West Heath Primary Care Centre

Quality Report

481 Rednal Road
Kings Norton
Birmingham
West Midlands
B38 8AX
Tel: 0121 465 8188
Website: www.westheathprimarycarecentre.nhs.uk

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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West Heath Primary Care Centre on 28 November 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 transparent approach to safety and an effective system in place for reporting and recording significant events, although the scope for recording could be expanded.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. 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 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.

The areas where the provider should make improvements are:

The provider should:

- Consider expanding the scope of significant event reporting to include clinical events such as unexpected cancer diagnosis, emergencies and positive feedback about the service.

Summary of findings

- The practice should ensure that the strength of methotrexate prescribed is in line with the guidelines of the British National Formula, for example only 2.5.mg strength to be prescribed and not a mixture of 10mg and 2.5mg.

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 was an effective system in place for reporting and recording significant events although the scope could be expanded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing from happening again.
- 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 well managed. The practice's system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA) was effective.
- There were arrangements in place for managing medicines, including emergency medicines and vaccinations.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with the national average.
- 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.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

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 in line with national averages for several aspects of care.

Summary of findings

- 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.
- The practice had identified 82 patients as carers (3% of the practice list). A care navigator was employed to support and signpost patients to relevant support groups and voluntary organisations.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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 management. The practice had a number of policies and procedures to govern activity and held regular governance 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.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. There were systems in place for notifiable safety incidents and information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- Same day telephone appointments were offered for this group of patients where appropriate.
- The practice offered dedicated appointment slots with each doctor for patients aged 75 and over.
- Patients were invited to attend the surgery for vaccines to prevent illnesses such asflu.

People with long term conditions

Good

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

- There were dedicated GPs identified as clinical leads for all chronic disease conditions, which helped with continuity of care. Patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, who had had an influenza immunisation was 99%, this was higher than the CCG average of 96% and the national average of 95%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 91%. This was higher than the CCG and the national average of 78%.
- Longer appointments and home visits were available when needed. Same day appointments were offered to patients in this group, particularly those with acute 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.
- The practice nurse offered health promotion advice and review of self-management plans during their annual reviews.

Summary of findings

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.
- Appointments were available outside of school hours and unwell children and pregnant women were offered same day emergency appointments if needed.
- The premises were suitable for children and babies. Breast feeding and baby changing facilities were provided.
- We saw positive examples of joint working with midwives and health visitors. Midwives offered a weekly in-house antenatal clinic.

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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Evening appointments were available in the late evening surgery on Mondays and Thursdays with a GP and Practice Nurse.
- All patients received text message reminders for their appointments.
- The practice offered triage calls over the telephone.
- New patient Health Check and NHS health checks were offered.

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 patients with a learning disability.

Summary of findings

- Alerts had been added to patients' records, highlighting the need for double appointments with a GP where appropriate. For example patients with learning disabilities and communication difficulties and/or patients that needed an interpreter.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 92%, which was higher than the Clinical Commissioning Group (CCG) average of 86% and the national average of 85%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 94% compared with the CCG average of 93% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had 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.
- 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 the practice was performing above local and national averages. Two hundred and eighty five survey forms were distributed and 105 were returned. This represented 3% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and the national average of 73%.
- 96% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 81% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 70% and the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to CCG average of 75% and the 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 19 comment cards. All but one of the comment cards were positive about the standard of care received. Patients told us that their overall experience of using the service was very good. Patients said that staff were excellent, helpful, friendly and caring. They considered staff respected patients' privacy and dignity and took time to listen to any concerns and answer questions. Patients told us they received care within a safe and clean environment.

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

West Heath Primary Care Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor.

Background to West Heath Primary Care Centre

West Heath Primary Care Centre is registered with CQC as a partnership provider operating out of a new purpose built premises in Kings Norton area of Birmingham. Car parking, (including disabled parking) is available at this practice.

The practice holds a General Medical Services contract with NHS England.

The practice is part of the NHS Birmingham South and Central Clinical Commissioning Group.

The practice area is one of less deprivation when compared with the local average but higher than the national average. The practice has a higher than average rate of male patients aged 25 to 29 and 45 to 74 compared with the national averages. The rate of female patients aged from birth to 24 years is higher than the national average.

At the time of our inspection the practice had 3054 registered patients.

The practice staffing comprises of:

- Two GP partners
- One locum GP
- One practice nurse
- A practice manager who oversees the operational delivery of services supported by an assistant practice manager and a team of administrative staff.

The practice is open between 8.30am and 12.30pm Monday to Friday morning. The practice is open between 2.00pm and 7.10pm on Monday and Thursday afternoon and between 2.00pm and 6.30pm on Tuesday and Friday afternoon. The practice is closed on a Wednesday afternoon. Extended hours appointments are offered between 6.30pm and 7.10pm on Monday and Thursday evenings.

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.

How we carried out this inspection

Before visiting the practice we reviewed information we held and asked key stakeholders to share what they knew

Detailed findings

about the practice. We also reviewed policies, procedures and other information the practice provided before the inspection day. We carried out an announced inspection on 28 November 2016.

During our inspection we spoke with a range of staff including the GPs, practice nurses, health care assistant, practice manager, and members of the reception team. We observed how people were being cared and reviewed a selection of anonymised personal care or treatment records of patients. We 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

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

- Staff knew their individual responsibility, and the process, for reporting significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available. We checked five completed forms and found that they were detailed and demonstrated learning.
- A culture to encourage duty of candour was evident through the significant event reporting process. (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).
- Significant events had been thoroughly investigated. When required, action had been taken to minimise reoccurrence and learning had been shared and discussed formally at monthly clinical meetings. For example, in response to a significant event, the practice had included an alert on their web site informing patients to call 999 if experiencing chest pain and not wait for a routine appointment. We also saw evidence that staff had received training regarding the correct procedures for responding to patients complaining of chest pain.
- Eight significant events had been recorded within the previous 12 months. These were mainly administrative incidents and did not include clinical events such as unexpected cancer diagnosis and positive feedback about the service for example.

The practice had a formalised system to receive and act on medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A file was kept of all alerts, which the GPs initialled to confirm that they had been reviewed. Searches were made with the assistance of the linked pharmacist to identify any patients affected by the alerts. We saw evidence within minutes of the practice's clinical meetings held outlining their discussions around these alerts and the action that had been taken as a result.

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:

- Effective 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.
- The lead GP partner was identified as the safeguarding lead within the practice. We saw evidence that the GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. GPs were trained to child protection or child safeguarding level three and the practice nurse to level two. All other staff had received safeguarding training level one.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. 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 clean and tidy. The lead practice nurse was the infection control clinical lead. They 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. We saw evidence that action was taken to address any improvements identified as a result for example a new clinical trolley had been bought.
- 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). There were two fridges in the practice used for the cold storage of vaccines and an effective system for testing and recording fridge temperatures.
- Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. We saw that the practic's prescribing of the

strength of methotrexate was not in line with the guidelines of the British National Formula, for example only 2.5.mg strength should be prescribed and not a mixture of 10mg and 2.5mg. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads 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.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken on staff prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the required 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had 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.

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 of the consultation and treatment rooms which alerted staff to any emergency. Panic buttons were also available at reception and in each clinical room.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff spoken with demonstrated a good knowledge of how to respond to a collapsed patient.
- 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 also available.
- 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 included emergency contact numbers for staff.

Good

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 did not have a system to formally discuss changes to NICE guidelines. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- 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 most recent 2015/16 published results showed that the practice had achieved 98% of the total number of points available. This was higher than the local CCG average of 97% and the national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

The practice's performance in the diabetes related indicators was mostly comparable to or higher than the local and national average. For example:

- The percentage of patients with diabetes, on the register, who had had an influenza immunisation was 99%, this was higher than the CCG average of 96% and the national average of 95%. Clinical exception reporting for the practice was 19% compared to the CCG average of 22% and the national average of 20%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification was 74% compared to the CCG average of 92% and the national average of 89%. Clinical exception reporting for the practice was 5%, which was the same as the CCG average and lower than the national average of 8%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading in the last 12 months was 140/80 mmHg or less was 91%. This was higher than the CCG and the national average of 78%. Clinical exception reporting for the practice was 1% compared to the CCG and national averages of 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less was 79% compared to the CCG average of 78% and the national average of 80%. Clinical exception reporting for the practice was 7% compared to the CCG average of 10% and the national average of 13%.

Performance for mental health related indicators were comparable to the CCG and national averages. For example:

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the last 12 months was 92%, which was higher than the CCG average of 86% and the national average of 85%. However, clinical exception reporting for the practice was 13% compared to the CCG average of 4% and the national average of 6%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the last 12 months was 94% compared with the CCG average of 93% and the national average of 89%. Clinical exception reporting for the practice was 6% compared to the CCG average of 8% and the national average of 13%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 94% which was the same as the CCG average and higher than the national average of 89%. Clinical exception reporting for the practice was 6% which was the same as the CCG and lower than the national average of 10%.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years, some of these were completed audits where the improvements made were implemented and monitored.

Good

Are services effective?

(for example, treatment is effective)

- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a recent chronic obstructive pulmonary disease (COPD) detection audit identified further patients with COPD that could then be treated accordingly.

Effective staffing

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

- The practice had an 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, for those reviewing patients with long-term conditions. Training records showed that the practice nurse had recently received training updates in diabetes, chronic heart disease and COPD.
- 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.
- The learning needs of staff 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.
- Staff received on-going 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 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Training records showed that staff had received training in the requirements of the Mental Capacity Act and had received training on ensuring patient consent. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 smoking cessation.

Good

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 80% and the national average of 82%. 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.

- 71% of eligible females aged 50-70 had attended screening to detect breast cancer. This was in line with the CCG average of 67% and the national average of 72%.
- 56% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 46% and lower than the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 100% and five year olds from 84% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, health checks for patients with long term conditions and NHS checks for patients aged 40 to 74. 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 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.
- 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 but one of the 19 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 helpful, caring and treated them with dignity and respect. One patient however felt that improvements could be made to how they were communicated with during their consultation, and felt frustrated that they had to wait an hour to be seen.

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 above average for its satisfaction scores on consultations with GPs and nurses and the service received from the reception staff. 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%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 83% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 88% and the national average of 91%.
- 100% 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 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 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 85% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 94% 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%.

The practice provided facilities to help patients be involved in decisions about their care. Staff told us that translation services were available for patients who did not have English as a first language. The practice had worked to

Good

Are services caring?

identify patients with special communication needs, for example hearing loss. An alert had been placed on their clinical records to highlight their communication needs so that the patient could be supported accordingly.

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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 82 patients as carers (3% of the practice list). The register of carers was discussed during practice meetings. New registration forms had been developed to identify new carers so that they could be offered advice and support. The practice had a dedicated carers notice board in the reception area, which signposted patients to the various avenues of support available to them. A named staff member had been identified as a carers champion.

The practice had developed a bereavement protocol. Staff told us that families were offered information leaflets to help support them.

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

- Appointments were offered outside of normal working hours. Working patients who could not attend during normal opening hours or patients who relied on working relatives to accompany them could attend appointments with the GPs up to 7.10pm on Monday and Thursday evenings.
- There were longer appointments available for patients with complex needs including for example, people with a learning disability and for reviews of long term conditions.
- 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 pregnant women and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations and advice available on the NHS.
- Patients were offered online access to book appointments, request repeat prescriptions and access their medical records.
- Baby changing and breast feeding facilities were available.
- The practice operated from modern, purpose built premises. There were disabled facilities, a hearing loop and translation services available.
- The practice had recently installed a free taxi-phone which could be utilised by patients and their Carers to call a taxi with a touch of a button.

Access to the service

The practice was open between 8.30am and 12.30pm Monday to Friday morning. The practice was open between 2.00pm and 7.10pm on Monday and Thursday afternoon and between 2.00pm and 6.30pm on Tuesday and Friday afternoon. The practice was closed on a Wednesday afternoon. Appointments were from 9.00am to 11.30am every morning and 4.00pm to 6.00pm daily except for Wednesdays when the surgery was closed. Extended hours appointments were offered between 6.30pm and 7.10pm on Monday and Thursday evenings. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them. Telephone consultations were also offered to patients who needed them.

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

- 87% 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%.
- 92% 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%.
- 96% of patients said they were able to get an appointment or speak to someone the last time they tried, compared to the CCG average of 81% and the national average of 85%.
- 84% of patients felt they did not normally have to wait too long to be seen compared to the CCG average of 53% and the national average of 58%.
- 99% of patients said the last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 95% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 77% of patients with a preferred GP usually got to see or speak to that GP, compared with the CCG average of 56% and the national average of 59%.

People told us on the day of the inspection that they were able to get appointments when they needed them and never had to wait long to be seen.

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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Patients told us that they knew how to complain and although had not had cause to, they felt that should they raise any concerns, they would be listened to.

The practice had received one complaint in the 12 months leading up to the inspection. We looked at this complaint and found that it had been satisfactorily handled, dealt with in a timely way, and with openness and transparency. Lessons were learnt from individual concerns and complaints. For example, this complaint was discussed at a practice meeting and staff had been reminded to maintain positive working relationships with patients through respecting patient choices and through being polite.

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 the highest standard of health care and advice to their patients with the resources available to them. The practice had a team approach to patient care and endeavoured to monitor the service provided to patients to ensure that it met standards or excellence. Staff we spoke with were aware of and worked within the practice's ethos. Staff told us it was a good place to work and staff retention was high.

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.
- 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 in place for identifying, recording and managing risks, issues and implementing mitigating actions.

There were some areas within governance which needed strengthening, for example the scope of significant event reporting did not include clinical events such as unexpected cancer diagnosis, emergencies and positive feedback about the service.

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 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.

There was a clear leadership structure in place and staff felt supported by the management. Staff told us that the GP's and managers were all approachable.

- Staff told us the practice held regular team meetings, which included monthly clinical meetings andquarterly whole staff 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 said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. 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 was well established and met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested a hearing loop to be fitted in the practice, which had since been installed and the practice had worked with the PPG to promote on-line services.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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

Are services well-led?

Good

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

There was a focus on continuous learning and improvement at all levels within the practice. The staff we spoke with told us they felt supported to develop professionally and all staff had received recent appraisals.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of a group of practices that won the bid for clinical pharmacists in general practice. The practice was also linked with the University of Birmingham and involved in research to improve the well-being of patients.