The Slieve 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?	Outstanding
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Slieve Surgery on 26 October 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Clinical audits had been triggered by new guidance and from learning from significant events.
- The practice had developed and adapted several templates to improve process, services and patient care.
- The practice were proactive in encouraging patients to attend for cervical screening resulting in higher than average attendances.
- The practice provided health care for patients in a local care home and had provided training to staff for management of nutrition, prescriptions and phlebotomy.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs. 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 there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

- There was a strong team culture and the practice was cohesive and organised.

We saw some areas of outstanding practice:

- The practice were proactive in educating patients regarding the use of antibiotics, the antibiotic prescribing was 50% below target. They had developed information leaflets and poster displays in the waiting area to educate patients on the use of antibiotics. The 'cough and cold' clinic also had an impact. The practice developed templates and 'pop ups' on the clinical system reminding prescribers of current guidance.
- The practice's uptake for the cervical screening programme was higher than the local and national average with 0% exception rates. The practice were proactive in encouraging patients to attend for cervical screening. For example, when patients attend to see the nurse, they would, where appropriate take the smear at that time, or book the appointment for the patient, the practice manager sent letters to all patients due their smear in a particular month and the following month if they did not attend, the nurse was then alerted to the non-attenders.

However there were areas of practice where the provider should make improvements:

- The practice should consider how they ensure staff are kept up to date with practice information including those unable to attend practice meetings
- The practice should consider how they assure themselves that appropriate processes are in place in the absence of fire drills to ensure emergency procedures are safe.
- The practice should review the process in place for the security of prescription stationary

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- There were effective systems in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. Clinical staff told us on the day of significant events that had been discussed. However, the practice were unable to demonstrate how they ensured staff were kept up to date with practice information including those unable to attend practice meetings
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had developed a template to assist in ensuring medicines that required frequent monitoring were being prescribed safely.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and managed, fire alarm were checked weekly however no fire drills had been completed.
- Prescription stationary was not always kept secure.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices locally and nationally.
- The practice were pro-active in identifying patients at risk of an unplanned hospital admission resulting in lower than average A&E attendances.
- The practice provided a lunch time 'cough and cold' clinic.
- The practice had developed comprehensive clinical templates for headaches, low back pain, anaemia and lower urinary track symptoms. They included guidance on diagnosis, investigations, management and referral.
- The practice had developed toolkits for patients with pre-diabetes, raised cholesterol and abnormal vitamin D levels, these generated personalised patient information letters.

Summary of findings

- Clinical audits had been triggered by new guidance and learning from significant events. Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff members throughout the practice had lead roles across a range of areas and were committed to working collaboratively.
- There was evidence of appraisals, personal development plans and succession planning for all staff.
- The practice were proactive in reviewing patients for anaemia, diabetes, thyroid function, kidney function and cholesterol, with consent for male screening for prostate cancer with Prostate Specific antigen (PSA) screening. The practice opportunistically screened obese patients for diabetes.
- The practice were proactive in education patients regarding the use of antibiotics, the antibiotic prescribing was 50% below target. They had developed information leaflets and poster displays in the waiting area to educate patients on the use of antibiotics. The 'cough and cold clinic also had an impact. The practice developed templates and 'pop ups' on the clinical system reminding prescribers of current guidance.
- The practice's uptake for the cervical screening programme was higher than the local and national average, the exception rate was 0%.The practice were proactive in encouraging patients to attend for cervical screening. For example, when patients attend to see the nurse, they will where appropriate take the smear at that time, or book the appointment for the patient, the practice manager sent letters to all patients due their smear in a particular month and the following month if they did not attend, the nurse was then alerted to then non-attenders.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Care plans were reviewed for all patients with long term conditions, palliative care patients and the patients resident in

the care home. Newly diagnosed patients records were reviewed monthly and three to six monthly when there condition was stable. Patients with long term conditions were provided with the practice mobile emergency number to contact at any time if they had any concerns.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice provided support and guidance for carers 2% of the practice list were registered as carers.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice offered extended opening hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice maintained a register of patients with learning disabilities, there were 26 patients registered.
- 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 require same day consultation.
- There were disabled facilities and translation services available.
- The practice have a policy for telephone triaging home visit requests within 30 minutes
- The practice offered a range of clinical services which included care for long term conditions.
- The practiced provided health education classes for patients, topics included diabetes and hypertension.
- The practice provided health care for patients in a local care home and had provided training to staff for management of nutrition, prescriptions and phlebotomy. The practice also received the GP resilience fund to enable them to support other practices that looked after care homes.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Clinical staff told us of significant events that had been discussed, however, there was no standing agenda for the clinical meetings attended by the GPs, nurse manager and practice manager, the minutes were a series of bullet points, with no evidence of detailed discussion. Some action points were identified, but there was no review of previous actions and updates.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were clinical leads for Safeguarding, palliative care and QOF outcomes.
- The practice had developed comprehensive clinical templates for headaches, low back pain, anaemia and lower urinary track symptoms. They included guidance on diagnosis, investigations, management and referral.
- The practice had also developed toolkits for patients with pre-diabetes, raised cholesterol and abnormal vitamin D levels, these generated personalised patient information letters.
- The practice gathered feedback from patients, and engaged with patient participation group (PPG) which influenced practice development.
- There was a focus on continuous learning and improvement at all levels within the practice. Practice staff were well supported in their professional development. The practice is a teaching practice for Birmingham University Medical Students.

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 provides health care for patients in a local care home and had provided training to staff for management of nutrition, prescriptions and phlebotomy. The practice also received the GP resilience fund to enable them to support other practices that looked after care homes.
- The practice maintained a palliative care register and held monthly palliative care meetings that included reviews of patients with other conditions for example, dementia and heart failure.

People with long term conditions

Good

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

- The practice had developed toolkits for patients with pre-diabetes, raised cholesterol and abnormal vitamin D levels, these generate personalised patient information letters
- Care plans were reviewed for all patients with long term conditions, palliative care patients and the patients resident in the care home. Newly diagnosed patients records were reviewed monthly and three to six monthly when there condition is stable. Patients with long term conditions were provided with the practice mobile emergency number to contact at any time if they had concerns.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

- The practiced provided health education classes for patients, topics included diabetes, dementia and hypertension.
- The practice had developed templates and toolkits for headaches, low back pain, anaemia and lower urinary track symptoms. They included guidance on diagnosis, investigations, management and referral.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice provided a lunch time 'cough and cold' clinic.
- The practice's uptake for the cervical screening programme was 96%, which was better than the local and national average of 82%. The practice were proactive in encouraging patients to attend for cervical screening. For example, when patients attend to see the nurse, they will where appropriate take the smear at that time, or book the appointment for the patient, the practice manager sends letters to all patients due their smear in a particular month and the following month if they did not attend, the nurse are then alerted to then non-attenders.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered extended opening hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.

Summary of findings

- The practice was proactive in offering online services, appointments could be booked over the phone, face to face and online. The practice offered extended hours on Thursdays.
- A full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Patients received an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. The practice told vulnerable patients how to access support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the CCG and national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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 accident and emergency where they may have been experiencing poor mental health.

Summary of findings

- Staff had received training on dementia awareness and had a good understanding of how to support patients with mental health needs and dementia.
- The practice provided patient education sessions on Dementia awareness.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016, showed the practice was performing in line with local and national averages. 305 survey forms were distributed and 107 were returned. This represented 35% of the practice's patient list.

- 67% of patients found it easy to get through to this practice by phone compared to the CCG average of 60% and a national average of 73%.
- 78% 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 75% and a national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% and a national average of 85%.
- 75% 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 64% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. For example, patients told us the staff were always helpful and understanding and caring. However six had indicated that it was difficult to get through to the practice on the telephone and difficulty in obtaining appointments

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

- The practice should consider how they ensure staff are kept up to date with practice information including those unable to attend practice meetings
- The practice should consider how they assure themselves that appropriate processes are in place in the absence of fire drills to ensure emergency procedures are safe.
- The practice should review the process in place for the security of prescription stationary

Outstanding practice

- The practice were proactive in educating patients regarding the use of antibiotics, the antibiotic prescribing was 50% below target. They had developed information leaflets and poster displays in the waiting area to educate patients on the use of antibiotics. The 'cough and cold' clinic also had an impact. The practice developed templates and 'pop ups' on the clinical system reminding prescribers of current guidance.
- The practice's uptake for the cervical screening programme was higher than the local and national average with 0% exception rates. The practice were proactive in encouraging patients to attend for cervical screening. For example, when patients attend to see the nurse, they would, where appropriate take the smear at that time, or book the appointment for the patient, the practice manager sent letters to all patients due their smear in a particular month and the following month if they did not attend, the nurse was then alerted to the non-attenders.

The Slieve Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead Inspector and the team included a GP specialist adviser.

Background to The Slieve Surgery

The Slieve surgery is situated in the inner-city area of Handsworth Wood in Birmingham, the surgery has a multicultural patient list of approximately 6,000 patients from different cultural and religious backgrounds. Information published by Public Health England rates the level of deprivation within the practice population group as five, on a scale of one to ten, with level one representing the highest level of deprivation.

Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contractual obligations to provide enhanced services to patients. An enhanced service is above the contractual requirements of the practice and is commissioned to improve the range of services available to patients. The practice is a teaching practice for Birmingham University Medical Students, since 2001.

The clinical team includes two GP partners, both male, the practice have a regular locum female GP providing four sessions per week. There are two practices nurses and a nurse manager. The GP partners and the practice manager form the management team and they are supported by the office manager and six reception and administration staff.

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays, 8am and 8pm on Thursdays. Appointments are available all week from 8am to 11am, and 2pm to 5pm. Additional appointments are available between 6.30pm and 7.30pm on Thursdays and 11.30am and 12.30pm all week for the cough and cold clinic. When the practice is closed the out of hours provision is provided by Primecare.

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, andto 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 we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 October 2016.

During our visit we:

- Spoke with a range of staff, GPs, practice nurses, practice manager and reception staff, and spoke with patients who used the service.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

The practice took an open and transparent approach to reporting incidents. The staff told us that they reported all incidents to the clinical commissioning Group (CCG) via the electronic incident reporting system. We saw evidence that the practice shared significant events across practices in the locality in order to share learning. Staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses. The practice demonstrated a proactive approach to the management of significant events and near misses and carried out a thorough analysis of significant events.

We viewed a comprehensive log of 30 significant events and incidents that had occurred during the last 12 months. We saw that specific actions were applied along with learning outcomes to improve safety in the practice. Clinical staff told us on the day of significant events that had been discussed.. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received truthful information a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice effectively monitored patient safety and medicines alerts. We saw evidence that the alerts were received by the GPs and the practice nurse. The practice nurse managed the process and liaised with the CCG medicines management team. The practice nurse undertook the searches on the practice system and informed the doctors of relevant actions to be taken. The practice nurse maintained a record of actions taken. The clinicians demonstrated knowledge of recent alerts and actions take.

Overview of safety systems and processes

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and 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.
- One of the GPs was the lead for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The lead GP held monthly safeguarding meetings with health visitors. Staff demonstrated they understood their responsibilities, and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurses were trained to child safeguarding level three.
- The screens in the waiting room advised patients that chaperones were available if required. All staff acted as chaperones and they 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).
- We observed the premises to be visibly clean and tidy. We saw cleaning records and completed cleaning specifications within the practice and monthly cleaning audits undertaken by the office manager.
- Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- One of the practice nurses 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, the most recent audit achieved a 95% compliance rate with recognised guidance and we saw evidence that action was taken to address any improvements identified as a result.
- 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). The vaccination fridges were well ventilated and secure, records demonstrated that fridge temperatures were monitored and managed in line with
- There were systems in place for repeat prescribing so that patients were reviewed appropriately to ensure their medicines remained relevant to their health needs and kept patients safe. The practice used an electronic prescribing system.

Good

Are services safe?

- There were systems in place to monitor the use of prescription stationary, however the clinical rooms were not always secure when unoccupied.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation
- We reviewed the process for the prescribing of high risk medicines and checked a random sample which indicated that the monitoring and follow up was appropriately managed. The practice had developed a computer template for some of these medicines to ensure monitoring was completed.
- The practice had developed a template to assist in ensuring medicines that required frequent monitoring were being prescribed safely.
- We reviewed four 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

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 available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire alarm tests but no fire drills had been completed.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly.
- 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).
- 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. Many of the staff worked part time and provided cover for annual leave and sickness.

Arrangements to deal with 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. Records showed that all staff had received training in basic life support
- 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, the plan was located in the practice and both the practice manager and GP kept a copy off site. The plan included emergency contact numbers for staff.

Outstanding ☆

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. The practice had systems in place to keep all clinical staff up to date and the GPs were regularly updated at protected learning time during CCG meetings. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had adapted several templates to respond directly to emerging guidance. For example, we saw evidence of the Congestive Obstructive Pulmonary Disease (COPD) template adapted to NICE guidance. 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. (QOF is a system intended to improve the quality of general practice and reward good practice). The lead GP partner had been allocated the responsibility QOF and discussed the management of QOF at the practice meetings. The most recent published results for 2015/16 were 98% of the total number of points available. With 9% exception reporting. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect.

The practice had effective systems in place to identify and assess patients who were at high risk of admission to hospital and were proactive in their approach in providing care and treatment to avoid such admissions. The reception manager checked daily for patients who had unplanned admissions and accident and emergency attendances to hospital. These patients were reviewed by the GP and care plans were updated. Accident and emergency attendances had reduced by 0.3% and unplanned admissions by 0.11%, whilst the practice list size had increased by approximately 1,000 patients.

The practice provided a lunch time 'cough and cold' clinic with five minute appointments for patients assessed by the practice nurse and supervised by the GP. Audit for appointments at this clinic for a two week period showed there was a 91% uptake.

The practice had developed comprehensive templates and toolkits for a number of conditions, for example headaches, low back pain, lower urinary track symptoms, and anaemia. They included guidance on diagnosis, investigations, management and referral. For example, the headache template was created due to the number of patients requesting a 'brain scan', when presenting features were not consistent with national guidance. The template allowed the practice to demonstrate to patients that they were using evidenced based information to treat their condition. The templates developed by the practice allowed easy data entry, with clinical prompts to support the clinician with diagnosis and appropriate investigations. Data compared over two years indicated that there had been a 15% reduction in MRI requests.

The practice have also developed toolkits for patients with pre-diabetes, raised cholesterol and abnormal vitamin D levels, these generated personalised patient information letters. For example, many patients with raised cholesterol were reluctant to commence on Satins, therefore the practice would send a letter explaining that NICE guidance suggests the use of Satins. This initiative was commenced in August 2016 so audits have not yet been completed however the GPs have indicated that the uptake of Satins had increased.

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

- Performance for diabetes related indicators was 93% compared to the CCG average of 88% and a national average of 90%. The practice had recently employed a diabetes nurse specialist to run monthly clinics.
- Performance for mental health related indicators was 92% compared to the CCG average of 91% and a national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits, one of the audits was triggered from a significant event where

the improvements made were implemented and monitored. For example, the recent administration of a live vaccination to an immunocompromised patient (where a person's immune system is weakened or absent and they are less able to battle infections) highlighted the importance of clearly identifying these patients on the system. The practice have recorded immunocompromised status in all relevant patients.

- The practice participated in external peer review of prescribing, admissions and accident and emergency attendances in the locality meetings

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment and the clinical team had a mixture of enhanced skills.

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurses had completed courses in diabetes and asthma management.
- The GPs had special interests in diabetes and respiratory medicine. The practice was a teaching practice for Birmingham University Medical Students, since 2001.
- 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 local networking meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. The practice had supported staff through a variety of training courses. For example, the practice were currently training one of the receptionists to undertake a healthcare assistant role. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and support to the nurses with regards to their revalidation commenced in April 2016.
- All staff had received appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The practice had effective and well established systems to plan and deliver care and treatment. This was available to relevant staff in a timely and accessible way through the practices patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services. We saw evidence that patients had well documented care plans for Asthma, COPD and diabetes.

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. We saw evidence that formal multi-disciplinary meetings took place monthly, attended by GPs, community matrons, palliative care nurses and district nurses, care plans were routinely reviewed and updated.

The practice cared for 30 patients in a local care home and undertook monthly ward rounds. The GP provided training to the staff in the care home to use the malnutrition universal screening tool (MUST) to identify patients who may require supplements to support dietary intake, trained two staff in phlebotomy, worked with the home to improve the process for ordering of prescriptions. We saw evidence that this initiative had improved the management of nutrition and medicines at the home. The practice have also received the GP resilience fund to enable them to support other practices that looked after care homes.

Consent to care and treatment

Outstanding ☆

Are services effective?

(for example, treatment is effective)

Patients consent to care and treatment was always sought in line with legislation and guidance Staff understood the relevant consent and decision making requirements, staff had received training on the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out, by the GPs, in line with relevant guidance. Where a patients mental capacity to consent to care and treatment was unclear the GP or nurse assessed the patients capacity and where appropriate, recorded outcomes of the assessment.

Supporting patients to live healthier lives

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long term condition and those requiring advice on their diet, weight, smoking and alcohol cessation. Patients were appropriately signposted to the relevant services.

The practiced provided health education classes for patients, topics included diabetes, dementia and hypertension. These sessions were held in the waiting area to encourage other patients in the waiting area to listen. Nineteen patients specifically came to listen to the talk on Dementia.

The practice's uptake for the cervical screening programme was 96%,which was higher than the local and national average of 82%. The exception rate for the practice was 0% compared to the CCG average of 8% and a national average of 6% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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 were proactive in encouraging patients to attend for cervical screening. For example, when patients attend to see the nurse, they will where appropriate take the smear at that time, or book the appointment for the patient, the practice manager sends letters to all patients due their smear in a particular month and the following month if they did not attend, the nurse are then alerted to then non-attenders.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National cancer intelligence data 2014/15 indicated that the breast cancer screening rates for 50 to 70 year olds was 71% compared to the CCG average of 67% and a national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 46% compared to the CCG average of 46% and a national average of 58%. There was a policy to send letters to patients to encourage attendance for screening.

Childhood immunisation rates for the vaccinations given were comparable to the national average. For example, childhood immunisation rates for the vaccinations given to under two year olds was 93% to 95%% compared to the national average which ranged from 73% to 93% and five year olds ranged from 72% to 90% compared to the national average which ranged from 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. During the health assessment investigations were completed for anaemia, diabetes, thyroid function, kidney function and cholesterol, with consent, male screening for prostate cancer with Prostate Specific antigen (PSA) screening. The practice opportunistically screen obese patients for diabetes. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed throughout the inspection members of staff were courteous and very helpful to patients and treated them with dignity and respect, both at the reception and on the telephone. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had background music playing in reception, to prevent conversations being overheard.

All of the 29 patient Care quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were always helpful, caring and treated them with dignity and respect. The practice had received 19 thank you cards and letters from patients.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 79% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 92% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and a national average of 85%.
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and a national average of 91%.
- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 saw evidence of comprehensive personalised care plans, and patients were given copies of these. The practice nurses had developed care plans for patients with Learning Disability, the goals were discussed with the patients and carers and reviewed regularly, they also had care plans for patients experiencing poor mental health.

The practice identified at risk patients, the practice nurses reviewed the care plans of all patients with long term conditions, palliative care patients and the patients resident in the care home. Newly registered patient's records were reviewed monthly and three to six monthly when there condition was stable. Patients with long term conditions were provided with the practice mobile emergency number to contact at any time if they have concerns.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.

Good

Are services caring?

- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and a national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and a national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. Staff spoke a number of languages and translation services were available for patients who did not have English as a first language. Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified 103 patients as carers (2% of the practice list). The practice had a carers champion, they provided carers information for all new patients, placed carers identification forms in the waiting area, the reception staff, nurses and GPs ask patients if they are a carer or have a carer

The practice held monthly palliative care meetings attended by community nurse and hospice staff. The patients include for discussion at these meetings had conditions other than cancer, for example, heart failure and dementia.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended opening hours on a Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. The practice maintained a register of patients with learning disabilities, there were 26 patients registered.
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice have a policy for telephone triaging home visit requests within 30 minutes, this was implemented following the recent patient safety alert.

Access to the service

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays, 8am and 8pm on Thursdays. Appointments are available all week from 8am to 11am, and 2pm to 5pm. Additional appointments are available between 6.30pm and 7.30pm on Thursdays and 11.30am and 12.30pm all week for the cough and cold clinics. When the practice is closed the out of hours provision is provided by Primecare.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 78%.
- 67% of patients said they could get through easily to the practice by phone compared to the CCG average of 60% and a national average of 73%.

Three out of four people told us on the day of the inspection that they were able to get appointments when they needed them. The practice had implemented a number of initiatives to improve access via the telephone, online booking of appointments, a mobile telephone number for text messages to cancel appointments and for the high risk patients. The 'I want an appointment' system. For example, the reception staff obtain full details from the patients, this list was given to the GP 'on call' for the day at the end of the morning and the afternoon clinic. The GP made the clinical decision, to either telephone the patient, accommodate the patient at the end of clinic or initiate an extra clinic. This process prevented the patients having to call back.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. 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, alternative emergency care arrangements were made. 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 was designated to handle complaints. We saw that information was available to help patients understand the complaints system, leaflets were available in the waiting area.

We looked at five complaints received in the last 12 months and found that these were dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

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 mission statement was 'to help patients enjoy a better healthier life, through self-care, health promotion and health prevention and the highest quality and most affordable care, delivered with kindness, integrity and respect. Staff knew and understood the values of the practice. The business plan and strategy reflected the vision and values of the practice. This set out the aims for service development and on-going initiatives. For example, the practice were recruiting a female GP.

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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on line.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of fire drills
- Clinical staff told us on the day of significant events that had been discussed, however, there was no standing agenda for the clinical meetings attended by the GPs, nurse manager and practice manager, the minutes were a series of bullet points, with no evidence of detailed discussion. Some action points were identified, but there was no review of previous actions and updates.
- There were clinical leads for Safeguarding, palliative care and QOF outcomes.

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 they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. There was a strong supportive team culture in the practice.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).The partners and management team encouraged a culture of openness and honesty.

When there were unexpected incidents,

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff told us that the practice held regular social events.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff was involved in discussions about how to run and develop the practice, and the partners 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. 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. The PPG met

Are services well-led?

Good

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

regularly and submitted proposals for improvements to the practice management team. For example, the implementation of the mobile phone text process to cancel appointments.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The GPs demonstrated a strong commitment to continuous learning and improvement at all levels in the practice. The practice is a teaching practice for Birmingham University Medical Students, since 2001. The practice were currently recruiting a female GP to join the team and as succession planning for retirement.

The practice developed information leaflets and poster displays in the waiting area to educate patients on the use of antibiotics. The 'cough and cold clinic also had an impact. The practice developed templates and 'pop ups' on the clinical system reminding prescribers of current guidance.

The practice had developed comprehensive templates and toolkits for a number of conditions, for headaches, low back pain, lower urinary track symptoms, and anaemia. They included guidance on diagnosis, investigations, management and referral. For example, the headache template was created due to the number of patients requesting a 'brain scan', when presenting features were not consistent with national guidance. The template allowed the practice to demonstrate to patients that they were using evidenced based information to treat their condition. The templates developed by the practice allow easy data entry, with clinical prompts to support the clinician with diagnosis and appropriate investigations. Data compared over two years indicated that there had been a 15% reduction in MRI requests. The anaemia toolkit, checks for previous investigations, and pre-existing conditions.

The practice have also developed toolkits for patients with pre-diabetes, raised cholesterol and abnormal vitamin D levels, these generate personalised patient information letters. For example, many patients with raised cholesterol were reluctant to commence on statins (medicines that reduce cholesterol levels), therefore the practice send a letter explaining that NICE guidance suggests the use of statins. This initiative was commenced in August 2016 so audits have not yet been completed however the GPs have indicated that the uptake of statins had increased.

The GP had provided training at the local care home where they had 30 patients as residents.