

Collingwood Family Practice

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 Collingwood Family Practice

On 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events both locally and within the provider group. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Outcomes for patients were generally above or in line with local and national averages.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion and dignity, and staff were supportive and respectful in providing care, involving them in care and decisions about their treatment.
- There was a strong emphasis on performance and meeting targets to ensure a high level of service to patients, which was demonstrated by the high QOF results (100%) and performance within the provider group.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- 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 and learning from complaints was shared with staff and stakeholders.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The practice should continue to make efforts to identify and support carers within their patient population

There was one area where the practice should make improvements:

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 were comprehensive systems in place to ensure significant events were reported and recorded.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- Staff were open and transparent and fully committed to reporting incident and near misses, an effective system was in place to ensure a realistic picture of safety within the practice.
- Risks to patients were well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Are services effective?

The practice is rated as good for providing effective services.

Good



- The practice had been a high achiever of QOF and consistently in the top five of practices within the group of 39 the previous year had been an improvement from the 98.3% of 2014/15.
- Data from the latest 2015/16 Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average. The most recently published results showed the practice had achieved 100% of the total number of points available. This was 3.4% above the clinical commissioning group (CCG) average and 4.7% above the national average.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.

Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff told us that training and carer development were areas the practice and provider encouraged to improve the service and allow for carer progression.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a majority of areas where patients rated the practice higher than other locally and nationally. For example, 90% of patients said that the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- Information for patients about the services available was comprehensive, easy to understand and accessible.
- We saw staff treated patients with kindness and respect, often knowing patients by name, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were available the same day with the GP of their choice and that reception staff were accommodating to patients' needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients could book some appointments and order repeat prescriptions online.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had organised extended hours based on patient feedback every Saturday morning for pre bookable appointments with a nurse or a GP, in addition to opening till 8pm on a Tuesday and Thursday.
- Services were hosted within the practice to help meet the needs of patients including health visitor and midwife clinics.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This was underpinned by clear business development plans and regular monitoring of areas for improvement and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity and held regular business meetings to ensure oversight and governance was effective within the practice.
- The administrative and reception staff had requested specific responsibilities through appraisals and taken on lead roles such as bereavement coordinator, carers champion and lead for unattended appointments which was shown to benefit both patients and staff.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk through quarterly meetings led by the quality lead.
- The practice proactively sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Named GPs developed care plans with the involvement of the patient to ensure their preferences were met.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs which included nurse appointments and flu vaccinations.
- The practice had combined a flu event with an opportunity for patients to engage with the fire service and take up home safety checks.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with or above local and national averages.
- The practice were working with the community centre, based in the same building, to begin work around loneliness in older people.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority in addition to regular monitoring of patients with long term conditions.
- Performance for diabetes related indicators was 100% which was 7.3% above the CCG average and 10.1% above the national average. The exception reporting rate for diabetes indicators was 11.7% which was above the CCG average of 9.4% but in line with the national average of 11.6%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice.

Summary of findings

Families, children and young people

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

Good



- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances, had missed appointments or immunisations. The GP lead for safeguarding liaised with other health and care professionals, such as children's services to discuss children at risk.
- Immunisation rates were higher than local averaged for all standard childhood immunisations and the practice worked with health visitors to follow up children who did not attend for immunisations.
- The practice ran sexual health clinics.
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Working age people (including those recently retired and students)

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

Good



- 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.
- Appointments could be made and cancelled on line as well as management of repeat prescriptions.
- The practice ran healthy lifestyle clinics.
- The practice's uptake for the cervical screening programme was 84.7%, which was comparable to the CCG average of 81.1% and the national average of 81.5%.
- The practice had listened to patient feedback when organising extended hours appointment and as a result offered a Saturday morning clinic, in addition to two evenings through to 8pm, for those who were unable to attend in work hours.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and for those who required it.
- Some practice staff had participated in a homeless awareness night which was run by a local homeless charity based in Birmingham. This had led to collections and donations for the charity and given staff additional understanding of homelessness.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss patients on their palliative care register.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was 100% which was 5.6% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 9.7% which was above the CCG average of 6% but below the national average of 11.3%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 92.3% which was 8.2% above the local average and 8.5% above the national average. This was achieved with an exception reporting rate of 3.7%, 3.1% lower than the CCG average and 3.1% below the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 274 survey forms were distributed and 123 were returned. This represented a response rate of 45%.

Results showed:

- 82% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 81% 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 82% and the national average of 85%.

- 83% of patients described the overall experience of this GP practice as good compared to CCG average of 86% and the national average of 85%.
- 78% 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 76% 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 19 completed comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and said that nothing was too much trouble when it came to their care.

We spoke with five patients during the inspection. Patients we spoke with told us that they were always able to get an appointment and thought staff were friendly, committed and caring.

Collingwood Family Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Collingwood Family Practice

The Collingwood Family Practice is part of a wider group of 39 GP practices registered with the Care Quality Commission (CQC) under the service provider Phoenix Primary Care (part of The Practice Group). Collingwood Family Practice is set in a community centre with close links to public transport and ample parking and provides care to approximately 5195 patients under a primary medical services (PMS) contract.

The practice list has an above average number of working age (40-54) patients. The level of deprivation within the practice population is below the national average with the practice. Income deprivation affecting children and older people are below the local and national average.

The clinical team comprises four GPs (two male, two female), an advanced nurse practitioner, two practice nurses and two phlebotomists. The clinical team is supported by a practice manager, and a team of reception and administrative staff.

The main surgery is open from 8am to 6.30pm Monday to Friday. Consulting times are from 8.30am to 12.45pm each morning and 1.30pm to 6pm each afternoon. For patients who find it difficult to attend during normal working hours the practice offers evening appointments on a Tuesday and

Thursday from 6.30pm till 8pm and booked appointments on Saturday mornings between 9am and 12pm. The practice has opted out of providing out-of-hours services to its own patients.

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 17 January 2017. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Detailed findings

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

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed their manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system 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).
- When things went wrong with care and treatment, patients were informed of what had happened and offered support, information and apologies. Affected patients were also told about actions taken to improve processes to prevent the same thing happening again.
- Incidents and significant events were discussed on a monthly basis and learning was disseminated across different staffing groups.

We reviewed a sample of the 32 safety records, incident reports, safety alerts reported in the previous 12 months and minutes of meetings where these were discussed, this included complaints which had been reviewed as significant events where appropriate. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example the practice reviewed procedures for delivering palliative care to patients out of hours following a difficulty contacting the relevant teams and leading to an out of hours call by a practice GP to ensure care was provided.

Overview of safety systems and processes

Systems and processes were in place which supported the practice to keep patients safe and safeguarded from abuse. These included:

- Safeguarding arrangements were in place which helped to protect children and vulnerable adults from abuse. Appropriate policies and procedures were in place which reflected local arrangements and relevant legislation. Policies were accessible to all staff

electronically and outlined who staff should speak to for further guidance if they had concerns about the welfare of a patient. There were quick reference sheets displayed on the walls to support staff.

- There was a designated lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- Notices were displayed in the waiting area and in consultation rooms to advise patients that they could request a chaperone if required. All staff who acted as chaperones had received training for the role and had a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. The practice had effective communication with the cleaning staff who were contracted to clean the practice. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There was effective management and procedures for ensuring vaccination and emergency medicines were in date and stored appropriately. The practice carried out regular medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire alarm checks. 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 other risk assessments in place to monitor safety of the premises such as legionella.
- Arrangements were in place to plan and monitor staffing levels and the mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. There were effective arrangements in place to ensure there was adequate GP and nursing cover.

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 the computers in all the consultation rooms and treatment rooms had additional alarm buttons for ease of access which alerted staff to any emergency.
- Staff 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 accessible to staff and all staff knew of their location. All the medicines we checked were in date.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. In addition to copies held within the practice, copies were also kept off site by key members of staff. The practice had recently put this plan into practice during a prolonged power failure and continued to provide care to patients during this time. Changes had been made as a consequence of this experience such as having a mobile phone to divert the incoming calls to keep in the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed in clinical meetings and through educational sessions. Copies were also made available through the computer system to ensure part time staff, or those on leave when an update was initially distributed, were kept up to date.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results showed the practice had achieved 100% of the total number of points available. This was 3.4% above the clinical commissioning group (CCG) average and 4.7% above the national average. This was achieved with a clinical exception rate of 9% which was 1% above the local average but 0.8% below the national average.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 100% which was 7.3% above the CCG average and 10.1% above the national average. The exception reporting rate for diabetes indicators was 11.7% which was above the CCG average of 9.4% but in line with the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 2.1% above the CCG average and 2.7%

above the national average. The exception reporting rate for hypertension related indicators was 1.5% which was below the CCG average of 2.3% and the national averages of 3.9%.

- Performance for mental health related indicators was 100% which was 5.6% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 9.7% which was above the CCG average of 6% but below the national average of 11.3%.
- The number of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 92.3% which was 8.2% above the local average and 8.5% above the national average. This was achieved with an exception reporting rate of 3.7%, 3.1% lower than the CCG average and 3.1% below the national average.
- Performance for asthma related indicators was 100%, which was 1.9% above the CCG average and 2.6% above the national average. This was achieved with an exception reporting rate of 1% which was below the CCG average of 2.7% and the national average of 7.0%.

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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medicines. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and text messages. The variety of contact methods reduced the risk of patients not receiving a reminder.

Performance was also monitored in relation to the wider group and Collingwood Family Practice had consistently been placed in the top five of the 39 practices.

There was evidence of quality improvement including clinical audit.

- There had been three completed audits undertaken in the last 12 months. These covered areas relevant to the

Are services effective?

(for example, treatment is effective)

practice's needs and areas for development. Further audits had been undertaken to ensure latest guidance was being followed and highlight changes which could be made to practice.

- We reviewed clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit of patients on medicines following a cardiac event. GP appointments were arranged for patients not receiving treatment to best practice guidelines and prescribing reviewed. Other improvements to the systems in place included start and stop dates on the prescription screen to aid reviews, education for patients as to the reasoning for the changes and further monitoring of patients under this care plan. After a second cycle all patients were receiving care to best practice guidelines.
- Regular medicines audits were undertaken when updates were received to ensure all changes to medicines were actioned and patients recalled when appropriate.

Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality. Staff were well supported during their induction and probation periods with opportunities to shadow colleagues and regular reviews with their line manager.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients. Staff were also supported to undertake training to broaden the scope of their roles and change roles within the practice. For example an administrator had trained as a phlebotomist and the practice were supporting them further, following an appraisal, to qualify as a HCA due to mutual benefits and job satisfaction it had brought.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care was available to staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals held on a regular basis. These included palliative care meetings and safeguarding children and adult meetings which were attended by leads.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

Supporting patients to live healthier lives

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

Are services effective?

(for example, treatment is effective)

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 84.7%, which was above the CCG average of 81.1% and above the national average of 81.5%. Reminders were offered for patients who did not attend for their cervical screening test. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were higher than local and national averages. For example, the practice uptake rate for breast cancer screening over the last 36 months was 79.5% compared with the CCG average of 71.5% and the national average of 72.2%.
- Childhood immunisation rates for the vaccinations given were below CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given up to the age of two years of age the average was 97.3%, which was above the 90% standard. For the measles, mumps and rubella (MMR) vaccine, given up to the age of five, the average was 97.15% which was above the CCG average of 96.4%.
- 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 during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, 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 19 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were polite, professional and understanding. Patients also said they felt listened to by supportive staff and treated with dignity and respect.

We spoke with five patients during and after the inspection. They told us they were happy with the care provided by the practice and said they were always treated in a kind and dignified manner.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 97% 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%.

- 90% 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%.

The practice was also above local and national averages for its satisfaction scores on consultations with nurses. For example:

- 96% of patients said the nurse gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

However satisfaction scores for interactions with reception staff were below local and national averages:

- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, were made to feel at ease and well supported by all staff, who would do their best to accommodate their needs. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account of the individual needs and wishes of patients and were drawn up with the involvement and consent of patients.

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 above local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.

Are services caring?

- 95% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Although patients within the practice population spoke English in a majority of cases, the practice used translation services to ensure effective communication with other patients when required and could have a pre booked interpreter on site to assist in communication where possible.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient had caring responsibilities. The practice had identified 34 patients as carers which was equivalent to 0.6% of the practice list. The practice had information displayed in the

waiting area and on the practice website to inform carers about the support that was available to them and to encourage them to identify themselves to practice staff. An administrator had recently taken on the role of carers champion and planned to raise awareness of support on offer and identify further patients through carers' events.

The role of bereavement coordinator had been established following the idea being proposed by an administrator, to ensure oversight of care and support for relatives and carers following bereavement. Following a death, a card was sent to effected relatives or carers and a follow up call was made to find out if there was any support the practice was able to offer, the lead had contacts at bereavement agencies and local groups which they were able to signpost people to and provide written information if preferable.

This service had not been exclusive to people registered to the practice; if the staff knew of someone locally who had gone through a bereavement the support was still available. The coordinator had found the role rewarding and staff told us that patients had found the time which was able to be dedicated to them through difficult times as supportive and beneficial. At all times appointments for patients could be offered and directly booked in with GPs and Nurses and the coordinator was available directly if required as a point of contact.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice worked as part of the local group of practices to provide GP services on a Saturday during the winter period to reduce demand on emergency departments.

In addition:

- Telephone appointments were available if appropriate to meet the needs of the patient.
- There were longer appointments available with a named clinician for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Extended hours appointments were available on a Saturday morning as this was when patients had said they would be most convenient in addition to being open 8am-8pm Tuesdays and Thursdays. Nursing appointments were available at these times as well as with GPs.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were practice hosted clinics available for patients such as health visitors, mid wives, anti-coagulation and smoking cessation clinics.
- Some practice staff had participated in a homeless awareness night which was run by a local homeless charity based in Birmingham. This had led to collections and donations for the charity and given staff additional understanding of homelessness.
- Appointments could be booked, records viewed and prescriptions reordered online.
- There were facilities for patients with a disability including dedicated parking, accessible toilets and a lowered reception desk. Corridors and doors were accessible to patients using wheelchairs and a hearing loop was available if required.
- The practice had worked alongside the police force and pharmacy to provide winter health information during the flu clinic. Feedback from patients showed this had

been received positively and there was increased awareness of the role of pharmacy in treating minor ailments and the police advice around Halloween safety had been beneficial.

- The practice also collaborated with the Fire Service to provide relevant safety information and home safety checks which patients said was brilliant and a very good idea,

Access to the service

The main surgery was open from 8am to 6.30pm Monday to Friday. Consulting times are from 8.30am to 12.45pm each morning and 1.30pm to 6pm each afternoon. For patients who found it difficult to attend during normal working hours the practice offered evening appointments on a Tuesday and Thursday from 6.30pm till 8pm and booked appointments on Saturday mornings between 9am and 12pm.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in line with local and national averages.

- 75% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.
- 82% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were able to get appointments when they required them and that urgent appointments were always available if needed. Appointments could be booked online and up to three months in advance if required. A review of the appointments system demonstrated that there were appointments available for booking the following week for a GP or the following day with an advanced nurse practitioner or phlebotomy. The practice aimed to keep the waiting for appointments to less than seven days with anyone who had an emergency need being seen on the day. Routine pre-bookable appointments were available three months in advance. Telephone and home visit appointments were also available.

There were effective arrangements in place to monitor patient access to appointments. Appointment demand was monitored and on call the on call GP was able to step in if

Are services responsive to people's needs?

(for example, to feedback?)

there was high demand or delays in waiting times. The appointment system was designed to enable the practice to plan for and cope with demands caused by summer and winter pressures.

Listening and learning from concerns and complaints

The practice systems in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged seven complaints and concerns in the last 12 months including verbal complaints. We reviewed a range of complaints, the practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants and included the relevant team leader to assist the complaints lead where this was required to resolve complaints.

Meetings were held regularly to review complaints and an annual review of all complaints received was undertaken. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

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 vision was to “deliver the highest quality health care that was patient centred, continuing, holistic and responsive to patient’s needs and preferences”.
- The service had defined aims and objectives to support their registration with the Care Quality Commission.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care.
- The regional and practice team met monthly to discuss key business issues and the long term strategy of the practice. Succession planning was monitored and carer plans in place for staff development.

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. Clinical and non-clinical staff had lead roles in a range of areas such as diabetes, prescribing, human resources and recalls.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained. This included weekly reports on performance within the group and a ranking based on a number of parameters such as QOF.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented.

Leadership and culture

The management regionally and within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and

experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the management meetings, there was a rolling programme of meetings including clinical meetings and wider staff meetings which involved all staff.
- The practice team had developed an ‘employee of the month’ scheme which was submitted by staff and picked at random by a patient to create a positive culture.
- The provider had developed a CPD club for all GPs to attend which initially had been mandatory and clinical cover was provided at the expense of the practice to ensure patient care was not affected. However GPs had found it so beneficial that they often attended on days off and staff told us it was valued as a learning and development opportunity.
- Through appraisals of administrative staff roles had been assigned to increase responsibility and involvement in delivering services to patients. This included specific responsibilities such as bereavement coordinator, carers champion and lead for unattended appointments which were shown during the inspection to benefit both patients and staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management within the practice. Staff felt involved in discussions about how to run and develop the practice management encouraged staff to identify opportunities to improve the service delivered by the practice.

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 manager and lead clinicians encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

Are services well-led?

Good 

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

- The practice gave affected people support, information and apologies where appropriate.
- The practice kept records of verbal interactions as well as written correspondence.

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

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

- The practice had gathered feedback from patients through the friends and family test and results seen during the inspection were consistently positive.
- The PPG was in the early stages of developing ideas and leadership within the practice and the practice manager was supporting the process to increase numbers and engagement, however there were meetings every two months and recruitment for further members was ongoing.
- PPG members were communicated with electronically, and in person and received a newsletter to ensure they were kept up to date.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, a staff suggestion box and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.