

Cotmore Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

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 Cotmore Surgery on 2 October 2015. Overall the practice is rated as good.

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

- Staff we spoke with understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. We saw evidence to demonstrate that learning was shared amongst staff.
- Risks to patients were assessed and well managed, with the exception of those relating to the control of substances hazardous to health.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand with a complaints poster displayed in the waiting area and complaints information also found in the practice leaflet.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- A ramped access was available although assessments about whether other adjustments were required had not been made for example the need for automatic entrance doors, wider entrance doors or disabled toilets.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review such as the Health and Safety policy.

Summary of findings

- There was a clear leadership structure and staff we spoke with were motivated and felt supported by management. The practice had sought feedback from patients and had an active patient participation group in place.

We saw one area of outstanding practice:

- The practice had set-up a dedicated 24 hour telephone access to the GP for patients undergoing insulin initiation

The areas where the provider should make improvements are:

- Develop an action plan to address issues identified following infection prevention and control audit.
- Ensure a Health and Safety policy is available for staff to refer to.
- Consider the risks relating to control of substances hazardous to health.

Fire drills should be carried out at regularly.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good



- There was an effective system in place for reporting and recording significant events
- Outcomes and learning had been shared with staff and were also discussed at Locality Network Meetings (which 12 practices attend) on a regular basis to enable wider learning.
- When there are unintended or unexpected safety incidents, the practice ensured that patients affected were fully informed with a verbal or written apology where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed with the exception of control of substances hazardous to health and undertaking fire drills at the required intervals. Additionally, there was no health and safety policy in place for staff to refer to. A legionella risk assessment had been carried out.

Are services effective?

Good



- Data showed patient outcomes were in line with local and national averages.
- The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- There was evidence of clinical audits which demonstrated quality improvement.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work.
- All staff had had an appraisal within the last 12 months.
- We saw evidence that regular palliative care multi-disciplinary team meetings took place with a range of healthcare professionals and that care plans were routinely reviewed and updated.

Are services caring?

Good



- Data from the national patient survey showed that patients rated the practice higher than others for almost all aspects of care. For example, 100% said the GP was good at listening to

Summary of findings

them compared to the CCG average of 88% and national average of 89% whilst 99% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients commented that they felt that the practice staff including the GPs listened to them, were helpful, supportive and treated them with dignity and respect.
- Information for patients about the services available was easy to understand and accessible.
- We observed a strong patient-centred culture and saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice recognised that it had a large elderly patient list size and therefore had established close links with carers and dementia support services to ensure they were appropriately supported with a named lead member of staff identified to do this.
- The practice had set-up a dedicated 24 hour telephone access to the GP for the benefit of patients undergoing insulin initiation
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. Results of the national patient survey were aligned to this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information was available to help patients understand the complaints system, for example a poster was displayed in the waiting area and complaints information was also found in the practice leaflet. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good



- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff were motivated and felt supported by management.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- There was evidence of a programme of continuous clinical and internal audits which was used to monitor quality and to make improvements
- The practice proactively sought feedback from patients and had a newly-established patient participation group (PPG).
- There was a strong focus on continuous learning and improvement for all staff and staff were provided with the opportunity of undertaking weekly protected learning time.

Summary of findings

The six population groups and what we found

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

Older people

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population and longer appointments were available for those with enhanced needs.
- It was responsive to the needs of older people and the practice had recognised that the age profile of patients at the practice is mainly those of older patients and ensured home visits were available for patients who would benefit from these.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was above the CCG and national averages.

People with long term conditions

Good



- Nursing staff had lead roles in chronic disease management such as for diabetes or heart disease.
- Performance for diabetes related indicators was similar to the national average (practice average of 80% compared to a national average of 84%).
- Longer appointments and home visits were available when needed.
- The practice had also purchased nebulisers and wheelchairs for loan to appropriate patients when required and had set-up a dedicated 24 hour telephone access to the GP for the benefit of patients undergoing insulin initiation.
- For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. For example, palliative care multi-disciplinary team meetings took place every three months with a range of healthcare professionals and care plans were routinely reviewed and updated.

Families, children and young people

Good



- Immunisation rates were high for all standard childhood immunisations. For example, immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and for five year olds this was 100% which compared favourably with national rates of 87% to 96% and 85% to 96% respectively.

Summary of findings

- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was an active recall and reminder policy in place for patients who missed their cervical screening test and both offer telephone reminders and letters used to do this.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Same day appointments were available for children and those with serious medical conditions.

Working age people (including those recently retired and students)

Good



- The practice offered a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on a Tuesday evening until 7pm for working patients who could not attend during normal opening hours.
- There was a high uptake for both health checks and health screening. Those patients requiring advice on their diet, alcohol and smoking cessation were also identified. Smoking cessation services were offered at the practice whilst patients requiring other support were signposted to the relevant service.

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.
- It offered longer appointments for people with a learning disability and carried out annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were able to demonstrate that they were aware of their responsibilities regarding safeguarding and had the appropriate knowledge to do this effectively. All staff had received training relevant to their role with the GPs trained to Safeguarding level 3.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



- Performance for mental health related indicators was similar to the national average (practice average of 91% compared to a national average of 89%).
- Staff had a good understanding of how to support people with mental health needs and dementia. The GP had completed Mental Capacity Act 2005 training and understood the relevant consent and decision-making requirements of legislation and guidance.
- The practice used the advocate service as well as the Independent Medical Capacity assessor from the Mental Health Trust where appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015, performing either above or in line with local and national averages with the exception of appointment waiting times which was slightly lower. 269 survey forms were distributed and 112 were returned.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 62% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 56% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.

- 90% describe their experience of making an appointment as good compared with a CCG average of 67% and a national average of 73%.
- 56% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 54% feel they don't normally have to wait too long to be seen compared with a CCG average of 54% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all very positive about the standard of care received. Patients had commented that they found the practice caring, supportive and attentive. We also spoke with seven patients on the day of the inspection who were all positive about the care and service received.

Areas for improvement

Action the service **SHOULD** take to improve

- Develop an action plan to address issues identified following infection prevention and control audit.
- Ensure a Health and Safety policy is available for staff to refer to.
- Consider the risks relating to control of substances hazardous to health.
- Fire drills should be carried out at regularly.

Outstanding practice

- The practice had set-up a dedicated 24 hour telephone access to the GP for patients undergoing insulin initiation

Cotmore Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Cotmore Surgery

Cotmore surgery is located in Great Barr in Birmingham. It provides primary medical services to approximately 2300 patients in the local community. The practice has two GP partners (both male), two practice nurses (one of whom is also the practice manager) and six administrative and reception staff.

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

The practice is open between 8.30am and 6pm Monday to Friday. The practice is closed between 12.30pm to 3.30pm. On Wednesday afternoons, the practice is closed for half day from 12.30pm except for minor surgery clinics which are held every Wednesday afternoon between 2.30pm and 4.30pm. Appointments take place from 8.30am to 12.30pm every morning and 3.30pm to 6pm daily. The practice offers extended hours on a Tuesday from 6pm to 7pm. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

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

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit 2 October 2015. During our visit we:

- Spoke with a range of staff which included GPs, the practice manager, the nursing team and reception staff.
- Spoke with seven patients who visited the practice during the inspection (of which four were members of the Patient Participation Group).
- Observed how staff interacted with patients who visited the practice.

Detailed findings

- Looked at procedures and systems used by the practice.
- Reviewed 39 completed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the national patient survey information.

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)

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents
- Both electronic templates and paper templates were available to staff and we were told that often a template was filled in by the Practice Manager in conjunction with the member of staff concerned.
- The practice carried out an analysis of the significant events.

We saw that there had been two significant events in the last 12 months and we viewed some evidence of discussion and dissemination of these. We saw that outcomes and learning had been shared with staff and we were told they were also discussed at Locality Network Meetings (which 12 practices attend) on a regular basis to enable wider learning. Staff we spoke with confirmed that they had received information relating to this including via practice meetings.

We viewed the two complaints which had been received by the practice in the last 12 months and saw that they had been dealt with in an appropriate and timely manner.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. We saw that the practice safeguarding policy provided clear guidance on how concerns should be raised and escalated. There was a named safeguarding lead as well as a safeguarding deputy in place. Staff we spoke with were able to demonstrate that there were aware of their responsibilities regarding safeguarding and had the appropriate knowledge to do this effectively. All staff had received training relevant to their role with the GPs trained to Safeguarding level 3.
- We saw that there was a notice displayed in the waiting room which advised patients that a chaperone was available if needed. We found that the two practice

nurses who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We observed the premises to be visibly clean and tidy. Staff we spoke with were aware that there was an infection control lead but were unsure which one of the two practice nurses this was. The practice had infection control protocols in place for hand hygiene, needle-stick injuries, sample handling and the use of personal protective equipment. We found that staff had received up to date training. We saw one infection control audit that the practice had undertaken in August 2015 which had identified some areas for improvement. However, we found that the audit had not been very comprehensive as some issues had been missed. Additionally, the practice had not taken any action or developed an action plan to address any improvements that had been identified.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Medication audits were carried out with the support of the local CCG pharmacy teams and we viewed five prescribing audits completed by the pharmacist. For example an audit on the use of a new diabetic drug in accordance with the latest NICE guidelines. Prescription pads were securely stored and logs were available for prescriptions taken for home visits.
- We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. We found a health and safety policy was not available. Meeting minutes 13th August 2015 indicated that fire safety had been discussed. However, fire drills that were due to be

Are services safe?

held twice yearly, had not yet taken place. Two staff had been identified as fire leads and had completed online training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had risk assessments in place for infection control and legionella but there was no evidence of one for control of substances hazardous to health.

- There were 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 that enough staff were on duty and staff covered each other during holidays and leave.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was panic button system that all staff we spoke with were aware of which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- We found that the practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, building damage and GP unavailability. We saw that the plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE. One of the GPs was a prescribing lead who stayed up-to-date and ensured relevant information was cascaded to relevant staff at the practice.
- We found that one of the two GPs at the practice made use of paper notes for patients as well as the computer system. We were told that this was an area that had already been discussed at the practice and the practice was looking to ensure a move to the use of computer notes only for both of the GPs as soon as possible. However, we did not find any evidence that the dual system had resulted in any gaps in the care provided.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available. The practice had an exception reporting rate of 3.3%. Exception reporting allows practices to not be penalised, where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. This practice was not an outlier for any QOF (or other national) clinical targets. QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average (practice average of 80% compared to a national average of 84%).
- The percentage of patients with hypertension having regular blood pressure tests was slightly lower than the national average (practice average of 74% compared to a national average of 82%).
- Performance for mental health related indicators was similar to the national average (practice average of 91% compared to a national average of 89%).

Clinical audits demonstrated quality improvement.

- We viewed seven clinical audits completed in the last two years. Two of these were completed audit cycles and whilst another two audits were due to be re-audited June 2016.
- Other audits included looking at missed patient appointments and implementing changes to improve the appointments system

Effective staffing

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

- Most practice staff had been employed by the practice for a number of years, with the newest member of staff recruited two years ago in 2013. The practice had an induction checklist for newly appointed members of staff that covered such topics as safeguarding, fire safety and confidentiality.
- The learning needs of staff were identified through a system of annual appraisals. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors.
- All staff had had an appraisal within the last 12 months. We saw evidence and staff confirmed that they were provided with protected learning time of 45 minutes a month.
- We saw evidence that showed staff had access to and made use of e-learning training modules and in-house training. Staff received training that included: safeguarding, fire safety, basic life support, the mental capacity act and complaints handling.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

Are services effective?

(for example, treatment is effective)

We found that not all clinical staff regularly used the electronic clinical system, with one preferring to utilise paper records as well. The practice told us that they were in the process of ensuring a complete transfer to the computer based system as soon as possible.

We saw evidence that palliative care multi-disciplinary team meetings took place every three months with a range of healthcare professionals and that care plans were routinely reviewed and updated. We saw evidence that patients were discussed and notes made although individuals responsible for specific actions were not recorded. We saw that the palliative care register was displayed in the practice staff room for all staff to view. The GPs conducted weekly visits of any patient on the palliative care register and care plans in the patient's house were updated when health professionals visited.

Consent to care and treatment

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

- The GP had completed Mental Capacity Act 2005 training and understood the relevant consent and decision-making requirements of legislation and guidance.
- The practice used the advocate service as well as the Independent Medical Capacity assessor from the Mental Health Trust where appropriate.
- In the case of care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- The GP we spoke with was up-to-date with the relevant national consent guidance

Health promotion and prevention

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

- We saw evidence that this included patients such as those in the last 12 months of their lives, carers or

patients with a long-term condition. The practice had identified 63 patients onto the carers register and carers were asked if they wished to join a carers support organisation that also provided emergency carer cover.

- Those patients requiring advice on their diet, alcohol and smoking cessation were also identified. Smoking cessation services were offered at the practice whilst patients requiring other support were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was an active recall and reminder policy in place for patients who missed their cervical screening test and both telephone reminders and letters used to do this. The practice told us they also encouraged their patients to attend national screening programmes for bowel and breast cancer screening. The practice liaised with the breast screening programme and any patients who did not attend the mobile units were followed up by the practice.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and for five year olds this was 100% which compared favourably with national rates of 87% to 96% and 85% to 96% respectively. Flu vaccination rates for the over 65s was 80%. This was comparable the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 67%, which was slightly higher than the national average rate of 52%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During the inspection we saw that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Patients were treated with dignity and respect.

- There were curtains provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The practice staff were scheduled to complete diversity and dignity training
- The consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with told us that they would take a patient to a private room or area when patients wanted to discuss sensitive issues or appeared distressed

All of the 39 patient CQC comment cards we received were very positive about the service experienced. Patients commented that they felt that the practice staff including the GPs listened to them, were helpful, supportive and treated them with dignity and respect. We also spoke with four members of the patient participation group (PPG) on the day of our inspection. The PPG had recently been set up and they had had one meeting to date. They told us that they were pleased with the care being provided by the practice and felt that the PPG would allow them to become more proactively involved.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 100% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 99% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%

- 100% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 96% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 90%.
- 97% patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Comments left on patient comment cards indicated that patients were happy with how practice staff responded to them and that they felt they had been treated attentively. Patients we spoke with also told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received.

Results from the 2 July 2015 national GP patient survey we reviewed showed patients responded very positively to questions about their involvement in planning and making decisions about their care and treatment and results were above local and national averages. For example:

- 99% 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%.
- 99% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff we spoke with told us that they were able to access translation services for patients who did not have English as a first language.

We were told that patients were well-engaged with the practice and 130 patients had attended the opening of the new practice premises when they moved in December 2014. Money was raised for charity by the practice during this opening ceremony with patients involved in helping to do this.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice

Are services caring?

list as carers. Written information was available to direct carers to the various avenues of support available to them and a named member of staff was the lead for carers. We were told that the practice encouraged carers to be part of consultations with the consent of the patient.

A “RIP” board was seen in staff room which identified recent deaths so that all staff were sensitive to bereaved

relatives. . Bereavement booklets were available and contact information on other support services was available for appropriate patients. A support organisation which was able to see appropriate patients at the practice premises was also used.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours on a Tuesday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people who required them such as those with a learning disability.
- The practice recognised that it had a large elderly patient list size and ensured home visits were available for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Translation services were available.
- The practice had purchased two wheelchairs for the convenience of appropriate patients
- Nebulisers had also been purchased by the practice for loan to appropriate patients.
- The practice had set-up a dedicated 24 hour telephone access to the GP for the benefit of patients undergoing Insulin initiation
- The practice liaised closely with carers and dementia support services to ensure they were appropriately supported with a named lead member of staff identified to do this.
- An arrangement with a bereavement support group meant that patients could receive focused support within the practice premises.
- A ramped access was available to ensure ease of access for wheelchair users, although other adjustments had not been made for example by way of automatic entrance doors, wider entrance doors or disabled toilets.

Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. The practice was closed between 12.30pm to 3.30pm. On Wednesday afternoons the practice closed from 12.30pm except for minor surgery clinics which are held every Wednesday afternoon between 2.30pm and 4.30pm. Appointments were from 8.30am to 12.30pm every

morning and 3.30pm to 6pm daily. Extended hours were offered on a Tuesday from 6pm to 7pm. In addition to pre-bookable appointments that patients were able to book up to two weeks in advance, same-day urgent appointments were also available for people that need them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages. Patients we spoke to on the day told us they were able to get appointments when they needed them. For example:

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 90% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 56% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

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

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a poster was displayed in the waiting area and complaints information was also found in the practice leaflet.

We looked at two complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency in with dealing with the complaint. One of the complaints had been discussed at both the clinical and practice meetings whilst the other was scheduled to be discussed at the next practice meeting.

We saw that lessons were learnt from concerns and complaints and action was taken to as a result to improve

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

the quality of care. For example, issues arising regarding a repeat prescriptions difficulties was resolved satisfactorily and actions implemented to ensure that this did not arise 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 a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a robust strategy and supporting business plans.
- We saw that the practice had discussed succession planning to ensure continuity of care and provided weekly palliative care home visits.

Governance arrangements

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

- Staff we spoke with were aware of their own roles and responsibilities although there was confusion about who the infection control lead was.
- Practice specific policies were available to all staff on the practice computers
- There was a comprehensive understanding of the performance of the practice
- There was evidence of a programme of continuous clinical and internal audits which was used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- The practice was in the process of ensuring that all clinicians utilised computer patients records only

Leadership, openness and transparency

We met with one of the two partners on the day of the inspection. We found that they led very motivated staff with the GP having the experience, capacity and capability to run the practice and ensure high quality care. Staff we spoke with told us that the management team and GP partners were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- the practice ensured that patients affected were fully informed with a verbal or written apology

- the practice shared learning from incidents where appropriate with all staff
- we saw that the practice had kept written records of actions taken

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

- Staff told us that the practice held regular three monthly team meetings and staff input was used to decide meeting timings.
- Staff told us that there was an open culture within the practice and they were able to share ideas and any issues at team meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported, and described the close-knit and strong family culture of practice. All staff felt involved in discussions about how to run and develop the practice, and the practice encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff.

- There was a newly developed PPG which had met on one occasion at the time of the visit and had scheduled dates to meet on a regular basis. Members of the PPG we spoke with told us they felt the PPG would allow them to submit proposals for any further improvements and felt positive about the PPG making a difference.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff we spoke with told us that due to the open culture of the practice, they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.
- The practice had started to collaborate with other practices in order to be able to offer their patients other services locally by referring patients to local practices within the vicinity.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice actively participated in the local improvement scheme called Aspiring to Clinical Excellence (ACE) which is a

Are services well-led?

Good 

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

programme offered to all Birmingham Cross City Clinical commissioning group (CCG) practices. All staff had monthly 45 minutes of protected learning time to ensure that staff had the opportunity to update themselves on any areas or had the time to learn about any areas of interest.