

Granton 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 Granton Medical Centre on 12 October 2016. Overall the practice is rated as good.

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

- There was an open and clear approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff had the skills and expertise to deliver effective care and treatment to patients in line with current evidence based guidance.
- The practice participated in the Birmingham Cross City Clinical Commissioning Group's (CCG) programmes, Aspiring to Clinical Excellence (ACE) at Foundation and ACE Excellence levels.
- The practice also participated in the CCG's Quality Conferrals And Pathway Scheme (QCAPS), which aimed to improve referral management and decrease unnecessary referrals by conferral with other GPs in the scheme.
- Patients said that they were treated with compassion, dignity and respect. They told us that clinical staff ensured that they were involved in their care and decisions about their treatment.
- 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.
- The practice had assessed 50% of patients aged over 75 years with respect to risk of falls. This had been achieved by opportunistic screening during appointments and at the annual flu clinics.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the Patient Participation Group (PPG). For example, a privacy screen was fitted to the reception desk as a result of a PPG recommendation.
- The weekly Nordic Walking Group, funded by Birmingham City Council, evolved from a PPG open day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw two areas of outstanding practice:

- The practice had been commissioned by the Clinical Commissioning Group (CCG) to become an Any

Qualified Provider (AQP) for anticoagulation services (anticoagulants are medicines which are prescribed to help prevent blood clots). Referrals were accepted from neighbouring practices and domiciliary visits were offered to housebound patients.

- Two members of the PPG had trained to become volunteer bereavement counsellors. Sessions were held twice a week at the practice.

The areas where the provider should make improvement are:

- Consider drawing up guidelines for checking uncollected prescriptions before destruction.
- Risk assess the need to stock children's pads for the defibrillator.
- Formalise arrangements for ensuring that patient safety alerts are viewed by all clinicians after periods of absence or annual leave.

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



- The system for reporting and recording significant events was well-embedded. All significant events were logged on a spreadsheet and scored using a risk scoring matrix.
- Lessons were shared across the practice team to ensure that action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice assessed risks to patients and had systems for managing specific risks such as fire safety, infection control and medical emergencies.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that patient outcomes were at or above average compared to the national average. The practice achieved maximum points.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Annual appraisals and personal development plans were in place for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 that patients rated the practice higher than others for several aspects of care.
- Feedback from the Friends and Families Test and NHS Choices was very positive about the level of care provided.

Summary of findings

- Patients said they were treated with kindness, dignity and respect and that they were involved in decisions about their care and treatment.
- Views of managers of four local care homes were very positive and aligned with our findings. The managers commented on the excellent standard of care provided and told us that the GPs took time to listen to patients' concerns and to explain treatment options.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had joined Our Health Partnership which was a GP partnership formed of 32 practices in Birmingham, Walsall and Sutton Coldfield. The practice had liaised with Birmingham City Council and Park Lives to set up a Nordic Walking Group based at the practice.
- There were innovative approaches to providing integrated patient-centred care. For example, the practice had been commissioned by the CCG to become an Any Qualified Provider (AQP) for anti-coagulant services (routine monitoring of patients taking medicines to prevent blood clotting) in the locality. Referrals were accepted from neighbouring practices and domiciliary visits were offered to housebound patients.
- The practice participated in the Birmingham Cross City Clinical Commissioning Group's programmes: Aspiring to Clinical Excellence (ACE) Foundation and ACE Excellence. The ACE Excellence programme was an enhanced standard which aimed to increase the number of services available within primary care and promoted a localised service, meaning patients could access more services from their GP instead of having to go to hospital. It set out a package of care which could be delivered by individual practices, or groups of practices working together should they not have the expertise and capacity required to reach this level.

Good



Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a result of feedback from patients and from the Patient Participation Group (PPG). For example, a privacy screen was fitted to the reception desk as a result of a PPG recommendation.
- 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.
- Patients could access appointments and services in a way and at a time that was convenient for them. Routine appointments with a GP and requests for repeat prescriptions could be booked online .
- Extended hours phone appointments were available, which provided more flexibility for those patients who could not attend the practice during core opening hours.
- Data from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was rated above the CCG and national averages. 83% of patients said that it was easy to get through to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded promptly to complaints. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by the management team.
- The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of

Good



Summary of findings

openness and honesty. The practice had systems in place for notifiable safety incidents and ensured that this information was shared with staff to ensure that appropriate action was taken

- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) actively contributed to the practice development and helped with events like the open day and flu clinics.
- There was a strong focus on continuous learning and improvement at all levels.
- Granton Medical Centre has been a training practice for 30 years. We spoke with a trainee GP who said that the support provided by the practice was very good and that advice was readily available when required.

Summary of findings

The six population groups and what we found

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

Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had been instrumental in setting up a Local Improvement Scheme (LIS) for Nursing Homes and Residential Homes in South Birmingham. A GP had been the chair of the Care Homes Group. The LIS had been a 12 month pilot scheme, which was changed to a Nursing Home LIS after the pilot ended.
- There was a nominated GP lead for each residential home where the practice had patients.
- We spoke with managers of four local homes who all spoke very highly of the service offered to their residents. The managers told us that the GPs were very caring and professional and that they valued the long standing relationship with the practice. We were told that the GPs would always take the time to listen to residents and explain treatment options to them and to their next of kin.
- Older patients identified through the Unplanned Admissions enhanced service were discussed at weekly practice meetings to ensure that they were receiving suitable community support for their needs.
- The practice had proactively assessed 50% of patients aged over 75 years with respect to falls risks. This had been achieved by opportunistic screening during appointments and at the annual flu clinics.
- The practice followed the Gold Standard Framework principles and held meetings every two months with the palliative care nursing team.
- Alzheimer's UK had delivered a presentation to non-clinical staff at a protected time learning session in order to raise awareness of signs of potential dementia.
- Alzheimer's UK ran a drop-in service at the practice every month. Patients with all forms of dementia and their carers could access general advice in the reception area or be seen by a trained worker to get personalised advice and be signposted to other services.

Summary of findings

- A selection of NHS information videos could be downloaded from the practice website including the importance of staying active over the age of 60 and foot care for older people.

People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had been commissioned by the Clinical Commissioning Group (CCG) to be an Any Qualified Provider (AQP) for anticoagulation services (anticoagulants are medicines which are prescribed to help prevent blood clots). Referrals were accepted from neighbouring practices and domiciliary visits were offered to housebound patients.
- 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 86%, which was 9% above the CCG average and 8% above the national average.
- The practice scored maximum points in the Quality and Outcomes Framework (QOF) 2014/15 for long term conditions such as chronic kidney disease and chronic lung disease.
- The practice took part in the CCG's Aspiring to Clinical Excellence Foundation and ACE Excellence programmes. This ensured that high standards of chronic disease management were met in excess of the standards laid down in the core General Medical Services contract and the Quality and Outcomes Framework (QOF).
- Longer appointments and home visits were available when needed for patients with long term conditions.
- 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. Reception staff tried to book consecutive appointments with a nurse and GP appointments in order to avoid the patient attending twice for a review.
- There was a self-help page on the practice website which had links to video clips on the NHS Choices website. The website also had a Library section which had links to patient information leaflets to help patients manage their long term conditions. For example, there were leaflets about angina, asthma, diabetes and osteoarthritis.

Summary of findings

Families, children and young people

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

Good



- 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.
- Children who did not attend secondary care appointments were flagged up to the data manager and to the buddy receptionist of the relevant GP. The buddy receptionist would contact the family in the first instance to find out the circumstances for the non-attendance.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The cervical screening uptake was 74%, which was higher than the clinical Commissioning Group (CCG) average of 66% and the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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 reflected the needs for this age group.
- Patients could book routine GP appointments online at a time that was convenient to them as well as request repeat prescriptions.
- Patients could sign up to receive text messages for appointment reminders and health care.
- Extended hours phone appointments were available throughout the week, which provided flexibility for patients who could not attend the practice during opening hours.
- NHS Health Checks were offered by the nursing team.

Summary of findings

- Flu clinics were scheduled on Saturday mornings, which provided flexibility for patients who could not attend during the week.

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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had a higher than usual number of patients with gender dysphoria. We saw that this issue was dealt with in a sensitive manner.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Two members of the PPG had trained to become volunteer bereavement counsellors. Sessions were held twice a week at the practice.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was involved in an Aspiring to Clinical Excellence (ACE) plus pilot scheme with West Midlands Ambulance Service to facilitate the GP review of 999 requests by vulnerable patients, who might not have a clinical need to be transported to hospital by emergency ambulance.
- The practice had a designated safeguarding lead.
- 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 data manager co-ordinated the safeguarding registers, coding and meetings with the health visitor.

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



- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 8% higher than the Clinical Commissioning Group (CCG) average and 11% above the national average.

Summary of findings

- 91% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was the same as the CCG average and 3% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a range of enhanced services, for example, facilitating timely diagnosis and support for patients with dementia.
- The practice carried out advance care planning for patients with dementia.
- Non-clinical staff had received Dementia Friendly training.
- There was a monthly drop-in dementia clinic at the practice run by Alzheimer's UK where patients and their relatives could go to obtain information about support services available.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that the practice was performing in line with local and national averages. 237 survey forms were distributed and 114 were returned. This represented a 48% completion rate and 1.4% of the practice's patient list.

- 83% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

We also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which all praised the standard of care

received. Patients wrote that they valued the level of care and support provided by the GPs. Patients appreciated not being rushed in appointments and that clinical staff took the time to explain options for care and treatment.

We spoke with two patients during the inspection, who were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. We were told that the staff were very caring and totally professional. Clinical staff were said to take time to involve patients in discussions about their health and treatment options. We were told that GPs went above and beyond their core responsibilities.

Recent Friends and Families Test results aligned with these views. In September 2016, 94% of respondents wrote that they would recommend the practice to friends and family (50 responses). Comments highlighted the caring, welcoming attitude of all staff, who were considered to be efficient and professional.

The practice had been using a digital messaging service for four months to collect feedback from patients after their appointments. The system was too new for data to be available at the time of our inspection.

Thank you cards from patients were displayed in the reception office. The cards expressed the patients' gratitude for the level of service provided by all staff.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Consider drawing up guidelines for checking uncollected prescriptions before destruction.
- Risk assess the need to stock children's pads for the defibrillator.
- Formalise arrangements for ensuring that patient safety alerts are viewed by all clinicians after periods of absence or annual leave.

Outstanding practice

We saw two areas of outstanding practice:

- The practice had been commissioned by the Clinical Commissioning Group (CCG) to become an Any

Summary of findings

Qualified Provider (AQP) for anticoagulation services (anticoagulants are medicines which are prescribed to help prevent blood clots). Referrals were accepted from neighbouring practices and domiciliary visits were offered to housebound patients.

- Two members of the PPG had trained to become volunteer bereavement counsellors. Sessions were held twice a week at the practice.

Granton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, who was accompanied by a GP specialist advisor.

Background to Granton Medical Centre

Granton Medical Centre is located in a residential area of Kings Norton, Birmingham. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and holds a General Medical Services (GMS) contract with NHS England. The GMS contract is a contract agreed nationally between general practices and NHS England for delivering primary care services to local communities. At the time of our inspection, Granton Medical Centre was providing medical care to approximately 8,100 patients.

The practice has a relatively high elderly population when compared with the local average. 21% of the patients are aged over 65 years and 10% are aged over 75 years (the local averages were 12% and 6%).

The practice is spread over three floors, with consulting rooms on the first two floors, and three separate waiting areas for patients. Staff wear name badges and there are name plates on all rooms. There is a self-check-in system, which means that patients do not have to queue at the reception desk to book in. Photographs of the clinical and administrative staff are displayed in the main reception area.

Car parking is available on site and on the road outside. Wheelchair access is available with staff assistance

(patients ring the front doorbell and a staff member will guide them to the door with ramp access). There is a drop off point and car park spaces for disabled patients next to the surgery entrance.

There are two male GP partners, plus four salaried GPs (one male, three female). The GPs are supported by a practice manager, two practice nurses, two health care assistants and administrative and reception staff.

The practice offers a full range of family medical services and also provides enhanced services for patients. An enhanced service is separate from the core GMS contractual requirement and is commissioned to improve the range of services available to patients. Enhanced services offered by the practice include minor surgery, extended hours access, avoiding unplanned admissions and facilitating timely diagnosis and support for people with dementia. The practice undertakes some minor operations for patients from other practices under the terms of a Local Improvement Scheme, for example, carpal tunnel injections.

Granton Medical Centre is an approved training practice for trainee GPs and student doctors. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice. There are currently three GP trainees at the practice: one trainee GP and two foundation year two doctors.

The practice is also a teaching practice for medical students from the University of Birmingham. Medical students have not yet qualified as doctors. A total of eight students are accepted in two teaching blocks per year.

During the week the practice opens from 8.30am until 1pm and from 2pm until 6.30pm. The practice is closed at weekends. Patients can also attend the Walk-In Centre in Selly Oak, Birmingham, which is open from 8am to 8pm seven days a week.

Detailed findings

Out of hours cover is provided by the NHS 111 service from 6.30pm until 8am. Calls are diverted to the practice mobile phone between 8am and 8.30am and between 1pm and 2pm.

Why we carried out this inspection

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

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.

How we carried out this inspection

Before our inspection of Granton Medical Centre we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed nationally published data from sources including the Birmingham Cross City Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in July 2016.

We reviewed policies, procedures and other information. We also supplied the practice with comment cards for patients to share their views and experiences of the level of service provided at the practice.

We carried out an announced inspection on 12 October 2016. During our inspection we spoke with a range of staff which included GPs, a practice nurse, the practice manager and reception and administrative staff. We also spoke with the managers of four local care homes.

During the inspection we spoke with two members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice to improve services and the quality of care.

We observed how staff interacted with patients who attended the practice and how patients were being cared for. We reviewed the comment cards which had been completed by patients.

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

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

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

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

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 that they would inform the practice manager about any incidents and that they knew that there was a recording form available on the practice's intranet system. 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.)
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a detailed analysis of the significant events. Significant events were discussed initially at the senior team meetings, which were held every Monday. A risk matrix scoring system was used to determine the risk and any recommendations were fed back to the practice team. We viewed the template which had been devised to assist GPs in the appropriate prescribing of Hormone Replacement Therapy (HRT) in response to two significant events relating to the prescribing of this treatment. (HRT is a treatment prescribed to relieve symptoms of the menopause.)
- Findings were also shared with the Local Clinical Network. For example, we viewed the HRT presentation that the practice delivered in July 2016 and saw that the template was emailed to local practices for their use.

There was a well-embedded system in place to act on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). MHRA alerts were a standing item on the agenda of the weekly Monday meeting. We saw that an alert about a suspected drug interaction had been actioned appropriately.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected

relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Contact numbers for the local safeguarding team were available in consulting rooms. The lead member of staff for safeguarding had just been appointed and had level three training scheduled. All other GPs were trained to child protection or child safeguarding level three. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. A notice in the waiting room advised patients that chaperones were available if required. The service was also advertised in the practice leaflet and on the practice website. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. Three of the 18 comment cards referred specifically to the cleanliness of the practice. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the need for new sinks and taps was highlighted in the last infection control audit in July 2016. The practice nurse had liaised with the infection prevention control lead at the Clinical Commissioning Group (CCG) and a quotation had been received. We were told that it was likely to be a rolling programme of replacement due to cost.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. We noted that there was not a formal system for checking uncollected prescriptions before destruction. We checked the monitoring of patients prescribed two high risk medicines and found the process to be in line with current guidance. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice offered yellow fever vaccinations and we saw that registration with the National Travel Health Network and Centre (NaTHNaC) was current.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy (October 2016) available with a poster in the reception office, which listed contact details for the local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. We viewed the fire safety policy, which was dated July 2016, and saw that the last fire evacuation drill was carried out in October 2016. All electrical equipment was checked annually to ensure that the equipment was safe to use. The last portable appliance test was carried out in July 2016. We saw that clinical equipment was checked annually to ensure that it was working properly. The last equipment calibration was carried out in March 2016. The practice had a variety of other risk assessments in place to monitor safety of

the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw the risk assessment and water hygiene survey report, which were carried out in July 2016. No issues were identified. An asbestos survey in August 2016 concluded that no suspect materials had been found in the premises.

- 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 told us that they covered for each other during periods of illness or annual 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 an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. There was also a panic button in reception.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult pads only and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The range of emergency medicines stocked was suitable for the services provided. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure, loss of the building or loss of the computer system. The plan, which had been updated in October 2016, included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Weekly updates from NICE were stored on the practice's intranet system.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a system intended to improve the quality of general practice and reward good practice. Data from 2014/15 showed:

- The practice achieved 100% of the total points available. This was 4% above the Clinical Commissioning Group (CCG) average and 5% above the national average.
- Exception reporting was 7%, which was 1% below the CCG average and 2% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)
- 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 86%, which was 9% above the Clinical Commissioning Group (CCG) average and 8% above the national average.
- 91% of patients with poor mental health had a comprehensive care plan documented in the last 12 months, which was the same as the CCG average and 3% above the national average.

The practice participated in local audits, national benchmarking, accreditation, peer review and research.

There was evidence of quality improvement including clinical audit. We viewed the two cycle audit on antibiotic prescribing, which had been carried out to promote prescribing in line with the Pan Birmingham Primary Care Antimicrobial guidelines and to identify areas for improved compliance. We saw that the second cycle showed that antibiotic prescribing in line with the Pan Birmingham Primary Care Antimicrobial Guidelines had improved by 22%.

Findings were used by the practice to improve services. For example, we saw that a laminated sheet with details of recommended antibiotic prescribing was in each consulting room as a result of the work on the antibiotic prescribing baseline audit.

Effective staffing

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

- We viewed the induction checklist used for all newly appointed staff. Every new member of staff was given a copy of the staff handbook in addition to their contract.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a safeguarding training session had been arranged for the next practice meeting in November 2016.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff learning needs were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules and in-house training.
- Clinical staff had additional expertise in a variety of specialisms, including minor surgery, dementia, diabetes and anticoagulation (anticoagulants are medicines which are prescribed to help prevent blood clots).

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Clinical staff we spoke with demonstrated that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. MCA guidelines were laminated and displayed in consulting rooms.

Clinical staff were clear about the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. (Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own

medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.)

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the appropriate service.

A Nordic Walking Well-Being Group met at the practice every Wednesday for an hour's walking, led by a qualified Nordic walking instructor. The group started on 28 September 2016 as a result of discussions at the practice open day, which the instructor attended. The scheme was funded by Birmingham City Council and intended for patients who would benefit from this sort of exercise to improve their fitness levels. Clinical staff could refer patients to the group. Patient feedback was very positive and included the observation that the walking had mental as well as physical benefits. The group was too new for data to be available to evidence the effect on patients.

The practice's uptake for the cervical screening programme was 74%, which was higher than the CCG average of 66% and the same as the national average of 74%. There was a policy to offer phone reminders for patients who did not attend for their cervical screening test. The practice ensured that a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake for bowel cancer screening in the last 30 months was 60%, which was higher than the CCG average of 46% and slightly higher than the national average of 58%. The uptake for breast cancer screening in the last three years was 75%, which was higher than both the CCG and national averages of 67% and 72% respectively.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 89% to 99%, which was comparable to the CCG averages of 90% to 96% and higher than the national averages of 73% to 95%. The childhood immunisation rates for five year olds ranged from 86% to 99%, which was slightly higher than both the CCG averages of 82% to 96% and the national averages of 81% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- A radio played in the upper and lower waiting rooms to prevent patients from hearing conversations in consulting rooms, because chairs in these areas were near the consulting rooms.
- There was a privacy screen at the reception desk to protect patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 18 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said that they considered that the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the Patient Participation Group (PPG). A PPG is a group of patients registered with a practice who worked with the practice team to improve services and the quality of care. They also told us how much they appreciated the high level of care provided by the practice and confirmed that their dignity and privacy was respected. Comment cards aligned with these views. Patients wrote that they liked the fact that they were not made to feel rushed in appointments and that clinical staff took the time to explain options for care and treatment.

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

- 91% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey 2016 showed that 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

Are services caring?

Staff told us that translation services could be arranged for those patients who did not have English as a first language. Although the practice did not have easy read leaflets, we were told that staff would produce leaflets in large print if required.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 122 patients as

carers (1.5% of the practice list). The practice told us that they intended to add a question about caring to the new patient questionnaire in order to try to identify more carers. Written information was available to direct carers to the various avenues of support available to them and there was a poster in reception giving details about the local Carers' Support Team.

Staff told us that if families had suffered bereavement, their usual GP would contact them and offer advice on how to find a support service. Two members of the PPG had trained to become volunteer bereavement counsellors. Sessions were held twice a week at the practice.

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 Birmingham Cross City Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to two of the Birmingham Cross City Clinical Commissioning Group's programmes: Aspiring to Clinical Excellence (ACE) Foundation and ACE Excellence.
- The ACE Excellence programme was an enhanced standard which aimed to increase the number of services available within primary care and promoted a localised service, meaning patients could access more services from their GP instead of having to go to hospital. It set out a package of care which could be delivered by individual practices, or groups of practices working together should they not have the expertise and capacity required to reach this level.
- The ACE Excellence programme ensured that high standards of chronic disease management were met in excess of the standards laid down in the Quality and Outcomes Framework (QOF). Excellence has worked particularly in the following four areas: chronic lung disease, dementia, diabetes and heart failure.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice had joined Our Health Partnership which was a GP partnership formed of 32 practices in Birmingham, Walsall and Sutton Coldfield. The practice had liaised with Birmingham City Council and Park Lives to set up a Nordic Walking Group based at the practice.
- There were innovative approaches to providing integrated patient-centred care. For example, the practice had been commissioned by the CCG to become an Any Qualified Provider (AQP) for anti-coagulant services (routine monitoring of patients taking medicines to prevent blood clotting) in the locality. Referrals were accepted from neighbouring practices and domiciliary visits were offered to housebound patients.
- The practice had liaised with Park Lives and Birmingham City Council to set up a Nordic Walking Group based at the practice, which provided a form of exercise for patients. The group started in September 2016, so quantitative data to evidence the effects on patients was not yet available. Patient feedback was very positive.
- Patients had access to in-house counselling and local counselling services provided by the NHS and local organisations.
- Bereavement counselling was provided by two Patient Participation Group (PPG) members.
- There was a Library section on the practice website which had links to patient information leaflets to help patients manage their long term conditions.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately, including yellow fever, or were referred to other clinics for vaccines available privately.
- Disabled facilities, a hearing loop and translation services were available.
- It was not feasible to install a lift in the building, so patients with mobility problems were seen in consulting rooms on the ground floor.

Access to the service

The practice was open between 8.30am and 1pm and from 2pm until 6.30pm Monday to Friday. Appointments were available during these times. Extended hours phone appointments were available until 7.30pm for four evenings of the week. The practice was closed at weekends. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was in line with or higher than local and national averages.

Are services responsive to people's needs?

(for example, to feedback?)

- 73% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Patients who wanted to request a home visit were asked to ring the practice before 10.30am whenever possible. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the duty GP would be alerted by reception staff and they would immediately assess the situation and make alternative emergency care arrangements where necessary. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager handled all complaints in the practice, but could refer to a nominated GP when necessary.
- Information was available to help patients understand how to complain in reception and on the practice website.

We looked at 17 complaints received since April 2016 and saw that they were satisfactorily handled in a timely manner. Complaints were logged on a spreadsheet, which contained details of the date of the complaint, the subject matter, the date of acknowledgement, the date of the final response and the type of action taken. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, we viewed a complaint which involved a locum GP. The complaint was upheld and the practice decided not to employ the locum 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

Delivering high quality care and promoting the best outcomes for patients were priorities for the entire practice team.

The practice told us that their aim was to provide the best that modern medicine could offer, whilst endeavouring to maintain the traditional values of general practice. This was echoed in the practice's mission statement:

Our purpose is to provide all patients with personal health care of a high quality and to seek improvement on the health status of the practice population overall...We aim to keep the family doctor feel to the practice whilst delivering up to date evidence based health care in the modern NHS.

These aims were understood and shared by all staff.

The practice management team recognised the link between physical and mental health and had facilitated the introduction of a Nordic Walking Group at the practice.

Governance arrangements

A broad range of policies and procedures was available on the practice intranet. All staff we spoke with confirmed that they understood their roles and responsibilities in the practice.

- The partners met once a week to discuss clinical and administrative matters.
- Clinical staff had lead roles and specific areas of interest. These roles included clinical and non-clinical Quality and Outcome Framework areas, as well as other clinical areas such as minor surgery, cryotherapy and sexual health.
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvements.
- There were clear arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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 that they prioritised safe, high quality and compassionate care. Staff said that the partners and practice manager had an open door policy and always took the time to listen to them.

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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

When things went wrong with care and treatment the practice explained what had happened and offered a full apology. We viewed records of actions taken.

There was a clear leadership structure in place and staff told us that they were supported by the GP partners and management team. We were told that regular practice meetings had been re-introduced in September 2016. Staff said that they could raise issues at any time, not just at team meetings, and that they were confident in doing so. We were told that staff knew that their contribution to the practice was appreciated by the GP partners and management team.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG met every two months, carried out patient surveys, produced a patient newsletter, assisted at the annual flu clinics and submitted proposals for improvements to the practice management team. For example, two PPG members had trained to become volunteer bereavement counsellors at the practice. Sessions were held twice a week. This service was initiated by the PPG and welcomed by the practice.
- The practice and the PPG organised an open day in June 2016, which provided an opportunity for patients to meet GPs, practice staff, PPG members and other health providers in an informal setting. The concept of the Nordic Walking Group stemmed from discussions at this open day.

Are services well-led?

Good 

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

- Staff meetings, appraisals and general discussion gave staff the opportunity to provide feedback. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. For example, patients were now asked to ring the practice at specific times to receive test results, thus freeing up phone lines at peak times of the day. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and actively engaged in local pilot schemes to improve outcomes for patients in the area. For example, the practice had signed up to the Quality Conferrals And Pathway Scheme (QCAPS), which

aimed to improve the quality of referrals and reduce unnecessary referrals. The practice had also signed up to the Our Health Partnership (OHP) initiative, which meant that accounts and payroll were centralised. OHP was a single GP partnership formed of 32 practices in Birmingham, Walsall and Sutton Coldfield.

The practice was involved in a pilot scheme with West Midlands Ambulance Service to facilitate the GP review of vulnerable patients who might not need to be transported to hospital by emergency ambulance.

Granton Medical Centre was a research ready practice and part of the Primary Care Clinical Research Network. The practice participated in the cancer diagnosis study and the study to encourage overweight pregnant women to lose weight.