

St Clements Surgery

Inspection 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 location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This practice is rated as good overall. (Previous rating February 2018 – Requires improvement)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at St Clements Surgery over two days in February 2018 and March 2018 as part of our inspection programme where the surgery was rated as requires improvement overall. As a result, we issued requirement notices as legal requirements were not being met and asked the provider to send us a report that says what actions they were going to take to meet legal requirements. The full comprehensive report of all previous inspections can be found by selecting the 'all reports' link for St Clements Surgery on our website at

This inspection was an announced comprehensive inspection carried out on 26 November 2018 to check whether the providers had taken action to meet the legal requirements as set out in the requirement notices. The report covers our findings in relation to all five key questions and six population groups.

At this inspection we found:

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- A sample of care records showed that patients prescribed high-risk medicines as well as other medicines which required closer monitoring were being managed in line with the practice protocol, which reflected national guidance for safer prescribing.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence based guidelines.
- The practice had a comprehensive programme of quality improvement activity which demonstrated

quality improvements. Clinical leads routinely reviewed the effectiveness and appropriateness of the care provided and implemented action plans to improve any identified areas.

- The practice was aware of their 2017/18 Quality Outcome Framework (QOF) performance and taking action to improve clinical areas where performance was below local and national averages. Discussions with staff and examples provided during as well as following our inspection, confirmed this.
- Results from the 2018 annual national GP patient survey showed patients felt staff involved and treated them with compassion, kindness, dignity and respect. Completed Care Quality Commission (CQC) comment cards were in line with these views.
- The 2018 national GP patient survey showed patients did not always find the appointment system easy to use and were not always able to access care when they needed it. Completed CQC comment cards were in line with these views. The practice was aware of patients views and taking a number of actions to improve access as well as reducing waiting times. Unverified data provided by the practice following our inspection, showed improvements in patient satisfaction.
- There was a strong focus on continuous learning and improvement at all levels of the organisation. For example, the practice demonstrated shared learning and actions taken as a result of complaints and incidents.
- At this inspection, we found that the practice had reviewed and implemented systems which demonstrated a more effective systematic approach to maintaining and improving the quality of service delivery. For example, the governance framework had been strengthened which in turn supported the delivery of the strategy and oversight of processes.

The areas where the provider **should** make improvements are:

- Continue taking action to improve the uptake of national screening programmes and childhood immunisations.
- Establish a process to increase the number of medicine reviews carried out for patients with a learning disability and patients receiving support for substance misuse.
- Continue following actions to reduce the practice exception reporting rates.

Overall summary

- Continue taking action in response to patient satisfaction survey results.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector.
The team included a GP specialist adviser.

Background to St Clements Surgery

Dr. Arul Savio Gaspar, Dr. Akila John and Dr. Adnan Masood are the registered providers of St Clements Surgery, which is located in a multipurpose building in Nechells, Birmingham, providing NHS services to the local community. Further information about St Clements Surgery can be found by accessing the practice website at www.stclementssurgery.myhealthcare.co.uk

Based on the most recent published data available from Public Health England, the levels of deprivation in the area served by St Clements Surgery shows the practice is located in a more deprived area than national averages, ranked at one out of 10, with 10 being the least deprived.

(Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial).

The practice serves a slightly higher than average patient population aged between birth to 18. The number of patients aged 65 and over is below local and national averages. Based on data available from Public Health England and 2011 Census, the Ethnicity estimate is 35% White, 7% Mixed race, 35% Asian and 21% Black.

The patient list is 5,750 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with

Birmingham and Solihull Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned in order to improve the range of services available to patients.

On street parking is available with some designated parking for patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair and push chairs.

Practice staffing comprises of three GP partners (two male and one female) and one salaried GP (male). The clinical team also includes one practice nurse and two health care assistants. The non-clinical team consists of a practice manager and a team of administrators and receptionists.

St Clements Surgery is also a teaching and training practice providing placements for GP registrars on a six-month rotational basis. (GP registrars are qualified Doctor training to specialise in General Practice). At the time of our inspection there were two GP registrars on placement.

The practice is open between 8.30am and 6.30pm on Mondays to Fridays. With the exception of Thursdays where opening times are between 8am and 1pm.

GP consulting hours are available between 8.30am and 6.30pm Mondays to Fridays, except Thursdays where GP consulting hours are between 9am and 1pm.

The practice is part of Myhealthcare Partnership (a federation of GPs) this enabled patients to access evening appointments from five local Hubs Monday to Friday between 6pm and 8pm, as well as Saturdays and Sundays between 8am and 8pm.

The practice has opted out of providing cover to patients in their out of hours period as well as Thursday afternoons when the practice closes from 1pm. During

this time, services are provided by Birmingham and District General Practitioner Emergency Rooms (BADGER) medical services. Phone lines are closed between 1pm and 3pm Monday to Fridays, during this time calls are diverted to BADGER.

Dr. Arul Savio Gaspar, Dr. Akila John and Dr. Adnan Masood have been registered to provide Diagnostic and screening procedures, Family planning services, Maternity and midwifery services, Surgical procedures, and Treatment of disease, disorder or injury at St Clements Surgery since April 2013.

The surgery was previously inspected over two days in February and March 2018 and rated overall as requires improvement.

Are services safe?

At our previous inspection on 21 February 2018 and 5 March 2018, we rated the practice as requires improvement for providing safe services as management of medicines did not always provide assurance that prescribing was in line with best practice guidelines for safer prescribing.

These arrangements had significantly improved when we undertook a follow up inspection on 26 November 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role and the practice had a locum pack to support clinicians in their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. During this inspection, inspectors saw that the practice had equipment to enable assessment of patients with presumed sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff administered medicines to patients and gave advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- During our previous inspection, the practice developed an action plan to ensure medicines were managed in line with best practice guidelines for safer prescribing. At

Are services safe?

this inspection, we saw that processes had been effectively implemented, embedded and patients' health was monitored in relation to the use of medicines as well as followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice had a good track record on environmental safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous inspection on 21 February 2018 and 5 March 2018, we rated the practice as requires improvement for providing effective services as monitoring of actions aimed at improving quality and effectiveness in some areas of medicines management such as people with long-term conditions and people experiencing poor mental health (including people with dementia) was not effective. There were areas of training such as information governance as well as fire training which had not been completed by some clinical staff.

These arrangements had significantly improved when we undertook a follow up inspection on 26 November 2018. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. Clinicians ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Clinical leads had implemented a stop start tool which all clinical staff followed regarding polypharmacy (the current use of multiple medicines by a patient) to

ensure treatment remained clinically effective.

Unverified data provided by the practice showed 76% of patients age 76 and over received a medicine review in the last 12 months.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice had a dedicated telephone line for community teams and patients identified as being at high risk of hospital admission as well as readmission. Members of the patient participation group we spoke with confirmed that patients felt that this was very beneficial to high risk patients as it enabled timely access to support when required.
- There was a range of health promotional material in patient waiting areas to support patients to maintain their health and be as independent as possible.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for long term conditions showed a mixture of areas where the practice was performing either above and below local and national averages. Staff were aware of the challenges such as cultural and religious beliefs which influenced patients' decision to engage in treatment and providing educational sessions to improve patients' self-management of their condition.

Are services effective?

Families, children and young people:

- Childhood immunisation uptake rates were mainly below the target percentage of 90% or above. The practice was aware of this and continued taking action since our previous inspection, to improve immunisation uptake. For example, the nursing team worked closely with child health and staff were raising parents and legal guardians' awareness of the benefits of childhood immunisations.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice engaged carried out health promotion campaigns such as nasal flu and rotavirus.
- The practice offered contraceptive advice and services to patients aged 16 and over. Clinical staff demonstrated competencies in the principles used to judge capacity in children to consent to medical treatment and understood the importance of involving them in the decision-making process as far as possible.
- Staff demonstrated awareness of local services and patients were signposted to sexual health clinics and mental health services for additional support where required.

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

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. However, the practice was in line with the local average of 69% and national average of 72%. The practice was aware of this and taking action they to improve screening rates.
- The practice's uptake for breast and bowel cancer screening was below the national average. The practice was aware and taking action to improve uptake.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. Unpublished data provided by the practice showed out of 193 health checks offered in the last 12 months 142 (74%) had been carried out.

- Staff actively referred identified patients to smoking cessation clinics and 2016/17 data from Public Health England (PHE) showed 100% of patients aged 15 and over had been referred in the last two years, this was above the local and national averages.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances and policies were in place which enabled homeless people and travellers and those with a learning disability to register with the practice.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule. Nursing staff we spoke with explained they had access to the Green Book on-line, received vaccine updates, attended update training and regularly communicated with the wider nursing network in order to stay up to day with clinical practices.
- Clinical staff we spoke with demonstrated understanding of the Mental Capacity Act Code of Practice and had completed training in this area to ensure knowledge was being maintained.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- Data from the 2017/18 QOF year showed staff actively referred identified patients to smoking cessation clinics. For example, the number of patients with a mental health related diagnosis who had a review of their smoking status was above local and national averages.
- There was a system for following up patients who failed to attend for administration of long term medication.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average.

Are services effective?

- When patients were assessed to be at risk of suicide or self-harm the practice were aware of services which they could signpost patients to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. Unverified data provided by the practice showed that 86% of patients with a learning disability had a care plan in place and 27% had a medicine review in the last 12 months. Staff explained that all identified patients were booked in for a review in January 2019.
- The practices performance on quality indicators for mental health was mainly above local and national averages. There were areas where the exception rates were above local and national averages. Staff were aware of this and were following agreed actions to reduce the practices exception reporting rate.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, since our previous inspection, clinical leads carried out a number of repeat audits which demonstrated quality improvement in areas such as management of high-risk medicines and care for patients diagnosed with Asthma. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality Outcome Framework (QOF) results at the time of our inspection, covered 2017/18 QOF year which showed the practice achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) and national average of 98%. The overall exception reporting rate (combined overall total) was 13% compared with the local and national average of 9%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.

- Staff were aware of the practice QOF performance in areas such as some of the long-term conditions indicators which were below local and national

averages; staff were proactive in improving outcomes for patients. For example, staff demonstrated awareness of challenges such as patients cultural and religious beliefs as well as minimal awareness of the benefits of clinical intervention which impacted on patients' decision to engage with suggested interventions. The practice developed an action plan and worked closely with the PPG as well as other health care providers to improve patient compliance with treatment.

- The provider was able to demonstrate that the number of patient reviews had increased as a result of steps which the practice had taken to address areas where performance was lower than local and national averages.
- Staff were aware of the practice exception reporting rates for indicators relating to diabetes, atrial fibrillation and mental health related conditions which were higher than the local and national averages. The practice was aware of this and clinical leads identified that QOF entries recorded on the clinical system were not always entered correctly. This had been communicated to clinicians and actions to improve data entry had been established.
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. For example, staff were aware of national antibiotic initiatives and developed an action plan to raise awareness of self-help options to avoid unnecessary antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. During our previous inspection, we saw that the practice

Are services effective?

were in the early stages of implementing a new system which enabled members of the management team to monitor training more effectively. During this inspection, we saw that the system had been embedded and members of the management team provided evidence of up to date records of skills, qualifications and training. Staff were encouraged and given opportunities to develop.

- The practice provided staff with ongoing support. There was an induction programme for new staff. This included regular one to one meetings during induction and throughout the probational period, annual appraisals and support for revalidation.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.
- A social prescriber attended the practice weekly, staff explained that patients who required non-clinical support to improve their health and well-being were referred to the social prescriber.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

At our previous inspection on 21 February 2018 and 5 March 2018, we rated the practice as good for caring. The practice continues to be rated as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people. For example, all of the 31 completed Care Quality Commission (CQC) comment cards we received were positive about how staff treated patients. Patients felt that they were treated with respect and staff were friendly.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The data from the practice's 2018 GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion. Members of the management team explained that since our previous inspection, staff had been placed on communication training and were involved in role play exercises to improve interaction with patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment. Completed CQC comment cards also reflected positive patient satisfaction with the level of involvement in decisions about their care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

At our previous inspection on 21 February 2018 and 5 March 2018, we rated the practice as good for responsive . The practice continues to be rated as good for responsive.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. As part of Myhealthcare federation, the practice were able to offer telephone consultations with either a GP or pharmacist based in Myhealthcare virtual hub.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services. For example, GPs offered choice of appointments as well as access to GP registrars for patients who agreed to be seen by GPs in training, these appointments were followed up by one of the qualified GPs.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice. For example, the practice worked with the local addiction service and a substance misuse worker attended the practice twice a week.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. For example, clinical staff worked with diabetes consultant leads to support the management of patient care.
- The nursing team were trained to deliver smoking cessation services. Counselling and clinical interventions were available to support patients attempts to stop smoking. Public Health England data from 2016/17 showed that 99% of patients had a record of support and treatment being offered, which was above local averages of 90% and national averages of 89%.
- The practice improved services where possible in response to unmet needs. For example, the practice was

part of Aspiring to Clinical Excellence (ACE) programme to meet the needs of its population. ACE is a programme offered to all Birmingham and Solihull Clinical commissioning group (CCG) practices to further improve care offered to patients.

- As part of ACE programme, the practice offered weekly appointments for social prescribing clinics. Staff explained that they followed referral criteria which enabled identification of patients such as those who were isolated, patients with debt and benefit issues and frequent attenders. Patients were then referred to the social prescriber who explored a range of social, economic and environmental factors to address patients' needs in a holistic way.
- A worker from the Citizens Advice Bureaux (CAB) attended the practice twice a week offering patients' independent, confidential and impartial advice on their rights and responsibilities.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- The practice carried out targeted immunisation campaigns for flu, shingles, pneumonia. Unverified data provided by the practice showed that 24% of eligible patients received an influenza immunisation and 1% received their pneumococcal immunisation.
- GPs carried out weekly ward rounds at a local nursing home and advanced care plans were in place.
- Patients were signposted to local services such as dementia cafes.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The PPG worked explained that over the last six months they worked with the practice to deliver educational and health awareness days. PPG members explained that

Are services responsive to people's needs?

patients who attended were provided with information to support better management of their long-term conditions, patients were informed of websites and materials regarding healthier diets as well as better eating habits.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The nursing team worked with a COPD trainer to deliver a 12-week programme, which included a fitness class as well as health discussion with the COPD trainer and practice nurses. Staff provided evidence of positive feedback received from patients who completed the 12-week programme.

Families, children and young people:

- We found there were systems 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 accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 16 were offered a same day appointment when necessary.
- All forms of contraception were available except caps and diaphragms. There were arrangements in place for emergency contraception; during surgery closure time's patients requiring this service were signposted to BADGER clinic.
- Safeguarding leads actively maintained communication with local schools when required, as well as health visitors and the local authority.
- The practice operated a recall and monitoring programme to ensure timely communication with parents and legal guardians who failed to present their children for childhood immunisations. Non-attenders were discussed with the health visiting team.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, as part of the My Healthcare Federation the practice were able to offer extended opening hours and Saturday appointments at five local Hubs. Unverified data showed 40 hub contacts between September and November 2018.

- Patients who signed up for online services were able to book appointments online as well as order repeat prescriptions and view their care records. To increase the number of patients who signed up for online services, the PPG delivered awareness sessions and supported patients to use portable electronic devices located in patient waiting areas.
- Staff and the PPG actively encouraged patients to register for electronic prescription service (EPS). Unverified data provided by the practice showed that 77% of patients were utilising EPS.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice was proactive in understanding the needs of their patients, such as people who may be approaching the end of their life and people with complex needs, such as housebound patients. Clinical and non-clinical staff in lead roles regularly attended multidisciplinary team meetings.
- Substance misuse workers from the local addiction service attended the practice twice a week to support patients during their recovery from addiction. Unverified data provided by the practice showed 93% had a care plan in place and received a medicine review in the last 12 months.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Clinicians carried out dementia screening including annual blood tests. There were referral processes in place where identified patients were referred to secondary care memory clinics.
- The practice provided patients experiencing anxiety and depression with information on how to access local

Are services responsive to people's needs?

counselling services. This information was also available on the practice website as well as access to electronic devices in patient waiting areas which provided additional information on local community services.

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs. The practice were aware of this and taking action to improve access.

- Patients had access to initial assessment, test results, diagnosis and treatment.
- Completed CQC comment cards, national GP survey results as well as patient feedback recorded on NHS Choices showed less positive comments about waiting times, delays and cancellations. The management team were aware of this and taking a number of proactive actions to improve waiting times and delays. For example, alerts were placed on the clinical system informing reception staff of the required time needed for various conditions when booking appointments.
- Patients with the most urgent needs had their care and treatment prioritised. Patients with complex health conditions were provided with a designated phone number which enabled prompt appointment access. Staff also explained that the use of social prescribing clinics, COPD trainer and CAB workers enabled them to increase the availability of GP appointments and reduce the number of patients accessing secondary care inappropriately. Unverified data provided by the practice showed secondary care activity reduced from 36% to 30% in the last two years.

- Patient feedback showed mixed views regarding the appointment system; for example, some patients felt the appointment was easy to use and others were less positive about their experience of accessing appointment.
- The practices GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice was aware of the data and developed an action plan with support from the PPG to improve patient satisfaction. Members of the PPG explained their involvement and actions they were taking to support the practice to improve access.
- Unverified data from the practice internal survey carried out in 2018 showed that actions taken to improve access had a positive impact towards improving patients' satisfaction. Following our inspection, the practice provided unverified data from their internal survey carried out between October 2018 and December 2018 which showed actions taken to improve patient satisfaction continued to have a positive impact.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance.
- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous inspection on 21 February 2018 and 5 March 2018, we rated the practice as requires improvement for providing well-led services as some systems and processes did not enable the practice to effectively assess, monitor and improve the quality and safety of the services being provided.

These arrangements had significantly improved when we undertook a follow up inspection on 26 November 2018. The practice is now rated as good for providing well-led services.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. For example, since our previous inspection the practice proactively engaged with stakeholders and the management team worked towards an action plan to improve areas identified during our previous inspection.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary. Staff explained since our previous inspection, members of the management team had completed further leadership training to support them in their role.
- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The practice arranged and carried out team building events.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management. Oversight of areas such as the management of incidents as well as ensuring policies and procedures were operated as intended had improved since our previous inspection.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.

Are services well-led?

- Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- At the time of our previous inspection, the practice had implemented a new web-based file sharing and compliance platform to support the day to day communication within the practice as well as monitoring areas such as training, risk assessments, employment checks and appraisals. During this inspection, we saw that the system was embedded and oversight of the day to day functioning of the system was effective.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. During this inspection, we found that the practice had reviewed and strengthened their processes to ensure agreed actions as a result of clinical audits were carried out and regularly monitored.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. The providers worked proactively with stakeholders and there were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was an active patient participation group who supported the practice to develop action plans in response to survey results and patient feedback. PPG members were actively involved in activities to improve patients' satisfaction in areas such as appointment access and getting through to the practice by phone.
- The providers were transparent, collaborative and open with stakeholders about performance. For example; following our previous inspection, the providers embraced support provided by stakeholders' and worked on building areas such as supporting the management team in order to strengthen governance arrangements.

Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them. For example, staff demonstrated awareness of the cultural and religious beliefs which influenced patients' attitudes towards engaging in

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clinical interventions. Staff demonstrated how they used this knowledge to raise patients' awareness such as childhood immunisation options and the benefits of being vaccinated.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.