

Dr Raksha Chopra

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Raksha Chopra's practice on 31 August 2016. Overall the practice is rated as good.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- We saw evidence to demonstrate that the practice had carried out an analysis of its patient population profile

and developed targeted services and made changes to the way it delivered services as a consequence. For example by offering more in-house services such as diabetes care or 24 blood pressure monitoring.

- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- 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.

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?

Good



- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed at practice meetings. Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and a verbal apology where appropriate. They were also told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. There was a lead member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed.

Are services effective?

Good



- Unpublished and unverified data available from the practice for 2015/16 showed that significant improvements had been made in areas where the p
- There was evidence that audits were driving improvement in performance to improve patient outcomes such as in reducing antibiotic or hypnotics prescribing rates.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good



- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- We found that information for patients about the services available was easy to understand and accessible.

Summary of findings

- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had engaged with the Clinical Commissioning Group (CCG) to provide relevant targeted in-house services for its patients.
- Data from the national GP patient survey showed patients' satisfaction with how they could access care and treatment was near or above local and national averages.
- Patients were able to access appointments and services in a way and at a time that suited them. Patients we spoke with said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Good



- The practice had a strategy to deliver high quality, personalised care in order to improve outcomes for patients. The practice was aware of performance levels and changes had been made where required.
- There was a documented leadership structure and all staff felt supported by management.
- The practice had a number of policies, procedures and systems to govern activity and held regular practice meetings.
- There was an overarching governance framework which supported the delivery of the strategy and improvements to the quality of care.
- The practice had sought feedback from patients and the patient participation group was engaged and active.
- All staff had received an appraisal with clear objectives documented.

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 was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were also able to book telephone consultations with the GP.
- A phlebotomy service was available at the practice for the convenience of patients requiring blood tests.
- An electrocardiogram (ECG) service (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain) was available onsite at the practice.
- There were longer appointments available for older patients and those over 75 were allocated a named GP.
- There were disabled facilities available and the practice had a level access entrance to the premises.

People with long term conditions

Good



- Performance for diabetes related indicators for the practice in 2014/15 was 78% which was lower than the CCG average of 83% and national average of 84%. Exception reporting for the practice was lower at 6% compared with 11% for the CCG and 12% nationally. Data available from the practice showed that there had been a significant improvement for the year 2015/16 with the practice performance now at 95%. However, this was not published and verified data.
- The practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing.
- The percentage of patients on the asthma register, who had an asthma review for 2014/15, was below average at 56% for the practice compared to 74% for the CCG and 75% nationally. However, exception reporting was lower for the practice (3%, compared with 7% CCG & 8% nationally). Data available from the practice showed that there were had been a significant improvement for the year 2015/16 with the practice performance now at 100%. However, this was not published and verified data.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were in line CCG averages.
- The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 78% and same as the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies and baby changing facilities were available.
- We saw positive examples of joint working with district nurses and health visitors.

Good



Working age people (including those recently retired and students)

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended hours on Tuesdays from 7pm to 8pm for working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online.
- Patients were able to book telephone consultations with the GP.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group.
- The healthcare assistant conducted the health checks and gave advice on health promotion.

Good



People whose circumstances may make them vulnerable

- The practice held a register of patients living in vulnerable circumstances and alerts were in place on the clinical patient record system.
- Translation services were available.

Good



Summary of findings

- There were longer appointments available for patients with complex needs such as those with dementia or a learning disability.
- There was a lead staff member for safeguarding and we saw evidence to show that staff had received the relevant training.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Good



- Performance for mental health related indicators was 85% which was comparable to the CCG and national averages of 87%.
- However, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in 2014/15 was 79% for the practice compared to 90% for both the CCG and nationally. However, exception reporting was lower for the practice (0%, compared with 8% CCG and 10% nationally). Data available from the practice showed that there had been a significant improvement for the year 2015/2016 with the practice performance now at 88%. However, this was not published and verified data.
- The practice maintained a mental health register on the clinical system.
- Staff had received training on how to care for people with mental health needs.
- The practice had informed patients experiencing poor mental health about how to access various support groups.
- The GP we spoke with had knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing near or above local and national averages in most areas. Three hundred and forty six survey forms were distributed and 103 were returned. This represented a 30% survey response rate and 4% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 70% 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 74% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards all of which were positive about the standard of care received. Overall, patients highlighted that they felt listened to, that the practice offered an excellent service and staff were helpful and attentive.

We spoke with seven patients during the inspection (one of whom was also a member of the patient participation group). All the patients we spoke with told us said they were generally happy with the care they received and thought staff were approachable, committed and caring.

Dr Raksha Chopra

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Raksha Chopra

- Dr Raksha Chopra's practice also known as Garretts Green Lane Surgery is located in Sheldon, Birmingham and has approximately 2400 patients registered with the practice.
- The practice is led by one full-time female GP. There is also a female practice nurse, a practice manager, an assistant practice manager, a business manager and three reception staff, one of whom had also been trained as a healthcare assistant (HCA).
- The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice is open between 8.45am and 7pm Monday to Friday except for Thursday afternoons when the practice closes at 1pm. Appointments take place from 9.30am to 12pm and 4.30pm to 6.30pm daily (except on Thursdays). The practice offers extended hours on Tuesdays from 7pm to 8pm. In addition to pre-bookable appointments that can be booked for any time in advance, urgent appointments are also available for people that need them.
- The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General

Practitioner Emergency Rooms (BADGER) medical service. Patients are directed to this service on the practice answer phone message. The practice also has an arrangement in place with BADGER to provide cover between 8am and 9.30am.

- The practice population demographics are similar to the national average.
- The practice is in an area that is nearer to the higher levels of social and economic deprivation.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 August 2016. During our visit we:

- Spoke with a range of staff (specifically with the GP, practice nurse, practice manager, assistant practice manager, business manager and healthcare assistant/receptionist) and spoke with patients who used the service.

Detailed findings

- Spoke with members of the patient participation group (PPG).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- We saw that staff had access to the significant event recording forms on the computer.
- The relevant member of staff completed the form and informed the practice manager or the GP.
- The practice had documented three significant events on a significant event form in the past 12 months. We saw evidence to demonstrate that all significant events were thoroughly analysed, discussed at practice meetings and that learning points were being effectively shared with all practice staff.
- We saw that the practice had carried out an overall analysis of significant events to identify any trends and suggestions to prevent reoccurrence.
- The practice told us that when things went wrong with care and treatment, patients were informed of the incident, received support and a verbal apology.

We reviewed safety records, incident reports, safety alerts and minutes of monthly staff meetings where these were discussed. We saw that learning points were shared to make sure action was taken to improve safety in the practice and we saw evidence that alerts received had been considered and actioned. All clinical safety alerts were received and actioned by the GP whilst the assistant practice manager was responsible for sharing and implementing changes of any non-clinical alerts.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. We saw that these were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and the staff we spoke with were aware of this. The GP was the lead member of staff for safeguarding. Staff we spoke with demonstrated they understood their responsibilities and had received training relevant to their role. Contact details for

safeguarding were seen to be easily accessible for staff in the practice. The GPs provided reports where necessary for other agencies. The practice held regular safeguarding meetings which involved the GP and health visitors. Relevant safeguarding issues were also discussed at practice meetings. The GP told us that there was a system on the computer for highlighting vulnerable patients. We saw evidence to demonstrate that all GPs and the practice nurse were trained to safeguarding level 3.

- The healthcare assistant and practice nurse carried out chaperone duties. All staff who acted as chaperones had undertaken training for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. The Clinical Commissioning Group (CCG) had completed an infection control audit in May 2016 and we saw evidence that action had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We saw evidence to demonstrate that the practice had carried out medicines audits, with the support of the local medicines management teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription stationery was securely stored and there were systems in place to monitor the use.
- We saw evidence to show that Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who

Are services safe?

may not be individually identified before presentation for treatment. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed five personnel files (GP, practice nurse, HCA, business manager and assistant manager files). We found that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. Checks through the Disclosure and Barring Service (DBS) had been carried out for all staff employed at the time of the inspection.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff informed us that they were flexible and covered for each other working additional hours if required.

Arrangements to deal with emergencies and major incidents

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

- A process was in place for staff to take the appropriate action in case of any emergency.
- All staff had received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff we spoke with knew of their location. All the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for the relevant agencies and staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through audits and we saw evidence of an example where updated NICE guidance that had been used to direct patient care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 89% of the total number of points available. This was slightly below the CCG and national QOF averages of 94%. However, the practice showed us their achievement for 2015/16 which showed significant improvement in that the practice had achieved 98% of total QOF points available. However, this was not published and verified data.

The practice had a 5% exception reporting which was lower than the CCG and national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

The practice was an outlier for QOF (or other national) clinical targets in diabetes, hypertension, mental health indicators (having alcohol consumption documented) and in conducting regular asthma reviews. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators for the practice was 78% which was lower than the CCG average of 83% and national average of 84%. Exception reporting for the practice was lower at 6% compared

with 11% for the CCG and 12% nationally. Data available from the practice showed that there had been a significant improvement for the year 2015/2016 with the practice performance now at 95%. However, this was not published and verified data.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 75% for the practice compared to 83% for the CCG and 84% nationally. However, exception reporting was lower for the practice (3%, compared with 4% for both the CCG and nationally).
 - We found the practice was aware of this area of improvement. As a result, the practice had initiated an action plan which increased the frequency of blood pressure reviews with a focus on compliance checks and medicine optimisation.
 - We were shown evidence to demonstrate that significant improvement was seen in the latest QOF data for 2015/2016 which indicated that the practice was now performing in line with local and national averages.
- Performance for mental health related indicators was 85% which was comparable to the CCG and national averages of 87%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% for the practice compared to 90% for both the CCG and nationally. However, exception reporting was lower for the practice (0%, compared with 8% CCG & 10%. Data available from the practice showed that there had been a significant improvement for the year 2015/2016 with the practice performance now at 88%. However, this was not published and verified data.
- The percentage of patients with asthma, on the register, who had received an asthma review in the preceding 12 months (01/04/2014 to 31/03/2015) was 56% for the practice compared to 74% for the CCG and 75% nationally. However, exception reporting was lower for the practice (3%, compared with 7% CCG and 8% nationally). Data available from the practice showed that there had been a significant improvement for the year 2015/2016 with the practice performance now at 100%. However, this was not published and verified data.

Are services effective?

(for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

- The practice participated in local audits and national benchmarking.
- There had been three clinical audits completed in the last two years, two of which were completed audits where the improvements made were implemented and monitored (in the case of antibiotic and hypnotic prescribing).
- Findings were used by the practice to improve services. For example, recent action taken as a result included discouraging the use of hypnotics for new patients and reviewing those currently on hypnotics which had led to a decrease in hypnotic prescribing. Antibiotic prescribing had also decreased.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice was able to demonstrate via staff training records, how they ensured role-specific training and updates for relevant staff were managed. For example, for those staff reviewing patients with long-term conditions, staff administering vaccinations and taking samples for the cervical screening programme had received specific training. Staff who administered vaccinations could also demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work.
- We found that all staff who were due an appraisal had received one.
- Staff received training that included: safeguarding, fire procedures, basic life support infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included medical summaries and investigation and test results. Information such as NHS patient information leaflets were available in the reception and waiting areas.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- We saw that there was a form to record information for out-of-hours services.
- The practice told us they had also made referrals directly and through the NHS e-Referral Service system. The NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Staff worked together and with other health and social care services where possible to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example, we saw evidence to demonstrate that end of life care multi-disciplinary team meetings were taking place on a quarterly basis (involving community matrons, district nurses and Marie Curie nurses) and that care plans were routinely reviewed and updated. Safeguarding meetings involving health visitors also took place three times a year.

Consent to care and treatment

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

- Staff we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw that the GP and most of the practice staff had completed online mental capacity training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse

Are services effective?

(for example, treatment is effective)

assessed the patient's capacity and, recorded the outcome of the assessment. The GP was now able to show us how consent was recorded using the electronic patient system.

Supporting patients to live healthier lives

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

- The practice maintained a variety of registers such as patients with a learning disability, dementia, patients receiving end of life care, carers or patients at high risk of hospital admissions.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice nurse provided support to those identified as requiring advice on their diet, smoking cessation and alcohol awareness. Patients were also signposted to more specialist services where appropriate.
- A sexual health clinic was held at the practice.
- Midwife clinics were held at the practice.
- Weekly substance misuse clinics were held at the practice.
- The practice was also an approved yellow fever vaccine centre and also provided this service to patients from other practices.
- Anticoagulation monitoring clinics were held at the practice. These were also open to patients from other practices.

- The healthcare assistant conducted the health checks and gave some advice on health promotion.

The practice's uptake for the cervical screening programme was 80%, which was above the CCG average of 78% and same as the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test and to work proactively to understand any reasons behind those not attending.

The practice was near or in line with the averages for national screening programmes for bowel cancer screening (practice average 46% compared to CCG average of 51% and national average of 58%) as well as for breast cancer screening (practice average 71% compared to CCG average of 69% and national average of 72%).

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for under two year olds ranged from 81% to 100% and five year olds from 79% to 97% for the practice which were comparable to the CCG rates of 80% to 95% and 86% to 96% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 58 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They told us they were happy with the care being provided by the practice and said their dignity and privacy was respected. Comment cards consistently highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 7 July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was consistently near or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 83% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

We saw that the practice had also carried out their own practice survey which demonstrated better results in relation to questions about the GP.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A DDA (Disability Discrimination Act) audit had been carried out.
- A hearing loop was also available.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

We saw that there were leaflets in the patient waiting areas that provided patients with information on how to access a number of support groups and organisations. For example, we saw leaflets on safeguarding, carers support, mental health as well as contact numbers for drug addiction support services. Information about support groups was also available on the practice website which was well-maintained and up-to-date.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 53 patients as

carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice told us that carers were offered health checks, reviews and flu vaccinations.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. Information about more specialist support available was also provided and the practice was able to signpost patients to local bereavement services available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We saw evidence to demonstrate that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had set up a pre-diabetic register and identified patients at higher risk of developing diabetes in order to support and advise patients on changes to prevent diabetes developing. Additionally, the practice had analysed the areas where it had been previously identified as an outlier for QOF and other clinical targets and provided evidence to demonstrate significant improvements in these areas.

The practice had also set up other targeted services such as in-house electrocardiograms (equipment to record electrical activity of the heart to detect abnormal rhythms and the cause of chest pain), 24 hour blood pressure monitoring, spirometry (a test of how well a patient can breathe and can help in the diagnosis of different lung diseases such as chronic obstructive pulmonary disease) wound care and phlebotomy (taking blood from a vein) services. The practice had provided staff with further training to ensure an effective service in these areas.

- The practice offered extended hours on Tuesdays from 7pm to 8pm to accommodate working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with complex needs such as those with dementia, a learning disability and patients experiencing poor mental health.
- Patients attending for annual reviews were allocated extended appointment times of 30 minutes to allow full discussion of their long term condition.
- Patients whose circumstances may make them vulnerable were also offered longer appointments and had alerts placed on the patient record system.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A facility for online repeat prescriptions and appointments bookings was available.
- Patients were able to book telephone consultations with the GP.

- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients identified as at-risk of hospital admission had care plans in place.
- Translation services were available.
- A hearing loop was available at the practice.
- There were disabled facilities available and the practice had a ramp at the entrance to the building to enable easy access for patients with mobility difficulties.

Access to the service

The practice was open between 8.45am and 7pm Monday to Friday except for Thursday afternoons when the practice closed at 1pm. Appointments were from 9.30am to 12pm and 4.30pm to 6.30pm daily (except on Thursdays). The practice offered extended hours on Tuesdays from 7pm to 8pm. In addition to pre-bookable appointments that could be booked for any time in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient satisfaction with how they could access care and treatment was above both local and national averages.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and the national average of 73%.

We found that the practice had a system in place to assess:

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

This was done through gathering of information beforehand to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs? (for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible member of staff who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system with a complaints leaflet and poster displayed in reception.

We saw that seven complaints had been received in the last 12 months. We found that these had been dealt with in a timely way with openness and transparency. We saw that in one case, the complaint had been dealt with as a significant event. We found that complaints reviews took place to identify any trends. Lessons were learnt from individual concerns and complaints which were discussed regularly at practice meetings.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice told us that their vision was to provide high quality, personalised care that reflected the needs of the local population.
- Staff we spoke with were committed and motivated and understood the values of the practice.

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.
- Policies we viewed were practice specific and were available to all staff members.
- A comprehensive understanding of the performance of the practice was maintained. Where the practice had been identified as an outlier, targeted action to ensure improvement had taken place.
- The practice had in place a programme of continuous clinical and non-clinical audit to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection we met with the lead GP. We found that they led very motivated staff with the GP having the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality, personalised and compassionate care. Staff members we spoke with told us that they found the GP to be very supportive and approachable and that the GP and management always took the time to listen to all members of staff.

We spoke with the GP who was aware of the requirements of the duty of candour and the provider had systems in place to ensure compliance with its requirements. (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 provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- We saw evidence to demonstrate that practice gave affected people reasonable support and truthful information. The practice told us they offered a verbal apology where appropriate.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff members informed us that the practice held monthly staff team meetings and we viewed documentation to support this.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so. Patient complaints and significant events were regularly discussed.
- Staff said they felt respected, valued and supported, and described the close-knit and strong family culture of the practice. All staff felt involved in discussions about how to run and develop the practice.

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

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

- The practice had gathered feedback from patients through their active patient participation group (PPG), in-house practice surveys and complaints received. We spoke with a member of the PPG on the day of the inspection. They informed us that they felt the practice listened to their views about proposals for improvements.
- The practice manager and staff members informed us that they were able to provide feedback at staff meetings, annual appraisals and on a one-to-one basis. Staff members informed us they would not hesitate to

Are services well-led?

Good 

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

give feedback and discuss any concerns or issues with colleagues and management. Staff informed us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had analysed its patient population and sought to provide targeted services in-house such as diabetes care and 24

hour blood pressure monitoring. Staff had received additional training in order to do this effectively. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was able to demonstrate that it fully participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices.