

# Tudor Practice Stockland Green Limited

## 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?		Requires improvement	
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 Tudor Practice Stockland Green on 2 and 17 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice undertook continuous audit to improve patient outcomes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and staff were supportive.
- The practice had been unable to recruit a salaried GP and used long term locum GPs, this affected the continuity of patient care and involvement in decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. 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.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from patients via in-house surveys, which it acted on.
- The practice did not have a patient participation group and had undertaken various initiatives to encourage patients to participate.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was a strong team culture and the practice was cohesive and organised.

# Summary of findings

However there were some areas where the provider should make improvements. The provider should:

- Continue to encourage patients to engage with the cervical screening programme.
- Continue to monitor measures taken to improve patient satisfaction rates in relation to involvement and access to appointments.

- Continue efforts to set up a patient participation group in order to engage with patients and capture their views.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised. Learning was based on a thorough analysis and investigation.
- The practice used clinical audit to improve patient outcomes.
- When things went wrong patients received truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse. The practice held monthly safeguarding meetings with health visitors.
- Risks to patients were well managed and recognised as the responsibility of all staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing similarly to practices locally and nationally.
- The practice was pro-active in identifying patients at risk of an unplanned hospital admission and regularly reviewed their health needs resulting in lower than average Accident & Emergency (A&E) attendances.
- The practice had a structured system to ensure that all clinicians were up to date with both national and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively.
- There was evidence of staff appraisals, personal development plans and succession planning.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

- The practice had reduced antibiotic prescribing by 32%. They utilized the 'treating your infection' forms, these were also printed in different languages.

## Are services caring?

The practice is rated as requires improvement for providing caring services.

- Data from the national GP patient survey published in July 2016 showed areas where the practice was rated below local and national averages, for example patients' involvement in decisions about their care. The practice had developed a detailed action plan to address the issues.
- Information for patients about the services available was easy to understand and accessible. Information was provided on the practice website and Facebook page in different languages.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice worked with local support services such as citizen's advice bureau to provide advice and support to their patients.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Clinical staff carried out home visits for patients that would benefit from these.
- The practice had been unable to recruit a salaried GP and used long term locum GPs, this affected the continuity of patient care and involvement in decisions about their treatment. However, the practice had recently recruited a salaried GP who will commence at the practice in January 2017.
- There were longer appointments available for vulnerable patients and for patients that did not speak English. Non English speaking patients were given 20 minute appointments and an interpreter was available. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice offered a range of clinical services which included care for long term conditions.

**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. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Throughout our inspection we received positive feedback from staff. Staff spoke highly of the culture of the practice and were proud to be part of the practice team.
- The provider was aware of and complied with the requirements of the duty of candour. The management encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice maintained a palliative care register and held monthly palliative care meetings that included reviews of patients with conditions such as , dementia and heart failure.
- Unplanned admissions were discussed with clinical staff at the practice as well as community staff.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 88%, compared to the CCG average of 86% and a national average of 87%. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87% compared to the CCG average of 89% and the national average of 88%.
- Longer appointments and home visits were available when needed. All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs and advanced nurse practitioner worked with relevant health and care professionals to deliver a multidisciplinary package of care.

### Families, children and young people

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

Requires improvement



# Summary of findings

- 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.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 68%, compared to the CCG average of 79% and a national average of 82%. This put the practice in the bottom 2% of practices in England. The practice had undertaken a number of initiatives to increase the uptake of screening. For example, working with the health promotion department at the local hospital, breast screening UK and cancer research and developed processes in the practice to encourage patients to attend.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

## 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).

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs of this age group.
- 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 and flexible.
- Appointments could be booked over the phone, face to face and online. The practice offered extended hours on Mondays, and Wednesdays if a bank holiday.
- National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 64% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 38% compared to the CCG average of 50% and a national average of 58%. The practice had initiated a number of initiatives to increase uptake.

Good





# Summary of findings

- The practice had developed a Facebook page and information was available in different languages.

## 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



- There were longer appointments available for patients with a learning disability. The practice provided a 'Hospital Passport', that contained information on things the hospital needed to know about the patient that were important to them such as their likes and dislikes.
- The practice maintained a register of patients with learning disabilities, there were 29 patients registered (approximately 0.79% of the practice list).
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Good



- Performance for dementia indicators was 100%, compared to the CCG average of 96% and a national average of 97%, with exception rates of 14% compared to the CCG average of 18% and a national average of 20%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 73% compared to the CCG average of 84% and a national average of 83%, with exception rates of 8% compared to the CCG and national average of 7%.
- Performance for mental health related indicators was 90% compared to the CCG and national average of 92%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice arranged additional mental health services to be provided at the practice, for example, through Birmingham Mind Wellbeing.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016, the results showed the practice was performing below local and national averages. 360 survey forms were distributed and 79 were returned. This represented a 25% response rate and equated to 2% of the practice's patient list.

- 62% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and a national average of 76%.
- 74% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and a national average of 85%.

- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards all were positive about the standard of care received. However, five patients said it was difficult to get appointments

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient felt it was difficult to get appointments.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to encourage patients to engage with the cervical screening programme
- Continue to monitor measures taken to improve patient satisfaction rates in relation to involvement and access to appointments

- Continue efforts to set up a patient participation group in order to engage with patients and capture their views.

# Tudor Practice Stockland Green Limited

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Tudor Practice Stockland Green Limited

Tudor Practice Stockland Green provides primary medical services to approximately 3,600 patients and is located in Birmingham. The practice was previously owned by the GP partners at Tudor Practice Ashfurlong, but is now under new management. Information published by Public Health England rates the level of deprivation within the practice population group as one; on a scale of one to ten, with level one representing the highest level of deprivation.

Services to patients are provided under a General Medical Services (GMS) contract, a nationally agreed contract between NHS England and GP Practices. The practice has expanded its contractual obligations to provide enhanced services to patients. For example, extended hours, influenza immunisations and childhood vaccinations. (An enhanced service is above the contractual requirements of the practice and is commissioned to provide additional services to improve the range of services available to patients).

The clinical team includes one GP director although they do not undertake any clinical sessions at the practice. There are two long term locum GPs, an advanced nurse

practitioner, one practice nurse and a healthcare assistant. The GP director and the practice manager director form the management team and they are supported by an assistant practice manager and five reception and secretarial staff.

The practice is open between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays, on Mondays the practice is open between 8am to 8pm and on Thursdays between 8am to 1pm.

Appointments are available from:

8am to 7.30pm on Mondays.

8am to 5.30pm on Tuesdays.

9am to 5.30pm on Wednesdays.

8am to 12.30pm on Thursdays.

8.30am to 5.50pm on Fridays.

When the practice is closed the out of hour's provision is provided by the BADGER (Birmingham and District General Practitioner Emergency Room) Group.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out announced visits on 2 and 17 November 2016.

During our visit we:

- Spoke with a range of staff which included the GP director, practice manager, assistant practice manager, advanced nurse practitioner the healthcare assistant and reception staff. We spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

- The practice had an open and transparent approach to reporting incidents. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice demonstrated a proactive approach to the management of significant events and near misses. We saw evidence that the practice shared significant events across the locality to share learning. The practice carried out a thorough analysis of the significant events.
- We viewed a log of 11 significant events and incidents that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information a written apology and were told about any actions to improve processes to help prevent the same thing happening again.

The practice effectively monitored MHRA (Medicines and Healthcare Products Regulatory Agency) alerts which included patient safety and medicines alerts. These alerts were disseminated via email by the practice manager to all clinicians and a copy of alerts when action had been taken was stored in the clinicians folders. We saw evidence that a recent medical alert had been responded to, the practice had reviewed its home visiting policy and records were kept to demonstrate action taken. Significant events, safety and medicines alerts were a regular standing item on the clinical meeting agendas. They were also discussed during the reception staff meetings. We saw minutes of meetings which demonstrated this and staff told us how learning was shared during these meetings.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.

- The advanced nurse practitioner was the lead for safeguarding. They attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The advanced nurse practitioner and the long standing locum GP held monthly safeguarding meetings with health visitors, to discuss children on the 'at risk' register. We saw minutes of meetings which demonstrated this. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child protection or child safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The Advanced Nurse Practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The vaccination fridges were well ventilated and secure,

## Are services safe?

records demonstrated that fridge temperatures were monitored and managed in line with guidance by Public Health England. The practice had a system to alert staff when vaccines were nearing the expiry date.

- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs and kept patients safe, which included the review of high-risk medicine. The practice used an electronic prescribing system. Prescription stationery was securely stored and there were systems in place to monitor the use.
- The advanced nurse practitioner was an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed the process for the prescribing of high risk medicines and checked a sample which indicated that the monitoring and follow up was appropriately managed and blood results reviewed.
- We reviewed five personnel files 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were procedures in place for monitoring and managing risks to patients' and staff safety. There was a health and safety policy and the practice had risk assessments in place to monitor safety of the premises.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills.

- There were records to reflect the cleaning of medical equipment such as the equipment used for ear irrigation. We saw calibration records to demonstrate that clinical equipment was checked and working properly.
- All electrical equipment was checked to ensure the equipment was safe to use. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. In the absence of a salaried GP the practice used long term locums.

### 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 and treatment rooms which alerted staff to any emergency.
- 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. Records showed that all staff had received training in basic life support
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, the plan was located in reception and both the practice manager and assistant practice manager kept a copy off site. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Clinical meetings were used as an opportunity to discuss new guidance that had been received. The practice monitored that these guidelines were followed through audits of referrals.

### 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 practice manager had been allocated the responsibility for QOF lead. Current published results from 2015/16 were 96% of the total number of points available, with 10% exception reporting. (Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect), which was similar to the CCG and national averages.

The practice had systems in place to identify and assess patients who were at high risk of admission to hospital and were proactive in their approach in providing care and treatment to avoid such admissions. The practice manager checked daily for patients who had unplanned admissions and A&E attendances to hospital. There was a flag on the computer system to identify vulnerable patients that had had a hospital admission, these were discussed at the district nurse meeting.

The practice had reduced the number of patients needing first appointments and follow up appointments at hospital by providing electrocardiograms (ECGs), 24hr blood pressure tests, in-house phlebotomy, spirometry, rescue packs and Chronic Obstructive Pulmonary Disease (COPD) management plans. Staff were trained for insulin initiation.

The practice had audited hospital referrals to ensure they were timely and appropriate. The results showed reduced referrals to hospital as additional services were provided at the practice.

The practice held monthly palliative care meetings attended by community nurse and hospice staff. The patients included for discussion at these meetings had conditions other than cancer, for example, heart failure and dementia.

- Performance for diabetes related indicators was 88%, compared to the CCG average of 86% and a national average of 87%. For example, the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 87% compared to the CCG average of 89% and the national average of 88%.
- Performance for COPD was 100%, compared to the CCG average of 97% and national average of 96%, with exception rates of 13% compared to the CCG average of 8% and national average of 11%.
- Performance for dementia indicators was 100%, compared to the CCG average of 96% and a national average of 97%, with exception rates of 14% compared to the CCG average of 18% and a national average of 20%. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 73% compared to the CCG average of 85% and a national average of 84%, with exception rates of 8% compared to the CCG and national average of 7%. The practice had implemented an number of initiatives to increase the attendance, for example, opportunistic reviews and home visits.
- Performance for mental health related was 90% compared to the CCG and national average of 92%
- The practice promoted influenza vaccinations for certain groups of patients for whom contracting influenza might be particularly dangerous. The two main groups are diabetics and those with coronary heart disease the practice had managed to vaccinate 100% of their patients in both groups.

The practice was a member of the Birmingham Integrated General Practice (BIG Practice) this supported the sharing of best practice with other local practices.



# Are services effective?

## (for example, treatment is effective)

There was evidence of quality improvement including clinical audit.

There had been five clinical audits and additional medicine audits in conjunction with the CCG, completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice reviewed patients with blood tests results that showed they were pre-diabetic however, they had not been coding accordingly, therefore missing the opportunity to offer education with regards to lifestyle changes. In 2015 1.3% of patients were identified as pre-diabetic, which the practice deemed to be low for the size and demographics of the practice. Following a change in management as per NICE guidance, amendments to the pathway and protocol were made and, the re-audit then demonstrated improvements. These patients were provided with information about their condition and regular reviews were arranged.

The practice provided education and information leaflets 'treating your infection', to encourage patients to seek alternatives to using antibiotics, these were also printed in different languages. The practice had followed national good practice guidance and had reduced antibiotic prescribing by 32%.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and the clinical team had a mixture of enhanced skills.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role specific training and updating for relevant staff. For example, the advanced nurse practitioner had diplomas in COPD, diabetes and asthma management and they had annual expert tuition discussing dementia.
- 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 the immunisation programmes, for example by access to on line resources and discussion at local networking meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had supported staff through a variety of training courses. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses .
- All staff had received appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a comprehensive locum pack. These packs had been publicised by the CCG to other practices and these had been shared with other practices.

### Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. This was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that formal multi-disciplinary meetings took place monthly and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision making requirements, staff had received training on the Mental Capacity Act 2005. When providing care and treatment for children and young

# Are services effective?

## (for example, treatment is effective)

people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care and treatment was unclear the GP or advanced nurse practitioner assessed the patient's capacity and where appropriate, recorded outcomes of the assessment, on the template provided on the system.

### Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, weight, smoking and alcohol cessation. Patients were appropriately signposted to the relevant services.

The practice's uptake for the cervical screening programme was 68%, compared to the CCG average of 79% and a national average of 81%. The practice telephoned patients who did not attend for their cervical screening to remind them of its importance. There were 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. National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 64% compared to the CCG average of 69% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 38% compared to the CCG average of 50% and a national average of 58%. There was a policy to send letters to patients to encourage attendance

for screening. The practice had met with cancer research UK to discuss how the practice could support patients to return the bowel screening tests. The practice sent letters and text messages on patients 60th birthdays to inform them that they would be receiving a bowel screening kit and to contact the practice nurse if they had any queries.

To promote the national screening programmes and increase uptake, the practice had worked with the health promotion department at the local hospital and the local breast screening service. The practice flagged the records of patients that did not attend so that clinicians could speak to the patients opportunistically. There were posters in reception communicating the importance of screening and leaflets in different languages had also been put on the practice website and the practice Facebook page. The clinicians handed out credit card sized information with details promoting screening and support telephone numbers.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95% to 98% compared to the national average which ranged from 73% to 93% and five year olds ranged from 74% to 98% compared to the national average which ranged from 81% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The waiting area was large enough to ensure conversations were not overheard and reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 10 patient Care Quality Commission comment cards we received stated that staff were helpful, caring and treated them with dignity and respect. However, some patients were unhappy with the appointment system.

The practice did not have a patient participation group (PPG). However they had undertaken a number of initiatives to try and attract members. For example, there were posters in reception, information had been added on the practice website and Facebook page. Reception staff handed out PPG packs and details were included in the new registration packs. The practice had also sent two members of staff on a training course to help them promote and set up a PPG.

Results from the national GP patient survey showed the practice was below average for its satisfaction scores on consultations with GPs.

- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 79% 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%.

- 69% 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 a national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and a national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice had developed a detailed action plan to address the issues identified. For example, customer care training for all staff, communication via the practice website and face book page to raise awareness regarding appointment booking facilities and monitoring of clinic appointment times.

The practice received 58 completed Friends and Family cards in the last 12 months and they were all positive, with comments relating to the care they had received from the professional friendly staff.

### Care planning and involvement in decisions about care and treatment

Patients we spoke to on the day told us they felt involved in decision making about their care and treatment they received. Patient feedback from the comment cards we received was also positive and aligned with these views. They also told us they felt supported by staff. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients did not respond positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 67% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average and national of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and a national average of 82%.

## Are services caring?

- 76% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and a national average of 85%

The practice felt these results were, in the main, the result of not having permanent GP staff. The practice had tried for a year to recruit a salaried GP and a new GP was due to commence at the practice in January 2017.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Information was also provided in other languages on the practice website.

The practice had identified 54 patients as carers (1.5% of the practice list). There was a carers champion and a carers pack that contained information to direct carers to the various avenues of support available to them. There were links on the practice website and Facebook page and posters around the practice and in clinical rooms. The practice promoted flu vaccines for all carers.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood the different needs of the population and acted on these needs in the planning and delivery of its services. The practice worked with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were part of the CCG, Aspiring to Clinical Excellence scheme (ACE).

- The practice offered extended opening hours on a Monday evening until 8pm and Tuesday and Thursday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice provided a 'Hospital Passport', for patients with learning disabilities that contained information the hospital needed to know about the patient, things that were important to the patient and likes and dislikes. The practice maintained a register of patients with learning disabilities, there were 29 patients registered (approximately 0.79% of the practice list).
- Non English speaking patients were given 20 minute appointments and an interpreter was available.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems who needed them.
- Patients were able to receive travel vaccinations available on the NHS and those only available private were referred to other clinics.
- There were accessible facilities for patients with a disability, a hearing loop system, breastfeeding room and translation services available.
- The practice provided referrals to the Citizens Advice Service, and they met patients at the practice. There was evidence that this service was well utilised.
- The practice arranged additional mental health services to be provided at the practice, for example, through Birmingham Mind Wellbeing.

### Access to the service

The practice is open between 8am and 6.30pm on Tuesdays, Wednesdays and Fridays, on Mondays the practice is open between 8am to 8pm and on Thursdays between 8am to 1pm.

Appointments are available from:

8am to 7.30pm on Mondays.

8am to 5.30pm on Tuesdays.

9am to 5.30pm on Wednesdays.

8am to 12.30pm on Thursdays.

8.30am to 5.50pm on Fridays.

When the practice was closed the out of hour's provision is provided by the BADGER (Birmingham and District General Practitioner Emergency Room) Group.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local averages but below national averages. For example,

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and a national average of 78%.
- 62% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

The practice had implemented a number of systems to improve the patients' ability to contact the surgery. They had installed an additional telephone line and introduced online appointment bookings. The telephone message at the practice was delivered in different languages. People told us on the day of the inspection that they were able to get appointments when they needed them, this did not correlate with the CQC comment cards that were received.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice had a patient resource leaflet that contained a list of resources and various options that offered alternatives to GP appointments, it also contained telephone numbers of national charities and local events that patients may find useful.

## **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 lead for complaints. We saw that information was available to help patients understand the complaints system and posters were displayed in the waiting area.

We looked at 12 complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. We saw that lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, there was a delay in the practice receiving a prescription from the mental health team, the patient and their advocate were informed of the new process implemented to rectify this, the practice now held regular meetings with the mental health team.

The practice had undertaken an in-house survey to gather feedback from patients on the ability to get appointments and waiting times. They had developed an action plan to address the issues identified in this survey and the national GP patient survey.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.

The practice had a strategy and supporting business plan for 2016/19. This set out the aims for service development and on going initiatives. For example, to purchase two laptops for GP home visits to update patient information directly.

### 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.
- There were comprehensive arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, the assistant practice manager provided a weekly newsletter called 'bitesize' to communicate any changes to procedures or processes.
- The practice shared significant events cross the locality to share learning. The practice also carried out a thorough analysis of the significant events.
- Practice specific policies were implemented and were available to all staff. The practice had a system to alert them when policies, training, certificate such as MDU were due for renewal.
- There were clinical leads for Safeguarding and palliative care.
- Managers had a comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

### Leadership and culture

On the day of inspection the directors in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They 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.

The GP director and practice manager had leads within a number of areas in the CCG, for example, the practice manager was the Aspiring to Clinical Excellence (ACE) practice manager lead. The GP director was the contracting lead for the CCG, a member of the accident and emergency delivery board and chair for the urgent and primary care demand management group.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and 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 felt supported by management.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We were informed by staff that team away days were held regularly.
- Staff said they felt respected, valued and supported, particularly by the management. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

# Are services well-led?

Good 

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

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 did not have a patient participation group but were actively encouraging patients to join.

- The practice and gathered feedback from patients through the in-house survey, friends and family test and comment cards and had an action plan to address the issues identified with access to the appointments.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were part of the CCG Aspiring to Clinical Excellence (ACE) scheme.