

The Hawthorns Surgery

Quality Report

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 7 |
| What people who use the service say | 10 |
| Areas for improvement | 10 |

Detailed findings from this inspection

| | |
|--|----|
| Our inspection team | 11 |
| Background to The Hawthorns Surgery | 11 |
| Why we carried out this inspection | 11 |
| How we carried out this inspection | 11 |
| Detailed findings | 13 |
| Action we have told the provider to take | 24 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Hawthorns Surgery on 26 November 2015. 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.
- Risks to patients were assessed and well managed, with the exception of those relating to legionella risk.
- 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.
- 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 with a complaints poster displayed in the waiting area and complaints information also found in the practice leaflet.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were disabled facilities, hearing loop and translation services available as well as ramped access and automatic entrance doors leading onto the car park with marked disabled parking bays.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. It had a mission statement underpinned by practice principles and staff we spoke with knew and understood these.
- Patients said they did not find it easy to make a routine appointment with a named GP although urgent appointments available the same day.
- The practice had carried out clinical audits and re-audits to improve patient outcomes.

Summary of findings

- There was a clear leadership structure and staff we spoke with felt supported by both management and the GP partners although proactive engagement with the patient participation group had not been prioritised.

The areas where the provider must make improvements are:

- Ensure risk assessments and arrangements are in place to minimise the risk of legionella.

- Ensure there are systems in place to monitor the use of prescriptions.

In addition the provider should:

- Improve engagement with the patient participation group

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?

- 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 relevant practice meetings (clinical or practice meetings as appropriate). Information was disseminated to all staff.
- When there were unintended or unexpected safety incidents, people received reasonable support, information, and verbal or written 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 and a deputy member of staff for safeguarding children and vulnerable adults.
- Risks to patients were assessed, embedded and well managed. However, the practice did not have any arrangements in place to assess and if necessary minimise the risk of legionella (legionella is a term for a particular bacterium which can contaminate water systems in buildings). Additionally, although prescription pads were stored securely, there were no systems in place to monitor their use.

Requires improvement



Are services effective?

- 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.
- Data showed patient outcomes were at or above average for the locality for most areas with the exception of the . We saw evidence to demonstrate that this was being looked into.
- The practice had carried out five clinical audits completed in the last two years, two of these were completed audit cycles where the improvements made were implemented and monitored
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Good



Summary of findings

- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Are services caring?

- Results from the national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to others for its satisfaction scores on consultations with doctors and nurses.
- Results from the survey also showed that patients responded positively to questions about their involvement in planning and making decisions about their care and treatment.
- We found that information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect.

Good



Are services responsive to people's needs?

- There was evidence that the practice had reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients' satisfaction with how they could access care and treatment was mostly comparable to local and national averages. However, patients rated the practice lower for access via the phone and for the overall experience of making an appointment.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff members we spoke with were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- The practice carried out proactive succession planning.
- The partners encouraged a culture of openness and honesty and staff members were provided with opportunities for feedback.
- The practice had not proactively sought feedback from patients and did not have a fully engaged patient participation group to further support practice development.
- There was a strong focus on continuous learning and development at all levels. Staff told us they had received regular performance reviews and had clear objectives.

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.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG and national averages.
- Online appointments were available and patients who were housebound. They were also able to submit repeat prescription requests via the phone.
- Longer appointments were also available for older people when needed.
- There were disabled facilities, hearing loop and translation services available.
- The practice had a ramped access and automatic doors for both the front entrance and the back entrance leading onto the car park.
- There were marked disabled parking bays near the practice.

People with long term conditions

Good



- Performance for diabetes related indicators was above the national average (practice average of 90% compared to a national average of 84%).
- Longer appointments and home visits were available when needed
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 92% to 98% and five year olds from 92% to 98% which compared favourably with national rates of 87% to 96% and 85% to 96% respectively.

Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a dedicated sexual health clinic that offered a range of sexual health promotion services and treatments.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

Good



- The practice was open between 8.15 am and 6.30pm Monday to Friday although extended hours surgeries were not offered at the practice.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was available at the practice.

People whose circumstances may make them vulnerable

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had carried out annual health checks for people with a learning disability.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability.
- 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.
- There was a lead and deputy members of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

People experiencing poor mental health (including people with dementia)

Good



- Performance for mental health related indicators was above the national average (practice average of 94% compared to a national average of 89%).
- The practice carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The GP we spoke with had good 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 published on 8 July 2015 showed the practice was mostly performing in line with local and national averages. However, the practice was below local and national averages for appointments and access. 280 survey forms were distributed and 119 were returned. This represented 43% of the practice's patient list.

- 53% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
 - 85% found the receptionists at this surgery helpful (CCG average 83%, national average 87%).
 - 76% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
 - 88% said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 57% described their experience of making an appointment as good (CCG average 67%, national average 73%).
 - 63% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about all aspects of standard of care received although five also commented that the appointment system required significant changes to improve access.

We also spoke with 13 patients during the inspection. Patients informed us that they were happy with the care they received. They all thought that staff members were approachable, committed and caring. Nine of the patients we spoke with also made negative comments in relation to the appointments system.

Areas for improvement

Action the service **MUST** take to improve

- Ensure risk assessments and arrangements are in place to minimise the risk of legionella.
- Ensure there are systems in place to monitor the use of prescriptions.

Action the service **SHOULD** take to improve

- Improve engagement with the patient participation group

The Hawthorns Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to The Hawthorns Surgery

The Hawthorns Surgery is located in Sutton Coldfield in Birmingham. It provides primary medical services to approximately 12,200 patients in the local community. The practice has six GP partners (two female and four male), one female salaried GP, a practice manager, an office manager, four practice nurses, two healthcare assistants, as well as IT, administrative and reception staff.

The practice has a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. The practice is a teaching practice for medical students as well as a training practice for trainee GPs who had recently completed medical school studies and were undertaking further training. There were three GPs in training at the practice at the time of our inspection.

The practice is open between 8.15am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 11am every morning and 3.30pm to 6pm daily. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for patients that need them.

The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message provides the telephone number they should ring depending on the circumstances and their needs.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff which included GPs, the management team, nursing and reception staff.
- Spoke with 13 patients who used the service (one of whom was also a member of the PPG).
- Observed how staff interacted with patients who visited the practice.

Detailed findings

- Looked at procedures and systems used by the practice.
- Reviewed 29 completed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the national patient survey information.
- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)

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?

- 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.

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us that they passed the completed significant event recording forms to the practice manager who would add it to the relevant practice meeting for discussion (clinical or practice meetings as appropriate). Information would be then disseminated to all staff.
- We saw evidence to demonstrate that the practice had carried out a thorough analysis of the significant events to identify trends and ensure learning

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. All national patient safety alerts and guidelines were put through the internal practice email system for all relevant staff to read. Latest clinical guidelines were discussed in the clinical meetings with one GP taking the lead and summarising the information for discussion.

We saw evidence to show that where there were unintended or unexpected safety incidents, people received a verbal or written apology as appropriate. For example, in one case a patient had been issued with an incorrect prescription and the GP made contact with the patient to apologise and clarify actions taken by the practice to improve processes to prevent reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. We saw that policies were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare. There was also a contact list displayed in appropriate rooms. There was a lead and a deputy member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All the GPs were trained to the appropriate level.

- The healthcare assistants and practice nurses carried out chaperoning duties. A notice in the waiting room advised patients that a chaperone was available, if required. 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 lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams such as the CCG infection control lead to keep up to date with best practice. There was an up-to-date infection control policy in place and staff had received the relevant training. Annual infection control audits were undertaken 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The emergency medicines were located in treatment rooms. Prescription pads were securely stored although there were no systems in place to monitor their use.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files of those recently employed and found that 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 had been carried out.

Are services safe?

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 and the practice had also carried out a health and safety risk assessment. 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 also 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. However, the practice did not have any arrangements in place to assess and if necessary minimise the risk of 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.

- There was an on-screen instant messaging system alert on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with masks for both adults and children.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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 staff. Each GP partner had a copy of this on the computer plus hard copies which were kept off-site. A hard copy of the plan was also kept in reception.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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.
- We saw evidence that these guidelines were being used to direct patient care.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available, with 8% exception reporting. (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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the national average (practice average of 90% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was above the national average (practice average of 89% compared to a national average of 83%).
- Performance for mental health related indicators was above the national average (practice average of 94% compared to a national average of 89%).

There was an area where the practice was an outlier for QOF (or other national) clinical targets;

- There was a variation in the percentage of antibiotics prescribed (specifically Cephalosporins or Quinolones) in the period 01/01/2014 to 31/12/2014 with a practice average of 10% compared to a national average of 6%.

There was also a large variation in the ratio of reported versus expected prevalence Chronic Obstructive Pulmonary Disease (COPD) in the period 01/04/2013 to 31/03/2014. The ratio for the practice was 0.2 compared to 0.5 nationally.

The practice informed us that they were aware of this and audits had been carried out to determine the reasons for this. Following this we saw that action had been taken by the practice. For example, to reduce the amounts of antibiotics prescribed where and as appropriate.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last two years, two of these were completed audit cycles where the improvements made were implemented and monitored (in the case of minor surgery and antibiotics). However, we saw evidence that in three cases, re-audit dates were overdue.
- The practice participated in applicable local audits such as pharmacy audits, national benchmarking using QOF, accreditation and peer review.
- We saw evidence to demonstrate that findings were used by the practice to improve services. For example, recent action taken as a result of the antibiotic audits had led to some reduction in the amount of antibiotics prescribed.

Effective staffing

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

- We saw evidence to show that the practice had an induction programme for newly appointed non-clinical members of staff. The induction covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff such as for those reviewing patients with long-term conditions such as diabetes by the practice nurse.
- The learning needs of staff were identified through a system of appraisals. We saw evidence to show that staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This

Are services effective?

(for example, treatment is effective)

also included coaching and mentoring, clinical supervision and on-going support for medical school students. Staff files reviewed identified that all staff had had an appraisal within the last 12 months.

- Staff received training including: safeguarding, fire safety, basic life support, chaperoning and complaints handling. We saw that 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 records and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services. We saw evidence that patients' referral letters to hospitals contained the medical history and medication list.
- We saw that there was a form to record information for out-of-hours services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Two different multi-disciplinary team (MDT) meetings were held on a monthly basis which related to end of life care and safeguarding.

Consent to care and treatment

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

- In our discussions with the GP, we found that they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- We saw evidence that the GP partners 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 assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. A GP discussed a recent example where this had been done effectively.
- Verbal consent was noted on the patient computer records and where appropriate and where written consent was also obtained, the form was scanned and attached to patient notes.

Health promotion and prevention

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

- These included patients who may be in the last 12 months of their lives, carers and those requiring advice on their diet, smoking and alcohol cessation.
- The healthcare assistants conducted the health checks and gave some advice on patient diet, smoking cessation and alcohol. Patients were then signposted to the relevant service.
- Practice nurses provided more focused advice on diet, smoking cessation and alcohol issues where appropriate.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 92% to 98% which compared favourably with national rates of 87% to 96% and 85% to 96% respectively. Flu vaccination rates for the over 65s were 70%. This was comparable the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 50%, which was again comparable to the national average rate of 52%.

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

Patients had access to appropriate health assessments and checks. This included health checks for new patients and NHS health checks for people aged 40–74

and those over 75. The practice also offered health checks for carers. Appropriate follow-ups on the outcomes of health assessments and checks were made when abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- There were curtains 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 and that conversations taking place in these rooms could not be overheard. However, this was not the case for the practice nurse treatment room. We noted that in this room, three patients could be seen at any one time with a curtain to separate the patients. On the day of the inspection we noted that two patients were being seen in the room with only the curtain to separate the consultations. We discussed this with the practice who informed us that this was managed in a way to try and ensure confidentiality with only one patient being seen at a time if treatment was taking place.
- 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 poster was displayed in the waiting area advised that a room was available.

All of the 29 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was similar for its satisfaction scores on consultations with doctors and nurses. For example:

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 86%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 85% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients we spoke with informed us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also informed 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 on 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:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

Staff informed us that translation services were available for patients who did not have English as a first language. We were informed that patients who required an interpreter were booked double appointment slots to ensure they had sufficient consultation time.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

We saw that there were leaflets in the patient waiting room that provided patients information on how to access a number of support groups and organisations. For example, we saw leaflets on the services available for carer's, safeguarding numbers for domestic violence and child and adolescent health service (CAHMS) contacts.

The practice's computer system alerted GPs if a patient was a carer and the practice maintained a carer's register. Carer's packs were also available for patients to take which contained written information to direct carers to the various avenues of support available to them.

We were told that the practice sent condolence letters to families that had suffered bereavement. Additionally, the GP contacted bereaved relatives by phone to offer to meet the family and to signpost families to counselling services where appropriate. Unexpected deaths discussed at weekly practice meetings.

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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Online appointments were available along with access for patients who were housebound. Patients were also able to submit repeat prescription requests via the phone.
- The practice had a dedicated sexual health clinic that offered a range of sexual health promotion services and treatments.
- Longer appointments were available for patients requiring an interpreter or for those with a learning disability.
- Patients could request double appointments if they felt they needed more time with a clinician.
- Bereaved relatives were offered longer appointments.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Disabled facilities were available along with hearing loop and translation services.
- The practice had a ramped access and automatic doors for both the front entrance and the back entrance leading onto the car park.
- There were marked disabled parking bays near the practice.

Access to the service

The practice was open between 8.15 am and 6.30 pm Monday to Friday. Appointments were from 8.30am to 11am every morning and 3.30pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them. Extended hours surgeries were not offered at the practice.

Results from the national GP patient survey published on 8 July 2015 showed that patients' satisfaction with how they could access care and treatment was mostly comparable to

local and national averages. However, patients rated the practice lower for access via the phone and for the overall experience of making an appointment in comparison to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 53% of patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 57% of patients described their experience of making an appointment as good (CCG average 67%, national average 73%).
- 63% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

The practice showed us evidence to demonstrate that they had conducted analysis to determine appointments access and availability and made some changes to make it easier for patients to access the practice by phone. Changes that had taken place included 15% more appointments being offered online to ease the pressure on the phones. Additionally a 'did not attend' policy had been developed about patients who had booked appointments but had not attended or cancelled their appointments. The practice told us that the impact of these changes would be reviewed to determine if there was a positive impact on the patient experience of making an appointment and patient access via the phones.

Listening and learning from concerns and complaints

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

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

We looked at 19 complaints received in the last 12 months of which five related to appointments access (26%). We saw that the practice had recorded information such as details of the complaint, action taken and next steps. We found that the complaints had been dealt with in a timely way

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

with openness and transparency. Where appropriate, patients had received a letter of explanation and an apology from the practice. Action taken to prevent reoccurrence had also been recorded. Lessons were learnt

from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we saw evidence that complaints and significant events were discussed at team meetings to maximise learning.

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.

- We found that the practice had a mission statement underpinned by practice principles
- Staff we spoke with knew and understood the practice principles and values.

Governance arrangements

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

- There was a clear staffing structure in place and staff members we spoke with were aware of their own roles and responsibilities
- Policies we viewed were practice specific and were available to all staff members
- The practice was aware of practice performance levels and changes had been made where required.
- The practice had in place a programme of continuous clinical and internal audit to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks with the exception of the risks associated with legionella.

Leadership, openness and transparency

The partners at the practice had the experience, capacity and capability to run the practice and ensure high quality care. Four of the partners were available in the practice on the day of the inspection Staff members we spoke with told us that they found the GP partners to be very supportive and approachable.

When there were unexpected or unintended safety incidents:

- The practice provided patients affected by the incident reasonable support, truthful information and where appropriate a verbal or written apology.

- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff members informed us that the practice held monthly team meetings and we viewed documentation to evidence this.
- Staff members we spoke with told us that there was an open and transparent culture within the practice and that they had opportunities to raise any issues and felt supported when they did.
- Staff members said that they felt respected, valued and supported, particularly by both management and the GP partners in the practice. Staff members we spoke with said that open discussion was encouraged by the management team.

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

The practice had received and acted on feedback from patients via their complaints system, the public and staff. However, the practice had not proactively sought patients' feedback or engaged patients in the delivery of the service.

- The practice had a virtual patient participation group (PPG) in place. However, this had not been very actively engaged. We spoke to a member of the PPG who indicated that the last communication received from the practice was over 10 months ago. It was felt that their voices were not being heard by the GP partners leading to minimal PPG impact. Some members of the PPG had indicated their desire to meet up on a face-to-face basis but this had not been taken forward.
- The practice recognised that PPG engagement was an area where improvement was required. The practice had undergone substantial changes in the past two years with the practice manager only being in post for the last 12 months which had led to the PPG engagement not being prioritised. The practice told us this would now be a priority.
- The practice manager told us that face-to-face PPG meetings would be organised as soon as possible with one of the six GP partners in attendance.
- It was identified that the practice had gathered some feedback from patients through the PPG although this

Are services well-led?

Good 

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

was limited and had conducted one patient survey which we were informed had not been directed by the PPG. The survey results were displayed on the PPG notice board near the practice entrance.

- 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 give feedback and discuss any concerns or issues with colleagues and management. Staff members 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 was an approved training provider and provided training and experience to medical students and trainee GPs. We noted that one of the GP partners was a GP appraiser and three of the partners were educational supervisors. The practice actively 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not ensure that legionella risk assessments were in place and that actions were implemented to safeguard patients from the risks associated with the legionella bacterium. The practice did not ensure that systems were in place to monitor the use of prescription pads. This was in breach of Regulation 12 (1)(2)(a)(b)(g) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 |