive in representing patients and assisting the practice in making improvements to the services provided.
- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice.

The areas where the provider should make improvements are:

- Continue to encourage interaction with carers so they are added to the carers register and build on the services and support made available for carers.

Summary of findings

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons learned were shared throughout the practice at regular meetings so that improvements were made and monitored.
- When there were unintended or unexpected safety incidents, patients were given an explanation and were told about any actions 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. Staff had received training relevant to their role.
- Risks to patients were assessed and well managed.
- Appropriate recruitment procedures were followed to ensure that only suitably qualified staff were employed to work at the practice.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We saw evidence that staff received appraisals and had personal development plans in place.
- Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.
- Audits and reviews were undertaken and improvements were made to enhance patient care.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to or above average for the locality and the national average.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. We saw that patients' were treated with dignity and respect.

Summary of findings

- Results from the National GP Patient Survey published on 7 July 2016 showed that the practice was considered to be average or above for results in relation to patients' experience and satisfaction scores on consultations with the GP and the nurse.
- Patients were very complimentary about the practice and commented that staff were very friendly, that they received excellent care from the GPs and the nurses, and could always get an appointment when they needed one.
- Information to help patients understand and access the local services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Selly Oak Health Centre reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to make improvements to the services they provided. For example, the practice provided an enhanced service for transforming the care plans for those patients at the end of their life.
- Patients said they found they were able to make an appointment with the GPs and that there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice had responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders accordingly.
- The practice building had limited for space available. The practice was actively planning future facilities that would be needed to cope with the local housing development and the growing population.

Are services well-led?

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

Good



- There was a clear vision and strategy to provide high quality care for all their patients. Staff were clear about the strategy and their role to achieve this.
- There was a clear leadership structure and staff understood their roles and responsibilities.
- There were governance systems in place to monitor, review and drive improvement within the practice.

Summary of findings

- The practice was aware of and complied with the requirements of the duty of candour. A culture of openness and honesty was encouraged. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a strong focus on continuous learning and improvement at all levels. Regular formal clinical meetings and full team meetings were held to share best practice or lessons learnt.
- Staff felt supported by management and that everyone at the practice was approachable should they have any concerns.
- The practice had an active Patient Participation Group (PPG) and responded to feedback from patients about suggestions for service improvements. A PPG is a group of patients registered with a practice who work with the practice team to improve services and the quality of care.
- The practice website contained out of date information in relation to the details of the out-of-hours provider; and the latest minutes of the Patient Participation Group (PPG) meetings were not available.

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 patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population. It was responsive to the needs of older patients, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice offered a range of enhanced services, for example, in dementia and end of life care.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older patients.
- The practice provides care for patients at a local convent, a nearby retirement village, a local bail hostel (approved premises) and a local care home. GPs visited weekly and also responded to urgent health care needs when required.
- A direct line was provided to access GPs for patients living in local care homes.

People with long term conditions

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

Good



- The practice nurses had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nursing staff had received appropriate training in chronic disease management, for example asthma and diabetes.
- Longer appointments and home visits were available when needed.
- All patients diagnosed with a long term condition had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Clinical staff had close working relationships with external health professionals to ensure patients received up to date care.

Families, children and young people

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

Good



- Same day appointments were offered to all children under the age of five.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- 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.
- Bi-weekly midwife and weekly health visitor clinics were held at the practice.
- Childhood immunisation rates for the vaccinations given were comparable to local and national averages.
- 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 accident and emergency (A&E) attendances.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the local and national averages of 80% and 82% respectively.
- The practice also offered a number of online services including requesting repeat medicines and booking appointments.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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 was proactive in offering online services as well as a full range of health promotion and screening services that reflected the needs of this age group.
- The practice nurses had oversight for the management of a number of clinical areas, including immunisations, cervical cytology and some long term conditions.
- Health promotion advice was offered such as smoking cessation and nutrition. There was accessible health promotion material available at the practice and on its website.
- Patients were able to access telephone appointments which were available to them without time off work needing to be taken.
- Travel vaccinations (except yellow fever) were carried out by the practice.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- Staff had been trained to recognise signs of abuse in vulnerable adults and children and the action they should take if they had concerns. There were lead members of staff for safeguarding, and GPs were trained to an appropriate level in safeguarding adults and children.
- The practice held a register of patients living in vulnerable circumstances including those patients with a learning disability.
- Longer appointments were available for patients with a learning disability. The practice had carried out annual health checks for 60% of the patients on their register (10).
- Clinical staff regularly worked with multidisciplinary teams in the case management of vulnerable patients. Alerts were placed on these patients' records so that staff knew they might need to be prioritised and offered additional attention such as longer appointments.
- Support was provided to patients at a nearby bail hostel (approved premises) providing interim housing for people leaving prison.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. It carried out advanced care planning and annual health checks for patients with dementia and poor mental health.
- Staff were trained to recognise patients presenting with mental health conditions and to carry out comprehensive assessments.
- The practice had advised patients experiencing poor mental health how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place were 93% which was above the CCG and national averages of 88%. The practice exception rate was 0% which was below the CCG and national averages of 13%.

Good



Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing well above local and national averages. There were 304 surveys sent to patients and 103 responses which represented a response rate of 34% (compared with the national rate of 38%). In all areas the practice was rated above the Clinical Commissioning Group (CCG) and national averages. Results showed:

- 79% of patients found it easy to get through to this practice by telephone which was above the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 94% of patients found the receptionists at this practice helpful which was well above the CCG average of 86% and the national average of 87%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried which was well above the CCG average of 81% and the national average of 85%.
- 94% of patients said the last appointment they got was convenient which was above the local average of 90% and the national average of 92%.
- 91% of patients described their experience of making an appointment as good which was well above the CCG average of 70% and the national average of 73%.

- 76% of patients usually waited 15 minutes or less after their appointment time to be seen which was well above the CCG average of 60% and the national average of 65%.
- 68% of patients felt they did not normally have to wait too long to be seen which was well above the CCG average of 53% and the national average of 58%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received. Patients commented that staff were very pleasant and helpful. They said the GPs provided the very best care for all their patients and that the practice was second to none.

We spoke with nine patients during the inspection, three of whom were also members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and the quality of care. Patients were all very positive about the service they received. They told us this was an excellent practice and that all the staff were lovely.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to encourage interaction with carers so they are added to the carers register and build on the services and support made available for carers.

Selly Oak Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and an expert by experience (a person who has experience of using this particular type of service, or caring for somebody who has).

Background to Selly Oak Health Centre

Selly Oak Health Centre is located in Selly Oak, a district in south west Birmingham in the West Midlands. It has two GP partners (one male and one female) and two male salaried GPs, operating from a building shared with a walk-in centre in Selly Oak.

Selly Oak Health Centre provides primary medical services to patients in a residential suburban area and has a population of patient groups that is in line with local averages. The practice area is one of a lower than average rate of deprivation at 25% when compared with the local average of 37% and slightly higher than the national average of 22%. The practice patient age groups are lower for those aged under 18 years than the local and national averages, and higher than both local and national averages for over 65 years.

The GPs are supported by a business manager, a deputy practice manager/senior receptionist, two practice nurses, a healthcare assistant, administration and receptionist staff. There were 5175 patients registered with the practice at the time of the inspection.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice also provides minor surgery.

The practice opens Monday to Friday from 8.30am to 6.30pm, with appointments available between these times. The practice is closed at weekends. When the practice is closed during daytime hours cover is provided by Southdoc. Patients are advised of this service by telephone message, information on the website and in the practice leaflet. Extended hours are available on Tuesday and Thursday evenings until 8pm for pre-bookable appointments.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) is available on the practice's website and in the patient practice leaflet. There were also two walk-in centres nearby that patients could access.

Home visits are available for patients who are housebound or too ill to attend the practice for appointments. There is also an online service which allows patients to order repeat prescriptions, book appointments and to make changes to personal details. The practice also provides an email address for patients to contact reception staff for non-urgent queries.

The practice provides care for patients at a local convent, a nearby retirement village, a local approved premises and a local care home. (Approved premises are accommodation

Detailed findings

in the community for convicted prisoners upon release under licence, or those on bail, who would not be suitable to live elsewhere). GPs visit weekly and also respond to urgent health care needs when required.

The practice treats patients of all ages and provides a range of medical services. This includes disease management such as asthma, diabetes and heart disease. Other appointments are available for maternity care and travel vaccinations.

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. This inspection was planned to check whether the provider was 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.

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

How we carried out this inspection

Before our inspection of Selly Oak Health Centre we reviewed a range of information we held about this practice and asked other organisations to share what they knew. We carried out an announced inspection on 2 August 2016. During our inspection we:

- Reviewed policies, procedures and other information the practice provided before the inspection. We also supplied the practice with comment cards for patients to share their views and experiences of the practice.
- Spoke with a range of staff that included two GPs, the business manager, practice nurses, the healthcare assistant, and reception and administration staff.
- Looked at procedures and systems used by the practice.
- Spoke with nine patients, including three members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care.
- Observed how staff interacted with patients who visited the practice. We observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services are provided for specific groups of patients' and what good care looks 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).

Are services safe?

Our findings

Safe track record and learning

Selly Oak Health Centre used an effective system for reporting and recording significant events. We reviewed safety records, incident reports national safety alerts and minutes of meetings where these were discussed.

- Staff were encouraged to report all incidents and events as part of their everyday role and responsibilities. Staff provided examples of incidents they had reported, the process they had followed and the learning outcomes shared and discussed with them. Staff gave us examples where they had reported incidents and the process that had been followed to ensure learning was shared.
- Evidence showed that guidance was available for staff to follow and included escalating incidents nationally. We saw an example where the practice had shared information locally and nationally following learning from a patient's review.
- 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 lessons were shared and action was taken to improve safety in the practice. We discussed two incidents that had occurred in 2016 with GPs and we tracked discussions about these through minutes of clinical meetings. In each case we found that learning had taken place and changes had been made to prevent further occurrences. We saw records that confirmed these changes to practice.
- Patient safety alerts were well managed. The lead GP received all alerts by email from external agencies such as Medicines and Healthcare products Regulatory Agency (MHRA) and the National Institute for Health and Care Excellence (NICE). All actions taken had been recorded and this included discussions with relevant staff in clinical meetings. GPs and nurses described examples of alerts where appropriate changes had been made as a result. For example, a recent alert for a medicine prescribed for patients diagnosed with diabetes had been acted upon and that medicine reviews had been completed for those patients affected.

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 to safeguard adults and children from the risk of abuse and reflected relevant legislation and local requirements. The policies (dated April 2016) clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding and staff confirmed they knew who this was. Staff demonstrated they understood their responsibilities and had received training relevant to their role.
- Safeguarding was a standing agenda item for monthly clinical meetings. Minutes of meetings showed that discussions had taken place about children who were considered to be at risk of harm. The GP safeguarding lead told us they also met with the visiting health visitor on a weekly basis where information was shared accordingly.
- Staff told us they would not hesitate to share any concerns they had about patients and demonstrated their awareness of signs and indicators of potential abuse, such as domestic violence.
- A notice was displayed in the waiting room and on all consultation room doors advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. Training records were seen to confirm this and minutes of meetings showed where discussions had taken place to make sure all staff were consistent in following the chaperone protocols. Relevant staff had also received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of patients' barred from working in roles where they may have contact with children or adults who may be vulnerable).
- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be visibly clean and tidy. The practice nurse was the clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Regular infection control audits were carried out and we saw that action was taken to address any improvements identified as a

Are services safe?

result. The audit carried out in April 2016 identified that some administrative staff had not completed infection control training. This training had been completed following this audit.

- There were suitable arrangements in place for managing medicines, including emergency medicines and vaccines to ensure patients were kept safe. This included obtaining, prescribing, recording, handling, storing and security of medicines. Prescriptions were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) and Patient Specific Directions (PSDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw that PGDs and PSDs had been appropriately signed by nursing staff and the lead GPs.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. A laminated poster was clearly displayed in treatment rooms to guide staff should this become necessary. The practice had records to confirm that staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

The practice had appropriate recruitment policies and procedures in place.

- We looked at files for different staff roles including a receptionist, a practice nurse, and a GP to see whether recruitment checks had been carried out in line with legal requirements. These files showed that appropriate recruitment checks had been carried out prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through DBS. We saw that processes were also in place when locum GPs were employed to ensure appropriate checks had been carried out. There was also a system in place to check and monitor clinical staff registrations and professional membership regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Detailed rotas were in place for

each staffing group to show that enough cover was in place each day. We discussed with staff how they worked flexibly covering for each other when they were on leave or when staff were unexpectedly on sick leave.

Monitoring risks to patients

There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Latest electrical checks had been carried out in February 2016 with equipment checks done July 2016 and included equipment such as blood pressure machines and weighing scales.
- The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection prevention and control (IPC) and Legionella (a bacterium which can contaminate water systems in buildings). The Legionella check was last completed in September 2015.
- The practice had an up to date fire risk assessment in place. This had been completed in July 2016 with an action plan established where improvements had been identified. For example, the landlord had been required to supply and fit fire evacuation notices adjacent to the fire call points. We saw that this action had been completed. Regular fire drills were carried out and two staff were trained as fire marshals.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on all the practice's computers which alerted staff to any emergency.
- All staff received annual basic life support training.
- Emergency medicines and equipment were easily accessible in an area of the practice and all staff knew of their location. Medicines included those for the

Are services safe?

treatment of cardiac arrest (where the heart stops beating), a severe allergic reaction and low blood sugar. All the medicines we checked were in date and stored securely.

- Oxygen and a defibrillator (used to help restart the heart in an emergency) were available with appropriate equipment and these had been regularly checked and maintained. A first aid kit and an accident book were available.
- Emergency protocols were in place to guide reception staff on appropriate responses in the event an emergency occurred. This was presented as a flow chart and guided staff on their course of action according to the needs of the emergency at the time.
- A detailed business continuity plan was in place to deal with a range of emergencies that may affect the daily operation of the practice. Copies of the plan were kept within the practice and offsite by key members of the practice (GPs and practice manager). The document also contained relevant contact details for staff to refer to which ensured the service would be maintained during any emergency or major incident such as loss of power or damage to the building. Contact details for all staff were included.

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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- There were systems in place to ensure all clinical staff were kept up to date. They had access to best practice guidance from NICE and used this information to develop how care and treatment was delivered to meet patients' needs.
- Records showed that the practice ensured guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for patients

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the practice were 94% of the total number of points available, compared with the local average of 97% and the national average of 95%.

Data from 2014/2015 showed the practice performed in line with or above local and national levels:

- Performance for diabetes related indicators were lower than average. For example, patients who had received an annual review including foot examinations was 72% which was below the local average of 90% and the national average of 88%. The practice exception rate of 6% was in line with the Clinical Commissioning Group (CCG) average of 5% and below the national average of 8%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

The practice had taken action to achieve improvements on their review rates for patients with diabetes. The availability of nurse hours had been increased and more opportunistic reviews had been carried out rather than wait for a patients review date. The practice nurse told us this had achieved more effective patient reviews as this meant they were not following patients up a number of times to request they attend for a review of their care.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 89% which was slightly above the CCG average of 83% and the national average of 84%. The practice exception rate of 3% was in line with the CCG and national averages of 4%.
- The percentage of patients with mental health concerns such as schizophrenia, bipolar affective disorder and other psychoses with agreed care plans in place was 92% which was in line with the CCG and national averages of 91% and 90% respectively. The practice exception rate was 0% which was below the CCG average of 6% and the national average of 10%.
- The proportion of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 84% which was slightly below the local average of 87% but above the national averages of 84%. The practice exception rate was 6% which was in line with the CCG average of 5% and below the national average of 8%.

The practice carried out regular quality audits to monitor and identify where improvements to practise could be made. Clinical audits are quality improvement processes that seek to improve patient care and outcomes through systematic review of care and the implementation of change.

- Audits had been carried out when NICE guidance had been updated so that the practice could be sure they followed the latest guidance at all times. For example, an audit had been completed on the use of a medicine for those patients diagnosed with diabetes. Eight patients were identified who needed reviews of their medicines. We saw patient records where these discussions and reviews had taken place with the patients. The practice liaised with secondary healthcare to discuss those patients prescribed the medicines by them.

Are services effective?

(for example, treatment is effective)

- We saw where audits had been carried out to monitor and make improvements to practice. For example, an audit had been carried out over a three month period April to June 2015 and repeated in May to July in 2016, to monitor the recording of patient notes following home visits. The initial audit had shown mixed results of between 81% to 92% completion. Changes to procedures had been made and the results of the re-audit had demonstrated the effectiveness of those changes. Performance had reached 97% to 100%, and further investigation had identified that three patients lived in care homes and notes had been completed on patient records at the home. The practice planned to carry out a further audit in six months to ensure improvements made were being sustained.
- The practice participated in local audits, national benchmarking, accreditation and peer review. This included the audit and examination of minor surgical procedures, patient consent for those procedures and post-operative infection rates.

Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety, bullying and harassment and complaints.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. This included ongoing support during sessions, meetings, appraisals, clinical supervision and facilitation. All staff had received an appraisal within the last 12 months.
- Staff received 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. This included safeguarding, fire procedures, basic life support and confidentiality.
- Staff told us that the GPs had always been supportive of their training needs and were happy to arrange training opportunities for them as they become available.

Coordinating patient care and information sharing

The practice had systems in place to provide staff with the information they needed through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and test results.

There were systems in place to enable the practice to work effectively with other services to provide the care patients needed.

- Clinical staff worked with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, when patients were referred to other services such as secondary care and following their discharge from hospital.
- Multi-disciplinary meetings took place bi-monthly where frail patients and patients approaching their end of life were discussed. These meetings were attended by GPs, community teams and district nurses. We saw that those patients who needed end of life care and support were discussed. Information was shared with staff through messages or meeting minutes.

Consent to care and treatment

Practice staff obtained patients' consent to care and treatment in line with legislation and guidance.

- We sampled three patient records and saw that consent for minor surgery had been scanned into their records in accordance with the practice's consent policy and procedure.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients', assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

The GPs and practice nurses understood the need to consider Gillick competence and Fraser guidelines when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception and sexual health advice and treatment.

Are services effective?

(for example, treatment is effective)

Supporting patients to live healthier lives

The practice identified patients who needed additional support and were pro-active in offering help.

- The practice kept a register of all patients with a learning disability (10 patients were registered) and ensured that longer appointments were available for them when required. The practice had made improvements to the management of their patient recall system to encourage all patients to attend for reviews of their care.
- Staff told us that being a small practice they got to know their patients well and would be able to use this knowledge and their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, they would carry out opportunistic medicine reviews and encourage patients to attend for screening or immunisations.

Childhood immunisation rates for the vaccinations given were comparable to local and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 94% and five year olds from 78% to 92%. This compared with local averages of 79% to 96% and 84% to 95% respectively.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81% which was comparable to the local average of 80% and the national average of 82%. The practice exception rate was 6% compared with local rates of 11% and national rate of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and patients were reminded at

appointments to make arrangements for the screening to take place. The practice nurse showed us their review figures for the cervical screening samples taken for the last year. The practice had a system in place to ensure that patients were appropriately referred where they had abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening, with results which were in line with or higher than local and national averages.

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 78% which was higher than the local and the national averages of 65% and 72% respectively.
- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was in line with the local average of 46% and below the national average of 58%.

It was practice policy to offer a health checks to all new patients registering with the practice, to patients who were 40 to 75 years of age and also some patients with long term conditions. The practice had completed 80 of the 150 patients eligible for health checks for the year 2015/2016. The NHS health check programme was designed to identify patients at risk of developing diseases including heart and kidney disease, stroke and diabetes over the next 10 years. There were processes in place for GPs and practice nurses to follow to ensure that patients were followed up within two weeks if they had risk factors for disease identified at the health checks. GPs described the processes in place to schedule further investigations if needed.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spent time in the waiting area talking with patients and observing how staff engaged with patients.

- We saw that staff were polite, friendly and helpful to patients both attending at the reception desk and on the telephone.
- Patients were treated with dignity and respect. Curtains were provided in consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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.

We received 13 comment cards which were very positive about the standard of care received by patients. Patients were very complimentary about the practice and commented that:

- Selly Oak Health Centre was the best.
- Staff were very friendly and helpful.
- Patients could always get an appointment when they needed one.
- Patients received excellent care from the GPs and the nurses.

Patients we spoke with confirmed the positive comments given in the comment cards. Patients told us that:

- Staff were always caring and compassionate.
- Staff were friendly.
- Staff treated them with respect and always had time for them.
- Everyone at the practice provided a caring service which was second to none.

Results from the National GP Patient Survey published in July 2016 showed that overall the practice scored in line with or slightly above average results in relation to patients' experience of the practice and the satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them which was slightly below the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 85% of patients said the GP gave them enough time which in line with the CCG average of 86% and national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw or spoke to which was in line with the CCG and the national averages of 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern which was in line with the CCG average of 83% and national average of 85%.
- 97% of patients said the last nurse they spoke to was good at giving them enough time which was above the CCG average of 89% and national average of 92%.
- 94% of patients said they found the receptionists at the practice helpful which was well above the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us they were fully involved in their treatment including making decisions about their care and treatment options.

- They told us that all staff listened to them and that they were given enough time by GPs.
- Patients said the GPs really cared about their patients and were grateful they were registered with this practice.
- Comments made by patients on the comment cards supported these views.

Results from the National GP Patient Survey published in July 2016 showed that patients surveyed had responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the local average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care which was slightly higher than the CCG average of 80% and national average of 82%.

Are services caring?

The practice provided support so that patients could be fully involved in decisions about their care.

- Care plans were in place for patients with a learning disability and for patients who were diagnosed with asthma, dementia and mental health concerns. Information was available in different formats, such as large print.
- Translation services were available for patients and information was provided in five different languages that were relevant to the practice population. This included Hindi and Latvian. Notices were available in the waiting area to tell patients about this facility.
- GPs demonstrated knowledge regarding best interest decisions for patients who lacked capacity. They told us that they always encouraged patients to make their own decisions and obtained their agreement for any treatment or intervention even if they were with a carer or relative. The nurses told us that if they had concerns about a patient's ability to understand or consent to treatment, they would ask their GP to review them.

Patient and carer support to cope emotionally with care and treatment

There were notices and leaflets available in the patient waiting room which explained to patients how to access a number of support groups and organisations.

The practice maintained a register of those patients who were also carers and the practice's computer system alerted GPs if a patient was also a carer. The register showed that at the time of the inspection there were 26 carers registered with the practice (0.5% of the practice population). Eleven patients had declined to be included on the carers register. The practice has taken action to make improvements in this area. They had identified a member of staff who would take on the role of care coordinator to establish links with carers and encourage more engagement. Next of kin details were also being sought from patients so that the practice had contact details should they be needed. Reception staff gave forms to patients requesting these details when they attended for appointments. The practice worked with Dementia UK and told us they provided a good network of support for patients locally.

Staff told us that when families experienced bereavement the GPs telephoned them and often visited to offer support and information about sources of help and advice. Leaflets about bereavement support were available in the patients waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The practice understood the needs of the patient population and had arrangements in place to identify and address these. The practice took part in regular meetings with NHS England and worked with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area.

- Same day appointments were available for children and those with serious medical conditions. Longer appointments were available for patients with specific needs or long term conditions such as patients with a learning disability.
- Annual reviews were carried out with patients who had long term conditions such as diabetes and lung diseases, for patients with learning disabilities, and for those patients who had mental health problems including dementia. We saw anonymised records to confirm this.
- There were facilities for patients with disabilities and translation services available. There were baby changing and breast feeding facilities available.
- Home visits were available for patients who were too ill to attend the practice for appointments.
- There was also an online service which allowed patients to order repeat prescriptions, book appointments and access medical records. The practice treated patients of all ages and provided a range of medical services. This included a number of disease management clinics such as asthma and heart disease.
- Bi-weekly midwife and weekly health visitor clinics were held at the practice.
- The practice provided services for a transient population which included refugees, asylum seekers and a student population.
- The practice provided care for patients at a local convent, a nearby retirement village, a local bail hostel (approved premises) and a local care home. GPs visited weekly and also responded to urgent health care needs when required.
- A direct line was provided to access GPs for patients living in local care homes.

- The practice had arrangements in place where they could refer patients to a nearby practice for the fitting of contraceptive devices, which was a service not available at the practice. This arrangement meant that patients avoided travelling to secondary services.
- Routine home visits were carried out by GPs for housebound patients to monitor their health and care needs. The practice had plans to extend this service with nurses carrying out visits to monitor patients with long term conditions and for seasonal vaccinations.

Access to the service

The practice opened Monday to Friday from 8.30am to 6.30pm, with appointments available between these times. The practice was closed at weekends. Whilst the practice was closed from 8am to 8.30am and at lunchtimes any calls were received by SouthDoc out-of-hours service. Patients accessed this information through the telephone message, through the practice's website and information leaflet. Extended hours were available on Tuesday and Thursday evenings until 8pm for pre-bookable appointments.

The practice did not provide an out-of-hours service but had alternative arrangements in place for patients to be seen when the practice was closed. For example, if patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service (provided by Primecare) was available on the practice's website and in the patient practice leaflet.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 79% of patients said they could get through easily to the practice by telephone which was above the CCG average of 70% and the national average of 73%.
- 91% of patients described their experience of making an appointment as good which was well above the CCG average of 70% and the national average of 73%.
- 76% of patients said they usually waited 15 minutes or less after their appointment time which was above the CCG average of 60% and the national average of 65%.

Patients we spoke with told us they were happy with the appointments system and were able to make

Are services responsive to people's needs?

(for example, to feedback?)

appointments without any difficulty. They told us they could always see a GP if the appointment was urgent. We received 13 comment cards which were all positive about the appointment system and availability at the practice.

The practice had a system in place to assess requests for a home visit. This included deciding whether a home visit was clinically necessary and the urgency of the need for medical attention. All visit requests were assessed by GPs as they were received. Appropriate arrangements were made according to the assessment. There were protocols in reception for staff to follow and staff were clear about their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedure dated April 2016 was in line with recognised guidance and contractual obligations for GPs in England.

- The practice manager was the designated person for responding to non clinical complaints and a lead GP was responsible for responding to clinical complaints.
- We found that there was an open and transparent approach towards complaints.
- Accessible information was provided to help patients understand the complaints system on the practice's website and in the complaints form made available at the practice. We saw a copy of the complaints form and saw this was available in five different languages which included Hindi and Polish.

We looked at the only formal complaint the practice had received during 2015 and 2016. The complaint had been fully investigated in accordance with the practice's complaints policy and procedure, in an open and transparent way. No informal complaints had been received. The practice told us they would respond to both formal and informal complaints according to their procedures. The procedures in place for handling complaints ensured that where lessons were learned and this would be recorded and shared accordingly.

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 been without a practice manager for the last two years which had resulted in a difficult time for the practice. A new practice manager had started in November 2015. The two GP partners had managed the practice during this time, each taking on business roles in addition to their clinical roles in order to maintain the running of the practice. The GPs told us they had worked hard to make improvements and adjust to the changes. With the appointment of the new practice business manager they were now looking to consolidate and develop plans for their future.

The practice premises were limiting and GPs told us they struggled for space. They had applied for funds to expand the practice but had received no feedback as yet. There were new home developments nearby with an estimated 700 new patients likely to need services and only two practices available locally.

The practice had a forward vision for the next five years which recognised the challenge of their GP recruitment difficulties and the need to engage with other practices.

We looked at the practice's statement of purpose which detailed the aims of the practice:

- To promote well-being through the prevention of illness and disease.
- To provide a dedicated, motivated and highly trained team to deliver person centered care.
- To ensure that patient privacy, dignity, choice, independence, equality and human rights were respected at all times and incorporated into their care planning.
- To provide safe, high quality, accessible general medical services to the practice's patient population.
- To provide services from a building that was safe, clean and well equipped.

Governance arrangements

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

- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. QOF is a national

performance measurement tool. The QOF data for this practice showed that in all relevant services it was performing mostly above or in line with local and national standards. We saw that QOF data was regularly discussed at monthly and bi-monthly meetings and action taken to maintain or improve outcomes.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice held meetings to share information, to look at what was working well and where improvements needed to be made. We saw minutes of these meetings and noted that complaints, significant events and patient safety alerts were discussed. Staff we spoke with confirmed that complaints and significant events were shared with them.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to the services provided by the practice.

Leadership and culture

The GPs and the management team at the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty.

The GPs and practice manager were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. Staff confirmed that there was an open culture within the practice and they had the opportunity to raise any issues at their regular team meetings. They told us they were confident they would be supported if they needed to raise any issues or concerns.

Are services well-led?

Good 

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

Staff told us they enjoyed working at the practice, that everyone worked well together as a team and supported each other. They told us that morale was high despite the difficulties the practice had experienced, and this was due to their cohesive team work.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG). PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The PPG met monthly and minutes of these meetings were made available to patients in the waiting area and on the practice website. We noted however, that the latest meeting minutes were not available for patients on the website. Minutes of meetings held in December 2015 and February 2016 showed that discussions had taken place following the recent appointment of the new business practice manager and about the future plans for the practice. This included also a discussion about the provision of a touch screen for patients to use on arrival for their appointment. It was agreed at the meeting that the patients preferred the personal touch but this would be reviewed when the practice patient list had grown.

The practice had also gathered feedback from staff through staff satisfaction surveys, staff meetings, appraisals and discussion.

- We looked at the staff surveys that the practice had completed in December 2015 and April 2016. These had been carried out to gain feedback from staff to identify areas where improvements were needed or show areas that staff considered worked well. For example, results for the April 2016 survey showed that staff considered the practice had high standards for performance; that staff understood what was expected of them; and that overall, the practice was a great place to work. Communication was an area which some staff (two out of eight) identified for improvement. We saw minutes to confirm that outcomes of the staff surveys were discussed during staff meetings.
- Many of the staff who worked at the practice were long serving members and they told us they would not have continued working there if they had not enjoyed their job.
- 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 provided services for patients.
- The practice made a compliment and suggestions form available for patients. We looked at some of the completed forms where patients had complimented reception staff on their care. For example, staff had contacted a patient when a cancelled appointment had become available. The patient considered that staff had gone above and beyond their role in providing an excellent service for patients.