Highgate Medical Centre

Quality Report

St Patricks Community Centre For Health
Frank Street
Highgate
Birmingham
B12 0YA
Tel: 0345 245 0751
Website: www.highgatemedcentre.co.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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Highgate Medical Centre on 15 February 2017. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events, and improvements were made as a result of learning outcomes. Staff had access to the electronic incident reporting system on the practice computer system, which is linked with the National Reporting and Learning System (NRLS) to contribute to wider improvements in primary care.
- Safeguarding arrangements protected children and vulnerable adults from abuse. These met with local requirements and current legislation.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or higher than CCG and national averages. The most recent published results (for 2015/2016) showed the practice had achieved 99% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%.
- There was evidence of quality improvement including clinical audit. The practice also participated in benchmarking and best practice sharing with other local GPs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- We observed that staff members were helpful to patients and treated them with dignity and respect.
- Results from the National GP Patient Survey showed that most patients felt they were treated with compassion, dignity and respect, but the practice was lower than average for some of its satisfaction scores on consultations with GPs and nurses. The practice had created an action plan to improve patient satisfaction.
- The practice had reviewed the needs of its local population and adopted measures to improve patient experience. For example staff spoke a number of

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different languages to accommodate the diverse local population. One of the GP partners was also a qualified yoga instructor and had piloted yoga lessons for patients held in the surgery. This was used to specifically target patients who experienced low moods.

- Information was available to help patients understand the complaints system. A copy of the practice's complaints policy was displayed in the waiting area to assist patients in understanding the complaints system. Details of how to complain were also included in the practice leaflet and on the website. The practice was aware of the requirements of the duty of candour and systems were in place to ensure compliance with this.
- The practice had clear aims and staff worked in a way that supported these. The GP partners recognised the challenges the practice faced and had created a detailed plan for the future.
- Staff we spoke with understood their roles and responsibilities, and there was a clearly defined structure to ensure everyone knew who the lead members of staff were and how to report a range of situations.
- The practice was committed to continuous improvement and innovation, and proactively sought feedback from staff and patients.

We saw two areas of outstanding practice:

- One of the GP partners offered free yoga lessons for patients one evening every week. This was used to specifically target patients who experienced low moods. There had been a strong uptake with up to 25 patients attending, and patients had the opportunity to discuss any concerns. Feedback had been positive with patients particularly commenting that their sleep had improved and that they had felt positive following yoga.
- The practice had incorporated healthy living lectures with its Patient Participation Group (PPG) meetings to educate patients and empower them to improve their lifestyles. For example the practice had invited dieticians to demonstrate how to cook a healthy meal with few ingredients, and this was specifically aimed at the practice's large Asian population. The PPG advertised the healthy living lectures to patients and also gave a presentation or held a patient quiz on the topic of the education session to help engage patients. These sessions were attended by approximately ten to 20 patients.

The areas where the practice should make improvements are:

- Continue to review and encourage patient uptake of cervical and bowel cancer screening.

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, and improvements were made as a result of learning outcomes. Staff had access to the Datix incident reporting system on the practice computer system. (The Datix system is linked with the National Reporting and Learning System (NRLS) to contribute to wider improvements in primary care).
- The practice used applied processes for dealing with patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA). We checked a sample of recent alerts and saw that these had been appropriately managed.
- Safeguarding arrangements protected children and vulnerable adults from abuse. These met with local requirements and current legislation.
- Staff understood the protocol for medical emergencies and had received annual basic life support training.

Are services effective?

Good

The practice is rated as good for providing effective services.

- The practice assessed patient 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.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to or higher than CCG and national averages. The most recent published results (for 2015/2016) showed the practice had achieved 99% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%.
- There was evidence of quality improvement including clinical audit. The practice also participated in benchmarking and best practice sharing with other local GPs.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

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- All staff had received an appraisal and four supervision sessions within the last 12 months. The practice also had access to a comprehensive e-learning training package to assist staff in maintaining their competence.
- Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed that staff members were helpful to patients and treated them with dignity and respect.
- Results from the National GP Patient Survey showed that most patients felt they were treated with compassion, dignity and respect, but the practice was lower than average for some of its satisfaction scores on consultations with GPs and nurses. The practice had created an action plan to improve patient satisfaction.
- We received 40 comment cards from patients which all made positive remarks about the care provided by the practice. Patients said that staff were approachable and friendly, and professional and respectful. Patient comment cards also said that clinical staff were good at involving them in decisions about their care. The practice made information available to patients with a range of needs to ensure they could be informed about their care.
- When things went wrong with care and treatment the practice took action to notify the patients involved and offer support if relevant. The practice manager met with patients face to face and offered them a written apology.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice had reviewed the needs of its local population and adopted measures to improve patient experience.
- One of the GP partners offered free yoga lessons for patients one evening every week. This was used to specifically target patients who experienced low moods. There had been a strong uptake and feedback had been positive with patients particularly commenting that their sleep had improved and that they had felt positive following yoga.

Summary of findings

- The practice worked with its Patient Participation Group (PPG) to offer healthy living lectures to educate patients and empower them to improve their lifestyles. For example the practice had invited dieticians to demonstrate how to cook a healthy meal with few ingredients.
- All staff at the practice spoke a second language in addition to English which assisted patients who required information to be interpreted. Over ten different languages were spoken including Urdu, Hindko, Garhwali, Punjabi, Filipino, Mirpuri and Marathi. The practice offered extended hours appointments, longer appointments, home visits and same day appointments to accommodate patients.
- Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages. The practice had taken a number of measures to help improve this.
- Information was available to help patients understand the complaints system. A copy of the practice's complaints policy was displayed in the waiting area to assist patients in understanding the complaints system. Details of how to complain were also included in the practice leaflet and on the website.

Are services well-led?

Good

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

- The practice had clear aims and staff worked in a way that supported these. The GP partners recognised the challenges the practice faced and had created a detailed plan for the future.
- Staff we spoke with understood their roles and responsibilities, and there was a clearly defined structure to ensure everyone knew who the lead members of staff were and how to report a range of situations.
- Staff told us the practice held weekly whole practice and clinical staff meetings. We were provided with copies of meeting minutes which were available to staff to review.
- The practice manager had an open door policy and staff described working relationships as close and friendly. Staff also felt the practice was invested in their development.
- The practice was committed to continuous improvement and innovation, and proactively sought feedback from staff and patients.

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.

- Home visits and urgent appointments were available for older patients who needed them.
- One of the GP partners acted as a roving GP to make holistic home visits to several patients every week, to review their home health circumstances and help prevent admissions.
- Patients aged over 75 were offered an annual health check and a flu vaccination.

People with long term conditions

Good

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

- The practice added patients with long-term conditions to its registers and used these to easily identify patients in need of extra support of due for medicine reviews.
- The practice had been able to identify a high prevalence of diabetes among patients which it was taking action to address. For example, newly diagnosed diabetic patients were offered a longer appointment with the diabetic lead GP and the practice nurse, following which the patient was provided with secure email access to the GP directly. Clinical staff had completed a number of specialist courses to further their knowledge of diabetes, and had also participated in virtual diabetes clinics provided by a consultant at a local hospital.
- Performance for diabetes related indicators was in line with local and national averages. For example, 83% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG average of 78% and the national average which was also 78%. 79% of patients with diabetes had a cholesterol measurement within the target range in the previous 12 months, in line with the CCG average of 78% and the national average of 80%.
- The practice's performance for patients with a variety of other long term conditions was above average. For example the percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 95%. This

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was similar to the CCG average of 91% and the national average of 90%. 86% of the practice's patients with asthma had received a review in the previous 12 months, compared with the CCG and national averages of 76%.

- The practice offered chronic disease clinics and health promotion clinics for patients who needed this input.
- Staff liaised with other health and social care professionals to recognise patients' needs and tailor care and treatment as required. The practice held monthly multidisciplinary team meetings with other health care professionals to review patients with complex needs.
- The Patient Participation Group held health education sessions to learn about managing health conditions, for example heart disease.

Families, children and young people

Good

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

- Immunisation rates were higher than the national average for all standard childhood immunisations.
- Same day appointments were always made available for children and appointments were available outside of school hours, including on Saturday mornings. The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 80% and the national average of 81%. The premises had baby changing facilities and a baby changing area.
- Clinicians met with health visitors monthly to monitor children at risk of harm. The practice ensured that all staff had been trained to the appropriate levels in children's safeguarding.
- Clinical staff assessed each patient's capacity to consent as recommended by current guidance when they provided care and treatment for children and young people. Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.

Summary of findings

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).

- Patients could access online appointment booking for convenience.
- The practice offered a variety of appointments from 8am to 7pm on weekdays, and additionally until 7.30pm on Mondays and Fridays and from 9am to 12pm on Saturdays to accommodate patients who had difficulty in attending the practice during working hours.
- Health promotion and screening was available, including NHS health checks for those aged 40 to 74.

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 registers of patients living in vulnerable circumstances including those with a learning disability, those with a history of abuse, and patients at high risk of hospital admission. The practice offered longer appointments for patients with a learning disability.
- The premises were equipped with disabled facilities and a hearing loop for patients with a hearing difficulty. The practice used an interpreter service to provide sign language during consultations where necessary.
- Patients receiving palliative care were offered direct access to their GP by mobile phone so that they could contact them if they needed support outside of the practice's opening hours.
- The practice had systems and processes in place to safeguard patients from abuse and staff were up to date with training. Staff had additionally completed training in identifying patients at risk of female genital mutilation. The practice regularly worked with other health care professionals in the case management of patients living in circumstances that made them vulnerable.
- The practice had protocols in place to register homeless people and those from traveller communities. For example there were several residents at a local homeless hostel registered with the practice at the time of the inspection. The practice completed document requests for potentially vulnerable patients such as asylum seekers free of charge.
- The practice offered additional services to carers such as an annual flu vaccination.

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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 practice maintained a mental health register which it used to monitor patients and offer relevant information and services. For example, patients on the mental health register were offered an annual health check.
- The practice liaised with multi-disciplinary teams in the management of patients experiencing poor mental health to tailor their care. The practice also referred patients to other mental health services and provided information about additional support they could access.
- One of the GP partners was completing training as a qualified yoga instructor and was insured to teach this. The GP offered free yoga lessons for patients one evening every week. This was used to specifically target patients who experienced low moods. There had been a strong uptake with the number of patients attending growing from ten to 25. The GP had also incorporated a question and answer forum with the classes to discuss any concerns. Feedback had been positive with patients particularly commenting that their sleep had improved and that they had felt positive following yoga. The GP planned to continue with these sessions and to create a feedback questionnaire to help measure the impact of these.
- Performance for mental health related indicators was higher than or similar to local and national averages. For example, 98% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 93% and the national average of 89%. 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG average of 86% and the national average of 84%.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published on 7 July 2016. The results showed that overall the practice's performance was varied compared with local and national averages. There were 361 survey forms distributed and 69 were returned. This represented a 19% completion rate and 2% of the practice's patient list.

- 61% of patients found it easy to get through to this practice by phone, compared to the Clinical Commissioning Group (CCG) average of 70% and the national average of 73%.
- 58% 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 71% and the national average of 76%.
- 68% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 61% 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 77% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards, all of which provided positive feedback about the standard of care received. Three of the cards also referred to difficulty accessing appointments and a further two stated that access to appointments had improved.

We spoke with the deputy manager at one local care home who told us that the practice provided a good quality of care to patients during visits, but that they sometimes experienced a long wait for non-urgent requests.

We spoke with one patient who was a member of the practice's Patient Participation Group. The patient member spoke positively about the practice's engagement with patients and the pro-active attitude of staff.

Areas for improvement

Action the service SHOULD take to improve

- Continue to review and encourage patient uptake of cervical and bowel cancer screening.

Outstanding practice

- One of the GP partners offered free yoga lessons for patients one evening every week. This was used to specifically target patients who experienced low moods. There had been a strong uptake with up to 25 patients attending, and patients had the opportunity to discuss any concerns. Feedback had been positive with patients particularly commenting that their sleep had improved and that they had felt positive following yoga.
- The practice had incorporated healthy living lectures with its Patient Participation Group (PPG) meetings to educate patients and empower them to improve their lifestyles. For example the practice had invited dieticians to demonstrate how to cook a healthy meal with few ingredients, and this was specifically aimed at the practice's large Asian population. The PPG advertised the healthy living lectures to patients and also gave a presentation or held a patient quiz on the topic of the education session to help engage patients. These sessions were attended by approximately ten to 20 patients.

Highgate Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser.

Background to Highgate Medical Centre

Highgate Medical Centre is a small general practice in the Highgate area of Birmingham. It operates under a Personal Medical Services (PMS) contract with NHS England. A PMS contract is one type of contract between general practices and NHS England for delivering primary care services to local communities. The practice was established in 1985 and is currently based within St Patricks Community Centre For Health. Facilities available include parking, wheelchair access and a disabled toilet.

Highgate Medical Centre has a patient list size of 3,766, a large proportion of which are children, young people, and adults under the age of 40. There are lower numbers of older people and significantly higher levels of social deprivation than national average demographics. The patient group also has a high level of ethnic diversity. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients. For example, the practice offers minor surgery, online access and improved services for patients at risk of or following unplanned admissions.

The clinical team includes one male and one female GP partners, one male salaried GP, one practice nurse and one healthcare assistant. The team is supported by a practice manager, an assistant practice manager, an IT officer, three receptionists and two administrators. The practice was also a GP training practice which meant that qualified doctors training as GPs would complete placements there.

Highgate Medical Centre opens from 8am to 7pm on weekdays, and additionally until 7.30pm on Mondays and Fridays and from 9am to 12pm on Saturdays. A variety of appointments are available between these times. The practice has arrangements to direct patients to out-of-hours services provided by Primecare when the practice is closed.

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 our inspection we reviewed information we held about the practice as well as information shared with us by other organisations. We carried out an announced inspection visit on 15 February 2017.

During the inspection we:

- Spoke with staff including GPs, the practice nurse, the practice manager and other non-clinical staff.

Detailed findings

- Observed how patients were being cared for and spoken to.
- Reviewed comment cards where patients 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.

- The staff members we spoke with during the inspection told us how they would deal with incidents and we saw that there was an established system of operation. Concerns were passed to the practice manager and learning outcomes were discussed with all staff during weekly practice meetings. There was a significant event policy and staff had access to the Datix incident reporting system on the practice computer system. The Datix system is linked with the National Reporting and Learning System (NRLS) to contribute to wider improvements in primary care.
- The practice had recorded 12 significant events during the year prior to the inspection. There were clear records showing details of the events, learning outcomes and what action had been taken as a result.
- Where a patient was affected by an incident the practice contacted them to discuss this. For example the patient's clinician would contact them by phone to discuss matters which may impact their health. A letter of apology was always offered if the patient was unhappy with the situation. We spoke with the practice manager and were assured of her understanding of 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.
- Both the lead GP and practice manager received patient safety alerts issued by external agencies including the Medicines and Healthcare products Regulatory Agency (MHRA) electronically. The practice manager was responsible for reviewing new alerts and bringing them to the attention of the clinical lead, who then took any required action. The practice manager retained records of alerts and the action taken to ensure they had been fully resolved. Information and learning from safety alerts was discussed during weekly practice meetings. We checked a sample of recent alerts and saw that these had been actioned.

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:

- The practice had policies and procedures in place to safeguard children and vulnerable adults from abuse. We confirmed that staff were able to access the information they needed about safeguarding, and that policies met with the requirements of current legislation and local agencies. One of the GP partners was the practice lead for safeguarding, and staff we spoke with were aware of this. The GPs provided reports for other agencies when requested and met with health visitors monthly to monitor adults and children at risk of harm. Staff were aware of their safeguarding responsibilities and how to escalate concerns. The practice ensured that all staff had been trained to the appropriate levels in children and vulnerable adults safeguarding, including level 3 children's safeguarding for GPs.
- Patients who attended the practice for examinations and procedures could request a chaperone, and a poster was displayed in the waiting area to make patients aware of this. All members of staff were able to act as chaperones and had received both training for the role, as well as an enhanced 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.
- There was an infection control lead within the practice that was responsible for ensuring standards of cleanliness and hygiene and maintaining policies and procedures to support this. The lead had received external training in infection control and attended regular updates. We saw that the premises were visibly clean and tidy on the day of the inspection. Staff had received training in infection control and annual infection control audits had been carried out to identify areas for improvement. We saw that action had been taken to address any issues raised by the audits. Staff we spoke with demonstrated an understanding of their infection control responsibilities, and had been trained in how to use the spill kits available for dealing with spillages of body fluid.
- The practice used a number of processes to ensure prescription security. The serial numbers of prescription stationery were tracked, and both prescription pads and

computer forms were stored securely before and during use. Repeat prescription requests were handled safely to ensure medicine reviews were conducted at the required intervals. There was a weekly check of any prescriptions that had not been collected by patients and the relevant GP and the practice manager were notified to ensure that any patients who needed their medicine urgently were contacted.

- The practice had installed keypad operated door locks, and all clinical rooms and staff areas were kept locked when they were not in use. We saw that staff removed their computer access cards when they needed to leave their computers unattended. Paper patient records were securely stored in a locked area that was not accessible to the public.
- The GPs had made suitable arrangements to protect patients who were prescribed high risk medicines (medicines that have a high risk of causing patient harm if they are not monitored closely), some of whom also received treatment from specialists in their particular illness under shared care agreements. Secondary care monitoring results were provided electronically by the hospital for these patients, and GPs assured us these were monitored to confirm the results were satisfactory before repeat prescriptions were issued.
- The practice logged the temperatures of fridges for medicines that required cold storage, to ensure that the correct temperature was maintained. We looked at a sample of the medicines stored in fridges and found that had these had been rotated and had not passed their expiry date. Two members of staff were responsible for ordering cold storage medicines every two to four weeks to ensure there was always a supply available. Staff we spoke with knew what action to take if cold storage medicines deviated from the recommended temperature range.
- The practice nurse used Patient Group Directions (PGDs) which allowed her to administer medicines in accordance with current legislation. We looked at a sample of current PGDs which were in use and saw that these had been signed by the nurse prior to use.
- We reviewed three staff files. These contained documentation which evidenced that appropriate recruitment checks had been undertaken before the staff commenced employment. For example the practice had obtained references, proof of identity, qualifications, registration with the appropriate professional body for clinical staff, and DBS checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Policies and procedures were used to identify and control any potential risks to patient and staff safety. For example there was a twice annual health and safety premises risk assessment which was completed by the owner of the premises. This had last been carried out in October 2016 and the practice was made aware of any potential hazards and what actions had been taken to manage these. There was also an annual fire risk assessment and this was last completed in November 2016. The practice had provided all staff with fire safety training, we saw evidence that fire drills had been undertaken and there were weekly fire alarm tests to ensure they were in working order. Four members of staff had also been trained as fire marshals and fire extinguishers were checked yearly.
- The practice arranged for electrical equipment to be checked at regular intervals to ensure it was safe to use. Maintenance logs showed that portable appliances had recently been tested in December 2016. We also checked a sample of equipment to confirm this. We similarly saw that clinical equipment had been calibrated in December 2016 and was working properly. There was a record of Legionella testing carried out in September 2016. Legionella is a term for a particular bacterium which can contaminate water systems in buildings. The practice used a variety of other risk assessments and regular professional visits in place to monitor safety of the premises, such as control of substances hazardous to health and infection control.
- The practice manager coordinated annual leave among teams to ensure that adequate numbers of clinical and non-clinical staff were available to patients at all times and were able to meet a range of needs.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button on the clinical computer system which staff could use to alert their colleagues in the event of an emergency. Staff understood the protocol for medical emergencies and had received annual basic life support training.

Good

Are services safe?

- A supply of oxygen with adult's and children's masks was available for use in the event of an emergency, as well as a defibrillator with adult's and children's pads. We checked that the equipment was properly stored and items had not passed their expiry date. This equipment was checked by staff regularly to ensure it was in good working order. A first aid kit and an accident book were also available.
- The practice had emergency medicines on site which were stored in a secure area of the practice which staff could easily access when required. We saw evidence that staff carried out a monthly check of emergency medicines to confirm they were present and had not passed their expiry date
- There was a business continuity plan which outlined how the practice would operate in the event of major incidents such as power failure or building damage. We saw that this contained suitable information such as contingency planning and useful contact details. At the time of the inspection copies were not kept off site for use in such an event, but this was rectified on the same day.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed patient 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. Staff were able to access to up to date guidelines from NICE via the internet, and discussed updates during weekly clinical meetings. We checked a sample of recent updates and saw that action had been taken, for example by conducting clinical audits.

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 published results (for 2015/2016) showed the practice had achieved 99% of the total number of points available, compared with the Clinical Commissioning Group (CCG) average of 97% and the national average of 95%. The practice's exception reporting was 5%, lower than the CCG average of 9% and the national average which was also 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice told us they had a policy for only the GP partners to carry out exception reporting. Patients who refused treatment were invited to a consultation to discuss their decision and explain the options available to them, before they were exception reported. The practice also took a holistic approach to treating long term conditions and aimed to keep patients engaged with the service and empower them to improve their health.

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

Performance for diabetes related indicators was in line with local and national averages. For example:

- 83% of patients had a blood glucose measurement within the target range in the previous 12 months, compared with the CCG average of 78% and the national average which was also 78%. Exception reporting was 10%, lower than the CCG average of 11% and the national average of 13%.
- 80% of patients with diabetes had a blood pressure reading within the acceptable range, higher than the CCG average of 77% and national average of 78%. Exception reporting was 2%, significantly lower than the CCG and national averages of 9%.
- 79% of patients with diabetes had a cholesterol measurement within the target range in the previous 12 months, in line with the CCG average of 78% and the national average of 80%. The practice's exception reporting for this indicator was 4%, once again lower than the CCG average of 10% and the national average of 13%.

Performance for mental health related indicators was higher than or similar to local and national averages. For example:

- 98% of patients experiencing poor mental health had a comprehensive agreed care plan documented in their records, which was higher than the CCG average of 93% and the national average of 89%. Exception reporting was 2%, lower than the CCG average of 8% and the national average of 13%.
- 83% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was in line with the CCG average of 86% and the national average of 84%. Exception reporting was 4% for this indicator, the same as the CCG average of 4% and lower than the national average which was 7%.

The practice's performance for patients with a variety of other long term conditions was above average. For example:

- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had been reviewed within the previous 12 months, including a breathlessness assessment, was 95%. This was similar to the CCG average of 91% and the national average of 90%. The practice's exception reporting for this was 0%, significantly lower than the CCG average of 7% and the national average of 12%.
- 86% of the practice's patients with asthma had received a review in the previous 12 months, compared with the

Good

Are services effective?

(for example, treatment is effective)

CCG and national averages of 76%. The practice had exception reported 4% of patients for this indicator, the same as the CCG average of 4% and lower than the national average of 8%.

There was evidence of quality improvement including clinical audit.

- We saw evidence of three clinical audits the practice had completed over the previous year, two of which were full cycle audits where the improvements made were implemented and monitored. The GP Specialist Advisor reviewed these and saw that they were of a high quality, with a simple structure and clear purpose. The practice identified areas for audit in response to NICE updates and prescribing guidelines as well as through CCG targets.
- The practice participated in benchmarking and best practice sharing with other local GPs.
- The practice used its findings to improve services for patients. For example an audit was carried out to reduce the risk of experiencing a stroke in patients with atrial fibrillation (an irregular heart rhythm), by reviewing their prescribing practice and the patients' compliance with medicine.

Effective staffing

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

- Staff completed the practice induction programme as part of the practice's recruitment process. This included essential topics such as health and safety, infection control, dealing with emergency medical incidents and confidentiality.
- Those members of staff who administered vaccines and took samples for the cervical screening programme had completed essential training which included an assessment of competency. Those who administered vaccines used online updates to stay up to date with changes to immunisation programmes.
- The practice used annual appraisals and quarterly supervision sessions to identify staff training needs. All staff had received an appraisal and four supervision sessions within the last 12 months. The practice also had access to a comprehensive e-learning training package to assist staff in maintaining their competence.
- The practice facilitated and supported the revalidation process for GPs and the practice nurse.

Coordinating patient care and information sharing

Staff could access the information they required to plan and deliver care in a timely and accessible way through the practice's patient record system.

- This included test results, care plans, medical records and risk assessments.
- The practice shared relevant information with other services efficiently, such as when referring patients to other services.

Staff liaised with other health and social care professionals to recognise patients' needs and tailor care and treatment as required. This included when patients were referred between services or were discharged from hospital. The practice held monthly multidisciplinary team meetings with other health care professionals to review patients with complex needs.

Consent to care and treatment

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

- We spoke with clinical staff and confirmed their understanding of consent and best interest decision-making requirements. These were in line with current legislation and guidance, including the Mental Capacity Act 2005.
- Clinical staff assessed each patient's capacity to consent as recommended by current guidance when they provided care and treatment for children and young people. Clinical staff demonstrated their understanding of Gillick competence and Fraser guidelines, and why these needed to be considered when providing care and treatment to young patients under 16. The Gillick test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Fraser guidelines related specifically to contraception, sexual health advice and treatment.
- Where a patient's mental capacity to consent to care or treatment was unclear the clinician conducted an assessment of capacity and recorded the outcome.

Supporting patients to live healthier lives

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

Good

Are services effective?

(for example, treatment is effective)

- The practice maintained a number of registers identifying patients who required additional support. For example patients with long term conditions, those nearing the end of life, patients with a learning disability, patients with mental health issues and carers. The practice offered patients on these registers medicine reviews and health checks to monitor their health.
- The practice offered chronic disease clinics and health promotion clinics for patients who needed this input.
- The practice was committed to educating patients about their health and promoting healthier lifestyles. For example the practice offered healthy living lectures and one of the GP partners offered free yoga classes within the practice. A weekly clinic was also hosted by the practice for to discuss their diet and lifestyle with a professional and patients with diabetes or raised body mass indexes were invited to attend.

The practice carried out cervical cancer screening for women within the target age range. QOF data for 2015/2016 showed that the practice's performance was lower than average:

- The practice's uptake for the cervical screening programme was 72%, which was lower than the CCG average of 80% and the national average of 81%. Exception reporting for this indicator was 5%, lower than the CCG average of 13% and in line with the national average of 7%. The practice followed up patients who did not attend for cervical screening and the practice nurse also encouraged patients to take up the offer of screening opportunistically during other consultations. There was always a female sample taker available to patients and systems were used to verify that results had been received for all samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from Public Health England in relation to 2015/2016 showed that:

- 74% of women aged 50 to 70 had been screened for breast cancer within the target period, higher the CCG average of 66% and the national average of 73%.
- 33% of patients aged 60 to 69 had been screened for bowel cancer within the target period, lower than the CCG average of 44% and the national average of 58%. The practice was aware that this required improvement and had begun conducting an audit to help identify and target patients who did not attend for screening.

Childhood immunisation rates for the vaccinations given were higher than average. For example, for the vaccinations given to under two year olds the practice had surpassed the nationally required vaccination rate of 90%, scoring between 94% and 97% in all indicators. The practice achieved an overall score of 9.5 out of 10, compared with the national average score of 9.1.

Patients had access to appropriate health assessments and checks. These included new patient health checks and NHS health checks for patients aged 40–74 and those aged over 75. 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 that staff members were helpful to patients and treated them with dignity and respect.

- The doors to consultation and treatment rooms were kept closed when they were not in use, and conversations taking place in these rooms could not be overheard.
- Curtains had been installed in consultation rooms to maintain patient's privacy and dignity during examinations and treatments.
- Reception staff told us they offered to speak with patients in a private room to support their privacy if they appeared distressed or needed to discuss something personal.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards from patients which all made positive remarks about the care provided by the practice. Patients said that staff were approachable and friendly, and professional and respectful.

We spoke with one patient who was a member of the practice's Patient Participation Group. The patient made positive comments about the way the practice engaged with patients and the caring outlook of the GP partners.

Results from the National GP Patient Survey showed that most patients felt they were treated with compassion, dignity and respect, but the practice was lower than average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 86% 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 and the national average which were both 92%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 82% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 83% of patients said the nurse was good at listening to them compared to the CCG average of 89% and the national average of 91%.
- 85% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 91%.
- 85% of patients said the nurse gave them enough time compared to the CCG average of 89% and the national average of 92%.
- 81% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice had created an action plan the previous year to improve patient satisfaction. This included reducing the practice's use of locum GPs and informing patients about the role of trainee GPs, as well as facilitating patient contact with GPs by email following a consultation. The practice had also reviewed the working arrangements for the reception team and was using spot checks to ensure high standards of professionalism were maintained.

Care planning and involvement in decisions about care and treatment

Patient comment cards said that clinical staff were good at involving them in decisions about their care.

Results from the National GP Patient Survey showed that the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Again, results showed that the practice's performance was lower than average for consultations with GPs and nurses. For example:

- 82% 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%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 80% 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%.
- 78% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 90%.

Good

Are services caring?

Facilities were available to help patients be involved in decisions about their care:

- All staff at the practice spoke a second language in addition to English which assisted patients who required information to be interpreted. Over ten different languages were spoken including Urdu, Hindko, Garhwali, Punjabi, Filipino, Mirpuri and Marathi. The practice also frequently used an external translation service for other languages. The practice identified the need for an interpreter and notified patients that this was available during new patient health checks. The practice website could also be displayed in a variety of languages.
- The premises were equipped with a hearing loop for patients with a hearing difficulty and also used an interpreter service to provide sign language during consultations where necessary.

Patient and carer support to cope emotionally with care and treatment

Information was displayed in the waiting area to help patients to identify and access available support.

The practice's computer system alerted GPs if a patient was also a carer. There were 63 patients on the carers register on the day of the inspection (1.7% of the practice list). The practice identified whether a patient was a carer during their health check at the time of registering as well as opportunistically through consultations. Additionally the practice reviewed all patients added to their vulnerable and complex needs registers to confirm whether they had a carer and checked whether any carers identified were also patients. A carer's poster and support policy were displayed at the reception desk, and staff told us they could provide newly registered carers with a pack of information to signpost the services available to them. The practice offered the flu vaccination to carers annually.

When patients experienced bereavement, their GP contacted them by phone and offered to make a home visit. The practice also sent condolence letters to bereaved patients to signpost support services. The practice also accommodated patients whose religious beliefs required burial within 24 hours of death by prioritising GP availability to ensure their death certificate was issued quickly.

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 hours appointments until 7.30pm on Mondays and Fridays, as well as from 9am until 12pm on Saturdays, to accommodate patients who had difficulty attending the practice during school or working hours.
- Same day appointments were always made available for children and for those patients with medical problems that required same day consultation.
- The premises had baby changing facilities and a baby changing area.
- Longer appointments were available for patients with a learning disability, those with multiple conditions and others identified as being in need of them.
- Patients could access online appointment booking, and email access to GP advice was provided to patients with complex needs, for example patients with diabetes who required weekly blood sugar monitoring.
- The practice had increased its appointment availability to meet patient demand, and was offering 195 more GP appointments per week than it had been three years ago. There were also 36 more nurses appointments per week compared with 2013.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. One of the GP partners also acted as a roving GP to make holistic home visits to several patients every week, to review their home health circumstances and help prevent admissions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- All staff at the practice spoke a second language in addition to English which assisted patients who required information to be interpreted. Over ten different languages were spoken including Urdu, Hindko, Garhwali, Punjabi, Filipino, Mirpuri and Marathi. The practice also frequently used an external translation service for other languages. The practice identified the need for an interpreter and notified patients that this was available during new patient health checks. The practice website could also be displayed in a variety of languages.
- The premises were equipped with disabled facilities and a hearing loop for patients with a hearing difficulty. The practice used an interpreter service to provide sign language during consultations where necessary.
- The GP partners were planning to hold a series of lifestyle lectures at a local mosque to help educate patients about their health. The practice had produced a questionnaire leaflet which was handed out a sample of approximately 200 to people leaving the mosque after prayer sessions.
- One of the GP partners was completing training as a qualified yoga instructor and was insured to teach this. The GP offered free yoga lessons for patients one evening every week. This was used to specifically target patients who experienced low moods. There had been a strong uptake with the number of patients attending growing from ten to 25. The GP had also incorporated a question and answer forum with the classes to discuss any concerns. Feedback had been positive with patients particularly commenting that their sleep had improved and that they had felt positive following yoga. The GP planned to continue with these sessions and to create a feedback questionnaire to help measure the impact of these.
- The practice had incorporated healthy living lectures with its Patient Participation Group (PPG) meetings to educate patients and empower them to improve their lifestyles. For example the practice had invited dieticians to demonstrate how to cook a healthy meal with few ingredients, and this was specifically aimed at the practice's large Asian population. The PPG advertised the healthy living lectures to patients and also gave a presentation or held a patient quiz on the topic of the education session to help engage patients. These sessions were attended by approximately ten to 20 patients.
- All newly registered patients at the practice received a new patient health check. As a result of conducting these the practice had been able to identify a high prevalence of diabetes which it was taking action to address. For example, newly diagnosed diabetic patients were offered a longer appointment with the diabetic lead GP and the practice nurse, following which the patient was provided with secure email access to

Good

Are services responsive to people's needs?

(for example, to feedback?)

the GP directly. Clinical staff had completed a number of specialist courses to further their knowledge of diabetes, and had also participated in virtual diabetes clinics provided by a consultant at a local hospital.
- Patients receiving palliative care were offered direct access to their GP by mobile phone so that they could contact them if they needed support outside of the practice's opening hours.
- The practice completed document requests for potentially vulnerable patients such as asylum seekers free of charge.
- The practice also accommodated patients whose religious beliefs required burial within 24 hours of death by prioritising GP availability to ensure their death certificate was issued quickly.

Access to the service

The practice opened from 8am to 7pm on weekdays, and additionally until 7.30pm on Mondays and Fridays and from 9am to 12pm on Saturdays. A variety of appointments were available between these times. There were arrangements to direct patients to My Healthcare hub services or out-of-hours services provided by Primecare when the practice was closed. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments, home visits and telephone appointments were also available for people that needed them.

Results from the National GP Patient Survey showed that patients' satisfaction with how they could access care and treatment was similar to or lower than local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 61% 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%.
- 88% of patients said the last appointment they got was convenient, compared to the CCG average of 90% and the national average of 92%.
- 55% of patients described their experience of making an appointment as good, compared to the CCG average of 70% and the national average of 73%.
- 23% of patients felt they did not normally have to wait too long to be seen, significantly lower than the CCG average of 53% and the national average of 58%.

The practice was aware that patient satisfaction was lower than average in some of these areas and had made more staff available to answer the phones at busy times as well as adding an additional phone line. The practice had also reviewed using telephone triage to coordinate appointments, but found this unworkable due to the large variety of languages spoken by patients and the need to obtain accurate details. The practice had increased its appointment availability to meet patient demand, and was offering 195 more GP appointments per week than it had been three years ago. There were also 36 more nurses appointments per week compared with 2013. Of the 40 patient comment cards we collected on the day of the inspection, five said that it was difficult to get an appointment, and two also said that access to appointments had improved recently.

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. Calls requesting home visits were transferred to the practice manager or assistant practice manager who collected details and sent these to the two GP partners via the computer system. The GPs then triaged visits and returned a call to the patient in advance of making the visit at lunchtime. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the practice made alternative emergency care arrangements. Staff we spoke with were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

There was an effective system in place for handling complaints and concerns.

- We confirmed that the practice's complaints policy and procedures were in line with the recognised guidance and contractual obligations for GPs in England.
- The practice manager and one of the GP partners were the complaints leads for the practice.
- A copy of the practice's complaints policy was displayed in the waiting area to assist patients in understanding the complaints system. Details of how to complain were also included in the practice leaflet and on the website.

We looked at details of ten complaints received in the previous year and these had been properly handled within reasonable timescales. The practice maintained a spreadsheet to record details of complaints, the actions

Good

Are services responsive to people's needs?

(for example, to feedback?)

taken and outcome, the dates of practice meetings where the complaint was discussed and any learning outcomes. Complaints were also reviewed annually. This approach to managing complaints helped to improve practice and learning from complaints. For example, we saw that the practice had provided training to reception staff following a complaint from a patient about the way their telephone call had been handled.

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 aimed to provide a high standard of care to its patients that was comprehensive, friendly and accessible. Staff told us they always prioritised the quality of service they provided and worked with other professionals to enhance patient care.

The practice recognised the challenges it faced as a small practice with a growing patient list. The practice had considered how best to meet these needs and was in the process of preparing to merge with a larger organisation and become part of a super partnership.

Governance arrangements

The practice had well established governance arrangements which worked in support of the delivery of its future plans and high quality care.

- Staff we spoke with understood their roles and responsibilities, and there was a clearly defined structure to ensure everyone knew who the lead members of staff were and how to report a range of situations.
- The practice had a full set of policies and we saw examples of how these were used, for example to handle incidents and health and safety. All staff knew how to access these.
- The practice used benchmarking and clinical audit to monitor its performance and quality of service. Outcomes were used to identify areas for improvement and implement changes.
- Processes were in place to manage risks and protect staff and patients from harm.

Leadership and culture

The GP partners demonstrated that they had the knowledge and experience they needed to run the practice to a high standard. Staff told us the partners were approachable and they felt supported in their roles.

There were 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 processes used ensured that when things went wrong with care and treatment any patients affected were provided with information they needed to know and received reasonable support. It was the practice policy to make a verbal apology to the patient and follow up with a formal letter of apology if this was desired.

The leadership structure ensured that staff had access to advice and support.

- Staff told us the practice held weekly whole practice and clinical staff meetings. We were provided with copies of meeting minutes which were available to staff to review.
- The practice manager had an open door policy and staff described working relationships as close and friendly. Staff also felt the practice was invested in their development.
- On the day of the inspection we observed staff to work well as a team. The practice manager used annual appraisals, frequent staff meetings and face to face discussions to support the health and wellbeing of staff.

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 an active Patient Participation Group (PPG). The PPG told us they acted as a conduit to aid communication between the practice and patients. The PPG had been involved with the practice's planning to improve patient access, for example the practice allowed emergency appointments to be booked in the afternoon on the day as well as in the morning, as a result of feedback by the PPG.
- The GPs valued staff input. Staff told us they felt able to make suggestions during weekly meetings and contribute to the development of the practice. Appraisals were held annually and provided staff with an opportunity to give formal feedback and discuss any issues.

Continuous improvement

The practice was committed to continuous improvement and innovation. For example, while the practice had found it difficult to recruit an additional salaried GP, it had recently made a successful bid for the GP Retention Scheme. This meant the practice gained a retained GP for a maximum of four clinical sessions per week.

Are services well-led?

Good

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

The practice was registered with Clinical Practice Research Datalink and Research Ready accredited. The Clinical Practice Research Datalink is an observational and interventional research service. Research Ready is a quality assurance programme provided by the Royal College of General Practitioners. The practice promoted better outcomes for patients by actively participating in research and trials. For example the practice had piloted Point-of-care C reactive protein testing as part of a strategy to reduce the use of antibiotics.

The practice had won a number of awards over the previous 12 years including several Heart of Birmingham patient experience awards. One of the GP partners had won the Birmingham South Central Clinical Commissioning Group GP that has made outstanding contribution to primary care Award in 2016. The same GP partner was also nominated for the GP of the Year Award.