# Kingsfield Medical Centre

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection of Kingsfield Medical Centre on 5 December 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Learning was shared with staff and reported to external agencies when required.
- Required recruitment checks had been made before members of staff were employed to work at the practice. However, the physical and mental health of newly appointed staff had not been considered.
- Effective systems were in place to mitigate risks to patients who took high risk medicines.
- An overarching training matrix and policy was in place to monitor that all staff were up to date with their training needs and received regular appraisals.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day
- Feedback from patients about their care was consistently positive and was reflected in the national patient survey published in July 2016.
- The practice had reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice provided an anticoagulation (medication used to prevent blood clots) service for registered and non-registered patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The premises included a dedicated training area for medical students.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result.

# Summary of findings

- The practice had a strong culture for education and learning and was an established, approved provider for a number of services that reduced the need for secondary care.
- The practice had visible clinical and managerial leadership. Governance and audit arrangements were comprehensive and effective.

The areas where the provider should make improvement are:

- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Improve the prescription tracking system to minimise the risk of fraud.
- Ensure that staff remove their smart cards from computers when not at the workstation.
- Review the lone working policy to ensure the policy is effective.
- Implement a system to check that clinical guidelines have always been implemented.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services.

- There was a comprehensive and effective system in place for reporting and recording significant events. The provider had recorded four events in the previous 12 months.
- Lessons were shared both internally and externally to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had an effective system to log, review, discuss and act on alerts received that may affect patient safety.
- Effective systems were in place to mitigate risks to patients who took high risk medicines.
- The practice had processes and practices in place to keep patients safeguarded from the risk of abuse.
- Improvements had been made to the practice's recruitment processes. Required recruitment checks had been made before a member of staff was employed to work at the practice but this did not include an assessment of their physical or mental health.
- The practice had processes in place to respond to medical emergencies and major incidents.

**Are services effective?**

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the Clinical Commissioning Group (CCG) average and the national averages. The most recently published results showed the practice had achieved 99% of the total number of points available.
- Childhood immunisation rates for the vaccinations given were above the CCG and the national averages.
- Practice staff were able to describe a structured approach to how National Institute for Health and Care Excellence (NICE) best practice guidelines and standards were disseminated, audited and actioned in a comprehensive manner.
- Clinical audits had been completed and repeat cycles to demonstrate that audit had driven improvements to patient outcomes.

# Summary of findings

- Staff worked with health care professionals to understand and meet the range and complexity of patients' needs.
- The practice shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- An overarching training matrix was in place to monitor that all staff were up to date with their training needs and received regular appraisals.

**Are services caring?**

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey published in July 2016 showed patients rated the practice higher than others for all aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 124 patients as carers (1.3% of the practice list) and invited them for annual health checks and flu immunisations.
- The practice supported patients who may need support with information due to hearing or sight impairment as well as those who did not have English as their first language.

**Are services responsive to people's needs?**

Good

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 to secure improvements to services where these were identified.
- There were urgent appointments available the same day and a system to prioritise patient requests for a home visit.
- Patient feedback was universally positive. Data from the National Patient Survey published in July 2016 showed that 89% of respondents described their experience of making an appointment as good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- Complaints were dealt with in a timely manner and we saw that learning outcomes were discussed with all staff.

**Are services well-led?**

Good

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

- The practice had a written set of aims and objectives. The practice had a strong culture for education and learning and was an established, approved provider for a number of services that reduced the need for secondary care.
- There was a clear leadership structure and staff felt supported by the management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- The practice had embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service.
- The provider was aware of and complied with the requirements of the duty of candour. The partners 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.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had identified and planned to ensure the future direction and challenges to the practice were assessed, monitored and evaluated.

# 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 is rated as good for the care of older people.

- 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.
- Older patients at higher risk of hospital admission had written care plans.
- Patients over 75 years of age were invited for an over 75 health check. The provider had started doing these assessments using their own risk stratification tool. A template developed by the practice that explored both medical and social needs was subsequently adopted by other practices in the CCG.

### People with long term conditions

Good

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

- Nursing staff were supported by the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A nominated clinical lead was in place for all chronic diseases.
- Longer appointments were offered to those patients with a chronic disease.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Dedicated diabetic clinics were held weekly at the practice on a Wednesday afternoon.
- The practice provided an anticoagulation (a high risk medication used to prevent blood clotting) monitoring service to registered and non-registered patients.
- The practice arranged educational meetings with Consultants specialising in disease areas. These were held at the practice but other local practices were invited to attend.
- The practice had a proactive approach to prevention. For example, patients identified as at risk were invited to engage in educational and lifestyle session to reduce their risk of developing diabetes.

# Summary of findings

**Families, children and young people**

Good

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

- The practice had a policy to offer same day appointment to unwell children.
- The practice offered family planning services that included the fitting of contraceptive implants.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 79% and the national average of 81%.
- 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 and health visitors. The practice also engaged with the local school nurse.
- New mothers were offered post-natal checks and development checks for their babies. These were coordinated so that mothers and babies could have both checks performed at the same appointment.
- Data from NHS England for the time period 1 April 2015– 31 March 2016 showed that childhood immunisation rates for the vaccinations given were similar to the national average.
- The Practice had signed up to the local CCG "St. Basil's Charter" which looked at young people and their experience of attending GP Practices and how to capture this age group to engage in services. The patient group were devising a questionnaire intended to be sent out to this young age group for feedback on their views on the Practice and how any improvements could be made in the services provided for them.

**Working age people (including those recently retired and students)**

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- An electronic prescription service was available for patients to nominate a convenient Pharmacy to collect medication from.
- The practice signposted retired patients to various groups/hubs in the area if they were socially isolated.

# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The provider had enrolled 931 of its patients for the online services.
- All patients between the age of 40 and 74 years of age were offered NHS health checks and healthy living advice.

**People whose circumstances may make them vulnerable**

Good

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

- The practice held a register of patients living in vulnerable circumstances.
- The practice offered longer appointments for patients with a learning disability and had an effective patient call/recall system that invited patients for annual health check.
- The practice regularly worked with external health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients on the vulnerable register who did not attend an appointment were followed up with a telephone call.
- 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.
- The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- The practice had shared information with the out of hours service for patients nearing the end of their life. For example, if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.
- The Practice was part of the IRIS Domestic Violence project. There was a named Women's Aid worker assigned to the Practice and the GP's could refer patients direct. The patients could be seen at the practice in an allocated private room.

**People experiencing poor mental health (including people with dementia)**

Good

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

# Summary of findings

- Eighty two per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was slightly below the Clinical Commissioning Group (CCG) average of 86% and national averages of 84%. The exception reporting rate of 4.7% was comparable to the CCG average of 4.3% and below the national average of 6.8%.
- The percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. This was similar to the CCG average of 93% and the national average of 89%. The exception reporting rate was 6.8% which was below the CCG average of 7.6% and the national average of 13% meaning more patients had been included.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Patients could access counselling services though the Birmingham Healthy Minds service (BHM) by either self-referral or referral by a GP. The BHM team offered appointments at the practice on a weekly basis.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. Two hundred and forty five survey forms were distributed and 127 were returned. This represented a 52% return rate.

- 89% of respondents found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 97% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 95% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 97% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were universally positive about the standard of care received. Patients told us staff were helpful, supportive, caring and treated them with dignity and respect. Patients said that they felt listened to and complimented the GPs and nurses about being thorough and 'never rushed'. Patients also complimented the practice on providing a clean environment.

As part of our inspection we spoke with a member of the patient participation group (PPG). They told us the practice staff were very caring, the practice management were respectful of the views of the PPG and listened and acted on their suggestions.

## Areas for improvement

**Action the service SHOULD take to improve**

- Implement processes to demonstrate that the physical and mental health of newly appointed staff have been considered to ensure they are suitable to carry out the requirements of the role.
- Improve the prescription tracking system to minimise the risk of fraud.
- Ensure that staff remove their smart cards from computers when not at the workstation.
- Review the lone working policy to ensure the policy is effective.
- Implement a system to check that clinical guidelines have always been implemented.

# Kingsfield Medical Centre

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

Our inspection team was led by a Care Quality Commission (CQC) lead inspector and included a GP specialist advisor.

## Background to Kingsfield Medical Centre

Kingsfield Medical Centre is registered with the Care Quality Commission (CQC) as a partnership GP practice in Kings Heath, Birmingham. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice area has overall levels of deprivation below the Clinical Commissioning Group (CCG) average and similar to the national average. At the time of our inspection the practice had 9,400 patients. The practice age distribution is similar to the national average. There is a higher percentage of older patients when compared to the CCG average (18% of the practice population is aged 65 and over compared to the CCG average of 12% and the national average of 17%). The percentage of patients with a long-standing health condition is 51% which is slightly below the CCG of 52% and the national average of 54%.

The practice is open between 8.30am and 6.30pm Monday to Friday with the exception of Wednesdays when the practice closes at 1pm (there is a dedicated pre-booked diabetic clinic held on a Wednesday afternoon). Booked appointments are provided throughout the day from 8.30am to 6.30pm. There are a number of urgent appointments reserved for on the day booking. Appointments can be booked up to four weeks in advance. The practice does not routinely provide an out-of-hours service to their own patients but patients are directed to the out of hours service, Badger or South Doc when the practice is closed. The nearest accident and emergency department is Queen Elizabeth Hospital, Edgbaston, Birmingham and the nearest walk in centre is at South Birmingham GP Walk-In Centre, Selly Oak, Birmingham.

The practice team consists of:

- Five GP partners (three female, two male)
- Two salaried GPs ( both female)
- One GP registrar
- Three practice nurses
- A health care assistant
- A practice manager
- A medical secretary
- Eight reception and administrative staff.

The practice provides a number of specialist clinics and services. For example long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks.

## 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 5 December 2016. During our inspection we:

- Spoke with a range of staff including a GP, members of the practice nursing team, the practice manager and administrative staff.
- Observed how patients were cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

# Are services safe?

## Our findings

**Safe track record and learning**

The practice operated an effective system to report and record significant events.

- Staff knew their individual responsibilities, and the process, for reporting significant events. If administrative, the practice manager would be informed. If clinical, the clinician would present for discussion at the next practice meeting (held fortnightly with all clinical staff and district nurses). Significant events were a standing agenda item at these meetings.
- The significant event recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The practice had recorded and carried out an analysis of four significant events in the previous 12 months. When required, action had been taken to minimise reoccurrence and learning had been shared within the practice team. Significant events were discussed as a standing item within practice meetings, or sooner if required. Where appropriate, the practice had shared concerns externally through the Datix system (a national database of significant events).
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient on medication for blood thinning had passed away following bleeding on the brain. The practice informed the commissioner of the anticoagulation service and the chair of the Quality and Safety Committee. A review of the care evidenced that the medication had been well controlled and condolences were offered to the family.

The practice's process to act on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA), was effective. Alerts were received by email and a GP partner allocated to review if action is required. Administrative alerts such as patient alerts were printed off and initialled by receptionist before being placed into a dedicated folder kept in reception. We saw evidence that alerts had been acted upon. For example, an NHS England alert issued in February 2016 highlighted risks regarding the prioritising of home visit requests. The practice had updated its policy for handling home visit requests to ensure that GPs were made aware if potentially urgent. When the request was considered to be a potential urgent matter, the request was transferred immediately to the on-call GP. The practice kept a log sheet of alerts which included action taken.

**Overview of safety systems and processes**

The practice had systems, processes and practices in place to keep patients safe and safeguarded from the risk of abuse, which included:

- All staff knew their individual responsibility for safeguarding children and vulnerable adults from the increased risk of harm. All staff had received role appropriate training to nationally recognised standards. For example, the GP had attended level three training in safeguarding children. There was a safeguarding lead responsible for adults and children. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Safeguarding meetings were held every three months with the health visitor. Safeguarding was a standing agenda item at the fortnightly practice meeting.
- Chaperones were available when needed. All staff who acted as chaperones had received training, a Disclosure and Barring Service (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room and in clinical and treatment rooms. The policy included the procedure for chaperoning on home visits as well as a note for chaperones to record on the patient's notes after the examination.
- The practice was visibly clean and tidy. Clinical areas had appropriate facilities to promote current Infection Prevention and Control (IPC) guidance. IPC audits had been undertaken annually and an action plan put in place to mitigate any risks identified.
- Recruitment checks for staff and had been undertaken in line with current legislation prior to employment. There was a recruitment policy that outlined the legal requirements for the recruitment of all staff. We reviewed four personnel files and found that appropriate recruitment checks had been undertaken prior to employment. However, there were no processes in place to demonstrate that the physical and mental

health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of the role. A form was implemented on the day of the inspection.
- The provider used one locum GP who was a previous partner. All checks had been undertaken. For example, proof of identity, GMC registration, performer's list and medical indemnity.
- Arrangements for managing emergency medicines and vaccines were in place. Blank prescription forms and pads were securely stored and there was a system in place to monitor their use. The provider had identified that the system was not fully effective and had invited the CCG fraud officer to assess the system and was reviewing their recommended actions.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. A health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We found that the systems to monitor patients prescribed high risk medicines were effective. The practice had a clear monitoring process that defined how and when computer searches of patients receiving high risk medicines would be carried out. During our inspection a computer search of patients on a number of high risk medicines was performed. We found that all patients we checked were well managed.
- An effective system for the management of uncollected repeat prescriptions was in place. The storage boxes were checked regularly. Uncollected prescriptions older than four weeks were checked against the consultation before being destroyed or referred back to the GP. All prescriptions destroyed were recorded and coded.
- Rooms were locked when not in use but we found that smart cards were not always removed from the computers when not in use.
- There was a lone working policy but this was not fully implemented. For example, the policy mentioned a distress phrase or code to be used if the visiting staff member needed to raise the alarm without alarming the patient. Staff were not aware of this phrase or code.

**Monitoring risks to patients**

Environmental risks to patients were assessed and well managed.

- The practice had up to date fire risk assessments and had carried out a recent fire evacuation drills. Practice staff told us that fire evacuation drills were carried out every six months. The fire alarms were tested weekly.
- All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had completed a hard wire test in the past five years.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. There was a set minimum number of staff and a buddy system to cover any absence.
- The practice had a variety of other risk assessments in place to monitor the safety of the premises. There was a member of staff that performed a weekly walk round of the premises and any risks identified were documented and actioned. There was an appointed health and safety lead but they had not received any additional training for the role with the exception of fire safety training.
- A legionella risk assessment had been carried out and regular testing for the presence of legionella and water temperature checks had been carried out. (Legionella is a bacterium which can contaminate water systems in buildings).

**Arrangements to deal with emergencies and major incidents**

The practice had processes in place to respond to emergencies and major incidents:

- There was a panic button in all the consultation and treatment rooms which could be used alerted staff to any emergency. In addition, there was a panic alert function on the clinical operating system.
- All staff had received annual update training in basic life support.
- The practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream). We saw that there were adult and children's masks to administer oxygen to patients.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice. All medicines were in date, stored securely and staff knew their location.

Good

# Are services safe?

- An up to date business continuity plan detailed the practice's response to unplanned events such as loss of power or water system failure. Copies of the plan were kept off site.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

**Effective needs assessment**

Practice staff told us that they assessed patients' needs and delivered care in line with relevant and current based guidance and standards including National Institute for Health and Care Excellence (NICE) best practice guidelines. There was a structured approach to how these guidelines and standards were disseminated, but there was no system to check that these guidelines had been implemented.

**Management, monitoring and improving outcomes for people**

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

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

- Performance for asthma was below the Clinical Commissioning Group (CCG) and national averages. For example, the percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 86% which was similar to the CCG average and the national average of 89%.
- Performance for chronic obstructive pulmonary disease (COPD) was above the CCG and national averages. For example, the percentage of patients on the COPD register who had had a review that included an assessment of breathlessness in the previous 12 months was 93% compared to the CCG average and the national average of 90%.
- Performance for diabetes in all five related indicators was similar to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was within recognised limits, was 80% which was higher than the CCG average of 78% and the national averages of 79%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example, the percentage of patients with a diagnosed mental health condition who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 91%. The CCG average was 90% and the national average was 88%. The exception reporting rate was 6.8%. This was slightly lower than the CCG average of 8% and the national average of 13% meaning more patients had been included. 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.
- Eighty two per cent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG average of 86% and the national average of 84%.

The practice reviewed the A&E attendances through a GP who led on an enhanced service for avoidable admissions. The provider used a system (GPADS) to provide information on patients who had attended the accident and emergency department. If not appropriate the practice sends an education letter to the patient advising them on each service and when to contact them. The attendance figures for a set of chronic conditions where hospital admission is considered as avoidable were 15.7 per 1000 compared to the CCG average of 16 and national average of 14.6 per 1000 patients.

There was evidence of quality improvement including clinical audit.

- The practice showed us two clinical audits that had been completed in the last year; both of these had been repeated with a second cycle to demonstrate improvements. For example, the practice had an ongoing cyclical audit to review that patients had been prescribed the correct dose of an oral medication used as an anticoagulant (prevention of blood clotting). The audits showed that 100% of patients were on the right dose and learning outcomes showed that clinical guidelines were applied to the ongoing monitoring.
- The practice also carried out non-clinical audits. For example, the practice had audited the number of patients who had not attended their appointment. This was repeated after the introduction of a text message reminder service to show that attendance rates had improved.

**Effective staffing**

Good

# Are services effective?

## (for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety and confidentiality.
- We found that a training policy and matrix was in place. This provided the practice with an oversight of the training staff had completed and needed to complete. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical governance, domestic violence awareness and manual handling.
- Staff administering vaccines had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example formal training updates and discussion at practice meetings.
- We found that all staff had received an appraisal in the previous 12 months. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and tutorial sessions for the GP registrars and medical students.
- 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.

**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 care and risk assessments, care plans, medical records and investigation and test results.
- The practice team met quarterly with other professionals, including palliative care and community nurses. They discussed the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.
- The practice had shared information with the out of hours service for patients nearing the end of their life or if they had a 'do not attempt cardiopulmonary resuscitation' (DNACPR) plan in place.

**Consent to care and treatment**

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The GPs were trained in the assessment of deprivation of liberty safeguards (DOLS). These safeguards ensure that important decisions are made in people's best interests.
- 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 GPs assessed the patient's capacity and, recorded the outcome of the assessment.
- There was an up to date consent policy for staff to refer to for guidance.

**Supporting patients to live healthier lives**

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet and smoking cessation. Patients were signposted to the relevant services.
- Patients over 75 years of age were invited for an over 75 health check. The practice used a risk stratification tool to identify patients at increased risk and categorised them using the red, amber, green (RAG) ratings (patients at most risk were rated as red). The patient call/recall system was well-managed. Data we saw showed that 73 of 77 patients rated as red and 27 of 28 housebound patients had been reviewed in the last two years. A template that explored both social and clinical needs was developed by the practice and subsequently adopted by other practices within the CCG.
- The practice provided an electrocardiogram (ECG, a test used to check the heart's rhythm and electrical activity) recording and interpretation service and two of the GPs had been approved to offer the interpretation service to non-registered patients in addition to their own.

Good

# Are services effective?

## (for example, treatment is effective)

- The practice provided an anticoagulation (a high risk medication used to prevent blood clotting) monitoring service to registered and non-registered patients. Two GPs and two practice nurses had been trained, approved and provided the service to 134 registered and non-registered patients that included 11 housebound patients.
- The practice was engaged with the early detection of cancer initiative since October 2015 and had developed templates, searches and reports that had been shared with the CCG for distribution to other practices. The practice proactively chased up non-responders to cancer screening by letter and consistently achieved higher uptake rates for cancer screening when compared to local and CCG averages. For example, a total of 81% of females had been screened for breast cancer within six months of invitation compared to the CCG average of 70% and the national average of 73%.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 80% and the national average of 82%.

Data from NHS England for the time period 1 April 2015 – 31 March 2016 showed that childhood immunisation rates were similar to the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% (national rate was 73% - 95%) and from 92% to 97% for all five year old immunisation rates (national rate was 81% - 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. The practice had a well-managed patient call/recall system that invited patients to attend for a health check. The uptake rates were consistently high; the practice had carried out 452 NHS health checks in the last 12 months and 1,360 in the last five years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

**Kindness, dignity, respect and compassion**

We observed members of staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced, some of which were from patients that had been with the practice for in excess of 60 years. Patients told us staff were helpful, caring, treated them with dignity and respect and they felt listened to. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG) as part of the inspection. They also told us the practice staff were very caring, the practice management were respectful of the views of the PPG and had listened and acted on their suggestions.

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

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national averages of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national averages of 95%.
- 96% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national averages of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patient feedback from the comment cards we received was positive about their involvement in decision making about the care and treatment they received. Patients told us they felt listened to and supported by staff to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care, for example, staff told us that translation services were available for patients who did not have English as a first language. The practice was aware of the accessible information standard and provided information on how patients could access support if required.

**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. The practice had two carers who were part of the patient

Good

# Are services caring?

participation group. Comprehensive information on support groups and services was also available on the practice website. These included how carers can access respite care and advice on financial and legal matters.

The practice's computer system alerted staff if a patient was also a carer. The practice had identified 124 patients as carers (1.3% of the practice population) and 139 patients as having a carer and offered them flu immunisations and annual health checks (there was a patient call/recall system in place). Written information was available to direct carers to the various avenues of support available to them. This was clearly displayed on a notice board in the patient waiting area.

The practice had a bereavement policy. Staff told us that if relatives had suffered bereavement, a GP normally called them. 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 access a local bereavement support service. There was a bereavement handbook in the waiting area and on the website to guide patients on services.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**Responding to and meeting people's needs**

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Appointments were available outside of school and core working hours. Telephone consultations were also available.
- The practice held a register of patients living in vulnerable circumstances. For example, those with a learning disability.
- The practice had a register of patients with learning disabilities and an effective patient call/recall system to invite them for annual health checks. There were longer appointments available for patients with a learning disability. The practice had signed up to a Local Incentive Scheme (LIS) for patients with learning disabilities and a GP partner led on this.
- 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 those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available. The practice demonstrated their awareness of meeting the Accessible Information Standard (AIS). All organisations that provide NHS care or adult social care are legally required to follow the AIS. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services.
- The practice provided care and treatment to patients living in a nearby care home and to patients living in sheltered accommodation. Services were also provided by the practice to three residential places for patients with severe learning disabilities. These patients had received regular health and medication reviews.
- The practice regularly worked with the local health and social care professionals, to provide effective care to patients nearing the end of their lives and other vulnerable patients.
- New mothers were offered post-natal checks and development checks for their babies.

**Access to the service**

The practice was open between 8.30am and 6.30pm Monday to Friday with the exception of Wednesdays when the practice closed at 1pm. It provided pre-booked appointments throughout the day starting at 8.30am. Appointments could be booked with a GP up to four weeks in advance. Extended hours appointments had been trialled but the provider found the uptake was low and patient feedback on access to appointments was positive. The practice did not routinely provide an out-of-hours service to their own patients but patients were directed to the out of hours service. Badger or South Doc when the practice was closed. The nearest accident and emergency department was at Queen Elizabeth Hospital, Edgbaston, Birmingham and the nearest walk in centre is at South Birmingham GP Walk-In Centre, Selly Oak, Birmingham.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was consistently above the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 89% of respondents described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

Comments on the patient comment cards were positive about the appointment system. They told us it enabled them to get appointments when they needed.

**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.

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice. They telephoned the patient initially to discuss the complaint in person. When appropriate, this was documented and discussed at meetings.
- We saw a number of complaints that had been resolved and patients were advised of contact details should they not be satisfied with the response.
- We saw that information was available to help patients understand the complaints system on the practice's website and in the practice complaint's leaflet.

We looked at ten complaints received since April 2016. One complaint was from a member of staff about a difficult patient. The practice had contacted the patient. A second complaint was from a patient who had been written to having missed an appointment when away. The practice apologised and advised the patient that they had reworded the letter in light of the comments.

# 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**

There was a written set of aims and objectives as part of the provider's Statement of Purpose. It was evident that the management team regularly reviewed the practice performance and discussed future plans. There was a partnership agreement in place that ensured smooth transition when succession planning. The objectives included the provision of a comprehensive service, where possible providing services transferred out of secondary care. The practice aimed to provide a centre for learning and continued development through teaching, training and clinical research.

The practice had identified future challenges and initiatives that included how to improve communication within a large team and how information technology could be introduced to assist in the running of the practice as well as improving the patient experience. The practice was a member of the South Doc Federation.

**Governance arrangements**

There was a clear staffing structure and staff were aware of their own roles and responsibilities. Practice specific policies were implemented and were available to all staff.

The practice had embedded systems and processes in place to support an overarching governance framework that improved the quality and safety of their service.

The governance arrangements included:

- A programme of completed clinical audits to assess and monitor quality and to make improvements.
- Effective processes to assess monitor and mitigate risks to patients such as the prescribing of high risk medicines and actioning of patient safety alerts.
- A structured system of review that ensured patients received care in line with current evidence based guidance and standards.
- Processes that ensured information was shared with the out of hours GP services for patients near the end of their lives.
- The review of policies to ensure that they reflected current guidance, for example guidance relating to the safeguarding of vulnerable adults.
- Regular recorded meetings held with other healthcare providers.

**Leadership and culture**

The GP in the practice had the capability to run the practice and could demonstrate how they ensured high quality care was being provided by all staff. They aspired to provide safe, high quality care and governance procedures provided the visibility to monitor and evaluate this. Staff told us the management were approachable and always took the time to listen to all members of staff. They were engaged through regular formal meetings for all practice staff as well as informal communication and departmental meetings.

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 management encouraged a culture of openness and honesty and there were systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support 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 the 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.
- Staff said they felt respected, valued and supported. 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. Staff were invited to put forward any matters that they wish to be discussed. The practice paid an annual bonus to all staff dependent on performance.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients'

# Are services well-led?

Good

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

feedback and engaged patients in the delivery of the service. There was a suggestions box in the premises and a dedicated email address for patients to send suggestions to the patient participation group (PPG).

- The practice had gathered feedback from patients through the PPG and through surveys and complaints received. The website included survey reports and an annual report detailing what the PPG had done in the last 12 months and setting out the objectives for the next 12 months.
- A member of the PPG told us the practice management were respectful of the views of the PPG and listened and acted on their suggestions. For example, the PPG suggested having a virtual patient representative group to capture different age groups and ethnic groups who preferred to communication using email instead of attend face to face meetings. In response, the practice had promoted the new group in the reception area, established a virtual group of 55 members and provided regular communication to the members via email.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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 strong focus on continuous learning and improvement within the practice. The practice was affiliated with the University of Birmingham providing teaching to trainee doctors. In addition, the practice was an approved training centre for GP registrars. The provider was Royal College of General Practitioners (RCGP) Research Ready and was a member of the West Midlands Clinical Research Network. Recent studies supported by the practice included research into the home monitoring of patient's blood pressure and research into the impact of the time of day when patients diagnosed with hypertension took their medication.