

# Cofton 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 at Cofton Medical Centre on 3 August 2016. Overall the practice is rated as good.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. The practice carried out an annual significant event audit to ensure learning from significant events was embedded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The GPs were leads in different areas and had weekly meetings to discuss concerns and share learning. The administrative staff also had lead roles in different areas.
- There was a clear leadership structure and staff felt supported by the GPs and the practice manager. The

practice proactively sought feedback from staff and patients which it acted on. There was a very pro-active Patient Participation Group (PPG) of which we met with two members during the inspection and spoke with another member by telephone.

- The practice was aware of and complied with the requirements of the duty of candour.
- Risks to patients were assessed and well managed.
- Patients described staff as caring and helpful. Patients commented that they were treated with dignity and respect
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- One of the GPs at the practice provided a locality substance abuse service. They reviewed practice

# Summary of findings

patients but also patients from a number of local practices. The service involved prescribing methadone, monitoring well-being and providing health checks. In the last two years the GP had reviewed 25 patients from different practices and 70 patients who are registered with the practice.

However, there were also areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Consider ways to improve patient experience in areas highlighted in the national patient survey.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood and fulfilled their responsibilities to raise concerns and to report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. When things went wrong patients received support, accurate information and a written apology. They were told about any actions to improve processes.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated good for providing effective services.

Good



- National patient data showed that the practice was in line with average scores for the locality on the whole. Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above the national average. The practice had achieved 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- Staff had received training appropriate to their roles and the practice believed in developing and training their staff.
- We saw evidence of appraisals and personal development plans for staff.
- Staff routinely worked with multidisciplinary teams to improve outcomes for patients and to meet the range and complexity of patients' needs.
- The practice also carried out NHS health checks for patients aged 40-74 years. 500 patient health checks were carried out in the last year.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published in July 2016 showed patients rated the practice in line with and sometimes higher than local and national averages for several aspects of care. For example 86% of patients said the last GP

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they saw gave them enough time which was in line with the CCG average of 86% and national average of 87%. 100% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and the national average of 95%. 91% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.

- Most of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect. Four patients commented on the waiting times for appointments and getting through to the practice by telephone.
- We spoke with the manager of two local care homes which had residents who were registered at this practice. The manager spoke very highly of the practice and the care received by the GPs.

Patients we spoke with told us that they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

- The practice responded to the needs of its local population and engaged well with Birmingham South Central Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.
- The practice was well equipped to meet the needs of their patients. Information about how to complain was available and easy to understand. Learning from complaints was shared and discussed at practice meetings. The practice scored below average in terms of access in the National GP Patient Survey published in July 2016. For example 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%. 61% of patients said they could get through easily to the practice by telephone compared to the CCG average of 70% and national average of 73%.
- The practice offered daily telephone triage which meant that patients had direct access to a GP Monday to Friday.

Good



## Are services well-led?

The practice is rated good for being well-led.

Good



# Summary of findings

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- Staff told us there was an open culture and they were happy to raise issues at practice meetings.
- The partners were visible in the practice and staff told us they would take the time to listen to them.
- Staff we spoke with said there was a no blame culture which made it easier for them to raise issues. The practice proactively sought feedback from staff and patients, which it acted on and had an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with two members of the PPG on the day of the inspection and spoke with another member by telephone.
- The practice was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice participated in a number of enhanced services such as unplanned admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had bi-monthly multi-disciplinary team meetings with palliative care nurses and health visitors.
- Patients over the age of 75 were seen within seven days of hospital discharge and had full medication reviews to ensure all changes were updated. Patients over the age of 75 had full annual reviews.
- The practice looked after patients at three care homes. The practice ensured that patients at these homes received six monthly reviews.

### People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. All clinicians attended monthly clinical meetings.
- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 88% which was above the national average of 78%. The practice was accredited to initiate patients with type 2 diabetes on injectable therapies.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

- The practice performed well in the CCG Respiratory Quality Improvement Scheme and held in-house training sessions. All clinicians at the practice attended an inhaler technique workshop.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The bi-monthly MDT meeting has helped to ensure effective communication between the practice and health visitors.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice offered advanced sexual healthcare. They had a GP and practice nurse accredited to provide enhanced contraceptive care such as coil fitting and removal. They also offered screening, testing, treatment and follow up of sexually transmitted infections.

Good



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

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

- The 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.
- 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.

Good





# Summary of findings

- The practice offered telephone triage to deal with as many issues that could be dealt with over the telephone.

The practice was part of the My Healthcare Hub which offered 7 day access for patients when required.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The patients had 90 patients on their learning disabilities register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice hosted colleagues from the Citizens Advice Bureau to attend the practice to advise patients with social and financial difficulties.
- One of the GPs at the practice provided a locality substance abuse service. They reviewed practice patients but also patients from a number of local practices. The service involved prescribing methadone, monitoring well-being and providing health checks. In the last two years the GP had reviewed 25 patients from different practices and 70 patients who are registered with the practice.

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

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

Good



- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 89% which was above the national average of 88%.

# Summary of findings

- 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 a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had carried out mental capacity training.
- The practice routinely screened patients for postnatal depression using the Edinburgh Post Natal Depression Screening Questionnaire.

The practice had an on-site counselling service which patients found helpful.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing above local and national averages on the whole. There were 77 responses and a response rate of 38%.

- 61% of patients found it easy to get through to this practice by telephone compared to a Clinical Commissioning Group (CCG) average of 70% and national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 81% and national average of 85%.
- 89% of patients described the overall experience of their GP practice as fairly good or very good compared with a CCG average of 82% and national average of 85%.
- 86% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared with a CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 comment cards, most of which were very positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect. Four patients commented on the waiting times for appointments and getting through to the practice by telephone.

We spoke with 16 patients during the inspection (four of whom were members of the PPG). Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options. All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to. Patients were aware that they could choose to see a specific GP if they required. We did receive four negative comments about appointments running late and parking facilities at the practice.

## Areas for improvement

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

- Consider ways to improve patient experience in areas highlighted in the national patient survey

# Cofton Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience. Experts by experience are members of the inspection team who have received care and experienced treatment from a similar service.

## Background to Cofton Medical Centre

Cofton Medical Centre is situated in South Birmingham. The practice has a list size of 9500 patients and there is a moderate level of social deprivation.

The practice has six GP partners (three male and three female offering patients a choice). The practice has four practice nurses and one healthcare assistant (HCA).

The clinical team are supported by a practice manager and a team of reception and administrative staff.

The practice has a Patient Participation Group (PPG), a group of patients registered with a practice who work with the practice team to improve services and the quality of care.

Cofton Medical Centre is a training practice providing up to two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer. The practice is also a teaching practice and provides placements for medical students who have not yet qualified as doctors.

The GPs did minor surgery such as joint injections, cauterisation of warts and incision and drainage of cysts and abscesses.

The practice holds a General Medical Services (GMS) contract. This is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice is open at the following times:

- Monday 8am to 6.30pm
- Tuesday 8am to 6.30pm
- Wednesday 8am to 6.30pm
- Thursday 8am to 6.30pm
- Friday 8am to 6.30pm

The practice was part of the My Healthcare Hub which offered 7 day access for patients when required. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.

The practice does not provide out of hours services beyond these hours. Information for NHS 111 and the nearest walk in centre is available on the practice website and on the practice leaflet. The current out of hours provider for the practice is Primecare.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

# Detailed findings

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.

Please note that references to the Quality and Outcomes Framework data in this report relate to the most recent information available to CQC at the time of the inspection.

## How we carried out this inspection

Before this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. These organisations included Birmingham South Central Clinical Commissioning Group (CCG), NHS England Area Team and Healthwatch. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services.

We carried out an announced inspection on 3 August 2016. We sent CQC comment cards to the practice before the inspection and received 31 completed cards with information about those patients' views of the practice.

During the inspection we spoke with 16 patients including four members of the Patient Participation Group (PPG) and a total of nine members of staff including the practice manager, GPs and one of the practice nurses.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record and learning

The practice prioritised safety and reported and recorded significant events. During the inspection we saw that within the last 12 months 25 significant events had been reported. Staff used incident forms on the practice's computer system and completed these for the attention of the practice manager. Incidents were discussed at meetings and were a rolling item on the agenda. Clinical meetings took place on a weekly basis and practice meetings with all members of staff took place every two months. The incident 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 staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses.

We reviewed safety records, incident reports and minutes of meetings where these were discussed and saw evidence of changing practice in response to these. The practice shared an example where there had been a prescribing error when changing a medicine. The error was quickly identified and did not affect the patient. However the practice developed a new policy of two GPs checking dose conversions for this particular type of medicine.

Patient safety alerts and MHRA alerts were sent to the practice manager who distributed these to the other GPs, practice nurses and healthcare assistants. We saw evidence that alerts were sent to the relevant staff then printed off and dealt with as required. For example we saw a recent example of a change following an alert about a diabetic medicine. This was actioned by the lead GP as they were diabetes lead for the practice and we saw evidence that this was discussed with the practice nurse.

### Overview of safety systems and processes

The practice had processes and practices in place to keep people safe, which included:

- The practice had systems to manage and review risks to vulnerable children, young people and adults. One of the GP partners was the safeguarding lead for the practice. We looked at training records which showed that all staff had received relevant role specific training

on safeguarding. The GPs had received level three children's safeguarding training. Safeguarding was on the agenda at each weekly clinical meeting and we saw minutes of these. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details were displayed in every clinical room. There was a system to highlight vulnerable patients on the practice's electronic records. Staff described examples of situations where they had identified and escalated concerns about the safety of a vulnerable child and adult. We saw evidence that there was clear dialogue between the GPs at the practice and the health visitors.

- There was a chaperone policy in place and information to tell patients the service was available was visible in the waiting room, consulting rooms and on the practice web site. 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. All staff acting as chaperones had been trained. All staff undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks. DBS checks identified whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. When a member of staff had carried out chaperone duties a note was made on the electronic system for individual patients.
- We observed the premises to be visibly clean and tidy. One of the practice nurses was the infection control lead. There was an infection control protocol in place and staff had received up to date training. An infection control audit was carried out annually. The last one was carried out in January 2016. This resulted in a change in gloves for the practice and the recording system for vaccines was also updated in line with current guidelines.
- The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at contained evidence that appropriate recruitment checks had been

## Are services safe?

undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- The practice had a policy and procedures in place for the safe management of medicines and monitoring the use of blank prescriptions. We saw that prescriptions were updated when patients' medicines changed and there was a system for repeat prescriptions which included reviews of patients' medicines. During the inspection we saw evidence of detailed and comprehensive medicine reviews. All patients who had a long-term condition were reviewed every six months at the practice. If patients were on five or more medicines they received an annual review from the practice. The practice had clear arrangements for the safe administration and storage of vaccines. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had a robust system for the management of high risk medicines.
- There was a sharps injury policy and staff knew what action to take if they accidentally injured themselves with a needle or other sharp medical device. The practice had written confirmation that all staff were protected against Hepatitis B. All instruments used for treatment were single use. The practice had a contract for the collection of clinical waste and had suitable locked storage available for waste awaiting collection.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risk to patients and staff safety. We saw a variety of risk assessments such as storage, handling, lone-working and slips and falls. There was a health and safety policy available and fire training had been given to all staff using online training. Fire risk assessments and fire drills were carried out. The last fire drill had been carried out on 14 June and we saw action points

following this. We saw evidence of fire evacuation sheets which were fully logged and discussed at meetings. A Legionella risk assessment was carried out in July 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- Staff confirmed they had the equipment they needed to meet patients' needs safely. Each clinical room was appropriately equipped. We saw evidence that the equipment was maintained. This included checks of electrical equipment, equipment used for patient examinations and treatment, and items such as weighing scales and refrigerators. We saw evidence of calibration of equipment used by staff (this had been done in October 2015). Portable electric appliances were routinely checked and tested. This was last done in September 2015.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff we spoke with told us that they covered for each other. We reviewed staff rotas and saw that there was adequate cover in place.

### Arrangements to deal with emergencies and major incidents

All staff received annual basic life support training. There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was an oxygen cylinder, defibrillator and emergency medicines available to staff which were stored securely. All staff knew of the location. The expiry dates and stock levels of the medicines were being checked and recorded weekly by the nursing team. The GPs did not carry medicines in their bags.

The practice had a comprehensive business continuity plan for major incidents such as power failure or adverse weather conditions and two copies were kept off site with different members of the team. This contained contact details of all members of staff. The business continuity plan had last been reviewed in June 2016.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and practice nurses were able to give a clear rationale for their approaches to treatment. Weekly meetings took place for clinical members of staff and all members of staff met on a bi-monthly basis. We saw evidence of robust care plans for patients. Our discussions with the GPs and nurses showed that they were using the latest clinical guidance such as those from National Institute for Health and Care Excellence (NICE). One of the GPs received monthly updates from NICE and filtered them for relevance. These were then forwarded to colleagues and discussed at clinical meetings. During the inspection we saw implementation of NICE guidelines in the records of patients with atrial fibrillation, diabetes and asthma.

The practice supported the nurses in providing regular nursing journals to help them to keep up to date. Nurses also attended study days when these were available.

The GPs at the practice engaged well with the Clinical Commissioning Group (CCG) Board. A CCG is a group of general practices that work together to plan and design local health services in England. They do this by commissioning or buying health and care services. There was awareness amongst the GPs and practice nurses of local issues and needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%. Their exception reporting was 12% which was higher than the national average of 10%. Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition.

Data from 2014/15 showed:

- The percentage of patients with diabetes on the register, in whom the last diabetic reading was at an appropriate level in the preceding 12 months was 88% which was above the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was above the national average of 84%.
- The percentage of patients with mental health problems who had a comprehensive, agreed care plan documented in their record in the preceding 12 months was 89 % which was above the national average of 88%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 92% which was above the national average of 84%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. There had been a number of completed clinical audits carried out in the last two years.

One of the audits considered the NICE guidelines relating to obesity in pregnancy. The aim of the audit was to ensure the practice were appropriately diagnosing and managing obesity during ante-natal care. The outcome of the audit was that the practice recommended increased folic acid to patients identified. The practice ensured that all pregnant ladies' body mass index was recorded at their booking appointment.

### Effective staffing

We found that the GPs and practice management team valued the importance of education and effective skill mix. Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice encouraged staff to develop and train where required. For example one of the previous receptionists has now trained up to be a phlebotomist (person who takes blood) and one of the phlebotomists has been trained up as a healthcare assistant.

The practice was a training practice providing two GP training places. A GP trainee is a qualified doctor who is training to become a GP through a period of working and training in a practice. Only approved training practices can employ GP trainees and the practice must have at least one approved GP trainer.



# Are services effective?

## (for example, treatment is effective)

The learning needs of staff were identified through a system of appraisals and meetings. All staff had the essential training for their role and had completed online training modules such as safeguarding, equality and diversity and fire training.

### Coordinating patient care and information sharing

The practice used electronic systems to communicate with other providers and to make referrals. The practice used the Choose and Book system which enabled patients to choose which hospital they wanted to attend and book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record was used by all staff to co-ordinate, document and manage patients' care. Scanned paper letters were saved on the system for future reference. All investigations, blood tests and X- rays were requested and the results were received online.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had a system in place to ensure a GP called patients soon after discharge for those patients on the unplanned admissions register and then arranged to see them as required. We saw evidence that multi-disciplinary team meetings took place on a bi- monthly basis and that care plans were routinely reviewed and updated. The meetings involved Macmillan nurses, district nurses and health visitors.

One of the GPs had designed an end of life pack for the practice. We reviewed this during the inspection and found that it provided detailed information and practical advice on prescribing medicines at end of life, medicine conversion doses, supply of home oxygen and also a list of local pharmacists and contact numbers for supply of palliative care drugs.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act

2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

We saw good examples of consent forms used for when patients wanted a family member or a carer to access medical information. We also saw good examples of consent forms completed for minor surgery. The practice had also developed an evaluation form for patients who had undertaken minor surgery. They had received some positive feedback from patients in this way.

### Supporting patients to live healthier lives

- Health promotion information was available in the waiting area of the practice. Patients who may be in need of extra support were identified by the practice, such as those needing end of life care, carers and those at risk of developing a long-term condition.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 82%, which was the same as the national average. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.
- The practice also carried out NHS health checks for patients aged 40-74 years. 500 patient health checks were carried out in the last year.
- All patients over 75 years who had not attended in the previous 12 months were contacted and encouraged to attend for a health check. There were no set clinics so patients were able to attend at a time convenient for them. Frail elderly patients were always seen even if no appointments were available. In the last year 107 patients over the age of 75 had their health checks completed.

The uptake of national screening programmes was above local and just below national averages. For example:

- The percentage of patients aged 50-70, screened for breast cancer in the last 36 months was 71% which was above the CCG average of 65% and in line with the national average of 72%.

## Are services effective?

(for example, treatment is effective)

- The percentage of patients aged 60-69, screened for bowel cancer in the last 30 months was 56% which was above the CCG average of 46% and just below the national average of 58%

Flu clinics were advertised on the practice website and in the practice waiting area. Text messages were also sent out to remind patients about the flu vaccination during the flu season.

Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, for the vaccinations given to under two year olds ranged from 81% to 98% compared with the CCG average of 79% to 96% and five year olds from 88% to 99% compared with the CCG average of 84% to 95%.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we observed that members of staff were professional, attentive and very helpful to patients both attending at the reception desk and on the telephone.

- Reception staff addressed patients by their first names and demonstrated a personal knowledge of patients in some cases.
- We saw that patients were treated with dignity and respect.
- Curtains were provided in the consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that 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. Staff shared an example of a patient who wanted to talk in private about a sensitive issue.

Most of the 31 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect. Four patients commented negatively on the waiting times for appointments and getting through to the practice by telephone.

We spoke with 16 patients during the inspection (four of whom were members of the PPG). Most patients we spoke with were extremely happy with the care they received. They were complimentary about the staff and said that they were always treated with dignity and respect. Patients told us they felt involved in their care, and that GPs provided guidance and took the time to discuss treatment options.

All patients felt they had enough time during consultations. The majority of patients we spoke with told us that they got an appointment when they needed to. Patients were aware

that they could choose to see a specific GP if they required. We did receive some negative comments about appointments running late and parking facilities at the practice.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice scored in line with local and national averages for its satisfaction scores on consultations with GPs and nurses in most areas. For example:

- 86% of patients said the last GP they saw gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 90% of patients said the last GP they saw was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and the national average of 95%.
- 91% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice looked after a number of patients three local care homes. We spoke with the managers of the care homes who spoke highly of the care provided by the GPs at the practice.

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

Patients we spoke with told us that their care and treatment was discussed with them and they felt involved in decision making. They also told us they felt listened to and supported by staff. They felt they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views.

## Are services caring?

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 in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 80% and national average 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format.

During the inspection we spoke with a patient at the practice who was a wheelchair user. They explained that the practice had invited them to look around the practice and make suggestions as to how they could improve access for disabled patients. The patient felt the practice was open to new ideas and provided low level shelf paperwork in the reception area so that it was within easy reach of patients in a wheelchair.

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

- Patients we spoke with were positive about the emotional support provided by the practice and rated it

well in this area. Notices in the patient waiting room sign posted patients to a number of support groups and organisations including well-being classes and parent education classes.

- The practice maintained a register of carers. Carers known to the practice were coded on the computer system so that they could be identified and offered support. All carers were seen annually. The practice had identified just under 1% of the practice patient list as carers. All the carers were offered the flu vaccination. Written information was available to direct carers to the various avenues of support available to them. The practice acknowledged that the number of registered carers was low. In order to try to improve in this area they had recently made one of the receptionists a carers champion. If patients were diagnosed with a new condition the carers champion telephoned the families to offer support and inform them about the services available to them.
- Staff told us that if families had experienced bereavement, their usual GP contacted them. This was then followed up by a call or consultation as required. On receipt of the notification of a death a nominated person wrote down details on a whiteboard with the patient's initials. The background colour was also changed on the computer system to alert all staff that no further contact should be attempted. This alerted staff that relatives attending maybe vulnerable. The practice contacted other agencies such as the pharmacy and hospital to avoid inappropriate letters being sent to patients.
- This also applied to patients who had miscarried. The practice cancelled ante-natal appointments on the patient's behalf to avoid unnecessary distress to the patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with Birmingham South and Central Clinical Commissioning Group (CCG) to plan services and improve outcomes for patients in the area. The CCG informed us that the practice engaged well with them. The practice attended monthly network meetings which were led by the CCG.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered daily telephone triage. Patients told us how helpful they found this service.
- There were longer appointments available for patients with a learning disability. Same day appointments were available for children and those patients with medical problems that required same day consultation. Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered online repeat prescriptions. A daily phlebotomy (blood taking) service was provided.
- Patients over the age of 75 were allocated a named GP but had the choice of seeing whichever GP they preferred.
- Antenatal and postnatal checks were carried out in the practice with the support of the midwives.
- The practice offered in house counselling services.
- The practice carried out minor surgery such as removal of cysts and joint injections.
- The practice offered advanced sexual health services.
- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients that these services were available. If an interpreter was used during consultations then a longer appointment was booked. The practice had a range of information leaflets and posters available in an easy read format.

- One of the GPs at the practice provided a locality substance abuse service. They reviewed practice patients but also patients from a number of local practices. The service involved prescribing methadone, monitoring well-being and providing health checks. In the last two years the GP had reviewed 25 patients from different practices and 70 patients who are registered with the practice.

### Access to the service

GP appointments were available at the following times each day:

- 8.40am to 12pm
- 1.30pm to 3pm
- 4pm to 6.20pm

Nursing appointments were available at the following times each day:

- 8.30am to 1pm
- 2pm to 6pm

Urgent appointments were available on the same day.

The practice was part of the My Healthcare Hub which offered 7 day access for patients when required. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. Most patients we spoke with on the day of the inspection said they were able to make appointments when they needed to.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 61% of patients said they could get through easily to the practice by telephone compared to the CCG average of 70% and national average of 73%.
- 73% of patients described their experience of making an appointment as good compared to the CCG average of 70% and the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager handled all complaints at the practice.

We saw that information was available to help patients understand the complaints system on the practice's website. Leaflets were available which set out how to complain and what would happen to the complaint and the options available to the patient.

We looked at the ten formal complaints received in the last year and found they had been dealt with according to their policy and procedure. We saw evidence that the complaints were discussed at the practice meeting and lessons were learned. Sometimes the complaints were also logged as significant events if this was considered appropriate. For example following an undiagnosed chest infection in-house training was provided to all practice nurses to prevent this situation occurring again.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had values which were embedded at all levels across the practice. The aim of the practice was to provide high quality and accessible services to the local population. The practice was forward thinking and always looking at ways to improve. They were exploring ways of improving satisfaction with telephone access. The practice were looking at developing their own survey for patients to complete to see what patients would like. The practice also wanted to increase the use of the My Healthcare Hub to increase capacity. The practice was grouped with 23 local practices under the corporate name of My Healthcare. My Healthcare had three centres and this had been in place since September 2015.

### Governance arrangements

The practice had a number of policies and procedures in place to govern activity.

- There were named GPs and nurses in lead roles.
- Non-clinical staff also had clearly defined lead roles in different areas.
- There were robust arrangements for identifying, recording and managing risk.
- The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing in line with national standards. QOF was regularly discussed at practice meetings. Current results were 99% of the total number of points available which was above the CCG average of 97% and above the national average of 95%.
- The GPs at the practice attended regular meetings with the Clinical Commissioning Group (CCG) leads to review data and look at referral management.
- The practice held weekly clinical meetings. We saw evidence of action points raised and follow ups recorded following these meetings.

### Leadership, openness and transparency

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

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

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave people affected reasonable support, a full explanation and a verbal and written apology.

We saw evidence that staff had annual appraisals and were encouraged to develop their skills. For example one of the previous receptionists has now trained up to be a phlebotomist (person who takes blood) and one of the phlebotomists has been trained up as a healthcare assistant.

All staff were encouraged to identify opportunities to improve the service delivered by the practice. Staff interacted with each other socially.

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

The importance of patient feedback was recognised and there was an active Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. We met with four members of the PPG during the inspection and spoke with another member of the PPG by telephone.

The practice worked closely with the PPG and had made several recommendations which the practice had implemented. For example the PPG had made recommendations about laying down wooden flooring and improving the seating in the waiting area for more privacy. The practice had implemented these changes. The PPG had made another recommendation about having a children's corner with wipe clean toys. This was also implemented by the practice.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they



## Are services well-led?

Good 

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

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.