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

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good</th>
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<tr>
<td>Are services safe?</td>
<td>Good</td>
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<tr>
<td>Are services effective?</td>
<td>Good</td>
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<tr>
<td>Are services caring?</td>
<td>Good</td>
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<tr>
<td>Are services responsive to people’s needs?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
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Summary of findings

Contents

Summary of this inspection

Overall summary
The five questions we ask and what we found
The six population groups and what we found
What people who use the service say
Areas for improvement

Detailed findings from this inspection

Our inspection team
Background to Greet Medical Practice
Why we carried out this inspection
How we carried out this inspection
Detailed findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Greet Medical Practice on 8 August 2017. 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 a system in place for reporting and recording significant events.
• The practice had clearly defined and embedded systems to minimise risks to patient safety.
• Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
• We saw evidence that patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
• The practice had taken measures to improve patient satisfaction where data showed patients rated the practice below others. This included developing an action plan, reviewing follow-up actions, carrying out staff training on customer care, and increasing the availability of appointments.
• Patients we spoke with 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.
• Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints, concerns and patient feedback.
• The practice had good facilities and was well equipped to treat patients and meet their needs.
• The practice had responded to GP patient survey results by carrying out a number of actions including by increasing the availability of appointments.
• 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.
Summary of findings

- The practice was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The area where the provider should make improvements is:

- The provider should continue to explore ways to identify and respond to patient feedback and ensure improvement to national GP patient survey results.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice
The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**
The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events. Lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice used a comprehensive incident reporting and patient safety system to record and manage significant events, incidents, and patient safety alerts.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had sufficient arrangements to respond to emergencies and major incidents.

**Are services effective?**
The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were in line with or higher than local and national averages.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other services involved.

**Are services caring?**
The practice is rated as good for providing caring services.

- Data from the national GP patient survey published during July 2017 showed patients rated the practice below others for several aspects of care.
Summary of findings

- The practice had conducted its own in-house survey which was available in local community languages spoken by their patient group. There was a greater number of respondents than for the national GP patient survey and the results showed patients responded positively to questions about aspects of their care.
- The practice had taken measures to improve patient satisfaction where data showed patients rated the practice below others. This included developing an action plan, reviewing follow-up actions, carrying out staff training on customer care, and increasing the availability of appointments.
- The practice could demonstrate improvements in national GP patient survey results when comparing 2017 with 2016.
- The practice provided evidence of positive feedback directly received from patients.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a carers register and provided additional support for patients who were carers.

Are services responsive to people’s needs?
The practice is rated as good for providing responsive services.

- Results from the national GP patient survey published during July 2017 showed that patient satisfaction with how they could access care and treatment was in line with or below local and national averages.
- The practice had conducted its own in-house survey which was available in local community languages spoken by their patient group. There was a greater number of respondents than for the national GP patient survey and the results showed patients responded positively to questions about how they could access care and treatment.
- The practice understood its population profile and had used this understanding to meet the needs of its population.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they were able 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.
Summary of findings

- Information about how to complain was available and evidence from six examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a comprehensive approach to identify and respond to both individual complaints and feedback, and any themes or trends recognised.
- The practice had responded to national GP patient survey results by carrying out a number of actions including increasing the availability of appointments.

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice vision and aims, and their responsibilities in relation to them.
- There was a clear leadership structure and staff felt supported by management. The practice had a full range of policies, procedures and plans to govern activity, and held regular governance meetings.
- The practice had a comprehensive governance framework which supported the delivery of the strategy and good quality care. This included arrangements to identify risk.
- A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the six examples we reviewed we saw evidence the practice complied with these requirements.
- The GPs and practice manager encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
### The six population groups and what we found

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

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

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. All patients aged 75 years and above had been allocated a GP accountable for their care.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotion advice and support to help them to maintain their health and independence for as long as possible.

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

- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients with diabetes whose last blood pressure reading was under the recommended level was 76%, compared with the CCG average of 77% and the national average of 78%. The practice’s exception reporting rate for this indicator was 3%, compared with the CCG and national averages of 9%.
### Summary of findings

- Practice staff recognised a high prevalence of diabetes in their patient group, which was 2.3 times the national average. The practice had provided training for all staff on diabetes care and treatment. GPs had completed additional diabetes management courses.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for 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

<table>
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<tr>
<th>Families, children and young people</th>
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<tr>
<td>The practice is rated as good for the care of families, children and young people.</td>
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<tr>
<td>- From the sample of documented examples we reviewed we found there were systems 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 accident and emergency (A&amp;E) attendances.</td>
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<tr>
<td>- Immunisation rates were high for all standard childhood immunisations. For example, the practice had vaccinated 96% of children aged up to two years compared with the national average of 91%.</td>
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<td>- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.</td>
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<td>- Appointments were available outside of school hours and the premises were suitable for children and babies.</td>
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<td>- The practice worked with midwives, health visitors and school nurses to support this population group. This including providing ante-natal, post-natal and child health surveillance clinics.</td>
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<td>- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.</td>
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<th>Working age people (including those recently retired and students)</th>
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<td>The practice is rated as good for the care of working age people (including those recently retired and students).</td>
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• The needs of these populations 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.
• The practice operated online booking and prescription services, and text messages were used to remind patients of their appointment details.

**People whose circumstances may make them vulnerable**

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

• The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
• End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
• The practice offered longer appointments for patients with a learning disability.
• The practice regularly worked with other health care professionals in the case management of vulnerable patients.
• The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
• Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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)**

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

• Performance for mental health related indicators was in line with or higher than local and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98%. The local average was 94% and the national average was 89%. The practice
100% (all patients) diagnosed with dementia had received a care review in a face-to-face meeting in the last 12 months, which was higher than the local average of 85% and the national average of 84%. The practice had not exception reported any patients for this indicator.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Patients at risk of dementia were identified and offered an assessment. The practice carried out advance care planning for patients living with dementia.

The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

The practice offered annual reviews for mental health patients and there was an in-house counselling service available for patients aged 14 to 24 years.

The practice had a system to follow up patients who had attended A&E where they may have been experiencing poor mental health.

Staff we spoke with 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 most recent national GP patient survey results were published in July 2017. There were 382 survey forms distributed and 56 were returned. This represented a 15% completion rate, and 1% of the practice’s patient list.

Results from the 1% of practice patients represented by the survey showed the practice’s performance was below local and national averages. For example:

- 53% of patients said they found it easy to get through to the practice by telephone, compared with the local average of 68% and national average of 71%.
- 36% of patients said they usually get to see or speak with their preferred GP, compared with the local average of 55% and national average of 56%.
- 27% of patients said they usually waited 15 minutes or less after their appointment time to be seen, compared with the local average of 60% and national average of 64%.
- 66% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care, compared with the local average of 81% and national average of 82%.
- 71% of patients said the last nurse they saw or spoke to was good at listening to them, compared with the local average of 89% and national average of 91%.
- 74% of patients said they were satisfied with the practice’s opening hours, compared with the local and national average of 76%.

Practice staff told us their patient group were more likely to engage directly with the practice to provide their views rather than complete surveys, and that it was possible that a significant proportion of their patients would not understand written English sufficiently to be able to complete the national GP patient survey. The practice had conducted its own in-house survey during 2017 (focusing on questions from the national GP patient survey) which was available in a range of local community languages spoken by the patient group including Urdu and Bengali. There was a greater number of respondents to this survey (94) than for the national GP patient survey (56), and the results showed patients responded positively to questions about access to and aspects of their care. For example:

- 89% of patients rated the practice reception staff as good, very good or excellent.
- 97% of patients said they were satisfied with the practice’s opening hours.
- 88% of patients said the last GP they saw or spoke with was good, very good or excellent at involving them in decisions about their care.
- 88% of patients said the last GP they saw or spoke with was good, very good or excellent at showing care and concern.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received six comment cards which all contained positive comments about the standard of care received. One comment card also highlighted difficulties in getting appointments with a preferred GP.

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

Areas for improvement
Summary of findings

**Action the service SHOULD take to improve**

- The provider should continue to explore ways to identify and respond to patient feedback and ensure improvement to national GP patient survey results.
Our inspection team

Our inspection team was led by: Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser.

Background to Greet Medical Practice

Greet Medical Practice is a purpose-built GP practice located in South East Birmingham and serves patients who live within a mile radius of the practice location. The practice holds a Personal Medical Services (PMS) contract and is part of the NHS Birmingham South and Central Clinical Commissioning Group (CCG).

The patient list size is currently approximately 5,300 and has been increasing by about 5% per year over the last four years. Approximately 63% of the practice population come from an Asian background, with 28% being White British or White Irish. The practice has a higher proportion of patients aged less than 40 years than local and national averages, and patients aged 60 years and older are underrepresented. The practice area is classified as being within the highest category for deprivation, which is derived from the circumstances and lifestyles of those living there.

The clinical staff team consists of two GP partners (one male and one female), one part-time female salaried GP, one female full-time GP trainee, one practice nurse, and two health care assistants. The practice uses two long-term locum GPs.

The clinical team is supported by a practice manager and a team of five administrative and reception staff.

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, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced inspection on 8 August 2017. During our inspection we:

• Spoke with a range of clinical and non-clinical staff, and spoke with patients who used the service.

The practice building and telephone lines are open from 8am to 1pm, and from 2pm to 6.30pm on weekdays (8.30pm on Mondays). Appointments are also available from 8am to 1pm, and from 2pm to 6.30pm on weekdays (8.30pm on Mondays). The practice is not open at weekends.

When the practice is closed patients can call the practice telephone number which is then diverted to the local Birmingham Out of Hours service which is provided by Primecare. Further advice and guidance is provided by the NHS 111 service.
Detailed findings

- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 living with dementia).

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

Our findings

Safe track record and learning

There was a clear system for reporting and recording significant events.

- There was a practice policy, procedure and accompanying toolkits for significant event and incident reporting which directed staff to the appropriate actions and activities. The documents were available to all staff on the practice’s computer system. Staff were aware of the documents’ contents and how to access them.
- Staff told us they would inform the practice managers of any incidents and there was a recording form available on the practice’s computer system and a hard-copy version in the reception area. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff demonstrated they knew how to respond to and report significant events, incidents and near misses, and their responsibilities when doing so.
- We reviewed a sample of the six documented significant events which had been recorded in the last 12 months. We found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably possible, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. A face to face meeting was offered to all affected patients.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events, including ongoing reviews to identify, report and respond to any trends or patterns. Significant events, incidents and complaints were discussed at fortnightly GP and monthly staff meetings and were a standing agenda item at both. We saw minutes of these meetings which included learning points, outcomes and actions.

- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice introduced a new process for processing patient samples including handling, documenting, logging and storage.
- The practice used a comprehensive incident reporting and patient safety system to record and manage significant events and incidents, and the associated actions. This system included the facility to identify trends over time. Practice staff monitored and evaluated any action taken as a result of significant events and incidents. Patient safety alerts, including Medicines and Healthcare products Regulatory Agency (MHRA) alerts, were also managed by this compliance system, including logging when staff had received, read and acted on these. We reviewed a sample of recent MHRA alerts and saw these had been handled appropriately.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to, and promote patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Separate child and adult safeguarding 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, including local contact details and details of the local safeguarding board. One of the GP partners was the lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three. Practice staff monitored compliance with safeguarding training requirements for all staff.
- The practice held registers of vulnerable children and adults and these patients were identified on the practice’s patient information system.
- A notice in the waiting room and all treatment 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...
Are services safe?

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be visibly clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. IPC was a standing agenda item at monthly staff meetings.

The arrangements for managing medicines (including emergency medicines and vaccines) in the practice minimised risks to patient safety. This included obtaining, prescribing, recording, handling, storing, security and disposal of medicines.

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. We checked patient records for those using high risk medicines and these were being reviewed appropriately.
- The practice had suitable processes for storing medicines, including emergency medicines and those requiring refrigeration.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group 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 to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. This included proof of identity, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had a fire procedure and an up to date fire risk assessment. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated on an annual basis to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for bacteria which can contaminate water systems in buildings).

There were arrangements for planning and monitoring the number of staff and mix of staff needed. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had sufficient arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in the reception area and all the treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on site.
- The practice had a defibrillator available on the premises and oxygen with adult and children’s masks. A first aid kit and accident book were available.
- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The plan was accessible offsite if required.
Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients’ needs.
- Practice staff 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 published results (from 2015-16) showed the practice had achieved 97% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

Practice data demonstrated there were no current exception reporting rates that were significantly higher than the CCG or national averages (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 most recent published results (from 2015-16) showed the practice had lower exception reporting rates than CCG and national averages. For example the overall clinical exception rate was 4%, compared with the CCG average of 9% and the national average of 10%.

This practice was not an outlier for any QOF (or other national) clinical targets. For example, data from 2015-16 showed:

- Performance for diabetes related indicators was similar to CCG and national averages. For example, the percentage of patients with diabetes whose last blood pressure reading was under the recommended level was 76%, compared with the CCG average of 77% and the national average of 78%. The practice’s exception reporting rate for this indicator was 3%, compared with the CCG and national averages of 9%.
- Performance for mental health related indicators was higher than CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 98%. The CCG average was 94% and the national average was 89%. The practice had not exception reported any patients for this indicator.

There was evidence of quality improvement including clinical audit:

- The practice had conducted three clinical audits in the last year, and each of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following an audit into antibiotics prescribing practice staff had reviewed and discussed antibiotics prescribing guidelines.
- We saw that audit findings had been presented, discussed and documented as part of clinical and practice meetings. Audits were a standing item in monthly clinical meetings.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had a timetabled induction programme for all newly appointed staff. There was a detailed induction process which included IT use and paperwork. Topics covered included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured training and updates took place for staff. Training was linked to the appraisals process for all staff.
- We saw evidence of role-specific training and updates, for example the nursing staff had completed recent training in cervical screening, immunisation and infection control. All staff had received training that
Are services effective?
(for example, treatment is effective)

including safeguarding, fire safety awareness, basic life support, and information governance. Staff had access to and made use of e-learning training modules, in-house training, and external training events.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which 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 online 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 and nurses. All staff had received an appraisal within the last 12 months. Training was discussed at clinical and staff meetings.

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 and intranet systems.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of five documented examples we reviewed we found that 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. Information was shared between services, with patients’ consent, using a shared care record. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- 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 nursing staff assessed the patient’s capacity and recorded the outcome of the assessment.
- The process for seeking consent was regularly monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those requiring advice on their diet, smoking or alcohol use.

The practice was able to signpost patient to a range of local support groups for example counselling, diabetes management, bereavement, healthy lifestyles, and smoking cessation.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high. For example, the practice had vaccinated 96% of children aged up to two years compared with the national average of 91%. 92% of children aged five years had received vaccinations compared with the national average of 88%.

Practice data from 2016-17 showed the practice’s uptake for the cervical screening programme was 79%, which was in line with the CCG average of 80% and the national average of 81%. The uptake for breast cancer screening was
72%, which was slightly higher than the CCG average of 66% and in line with the national average of 72%. The uptake for bowel cancer screening was 52% compared with the CCG average of 44% and the national average of 58%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems 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.

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

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

• Curtains were provided in treatment rooms to maintain patients’ privacy and dignity during examinations, investigations and treatments.
• Treatment room doors were closed during consultations; we noted that conversations taking place in these rooms could not be overheard.
• Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them the use of a private room to discuss their needs.
• Patients could be treated by their choice of male or female clinical staff.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received six comment cards which all contained positive comments about the standard of care received. One comment card also highlighted difficulties in getting appointments with a preferred GP.

We spoke with three patients including one member of the patient participation group (PPG). Each of these patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published during July 2017 showed the practice was below averages for its satisfaction scores for consultations with GPs and nurses, and for contact with reception staff. For example:

• 79% of patients said the last GP they saw or spoke to was good at listening to them compared with the local clinical commissioning group (CCG) average of 88% and the national average of 89%.
• 77% of patients said the last GP they saw or spoke to gave them enough time compared with the local CCG and national averages of 86%.

• 67% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the local CCG average of 85% and the national average of 86%.
• 71% of patients said the last nurse they saw or spoke to was good at listening to them compared with the local CCG average of 89% and the national average of 91%.
• 71% of patients said the last nurse they saw or spoke to gave them enough time compared with the local CCG average of 90% and the national average of 92%.
• 63% of patients said the last nurse they saw or spoke to was good at treating them with care and concern compared with the local CCG average of 87% and the national average of 91%.
• 77% of patients said they found the receptionists at the practice helpful, compared with the local CCG average of 85% and the national average of 87%.

The national GP patient survey results represented 1% of the practice’s patient list and 15% of surveys distributed were returned.

Practice staff were aware of these results and had discussed findings at staff meetings. Practice staff told us their patient population were more likely to engage directly with the practice to provide their views rather than complete surveys. Staff told us one of the reasons for this was that many patients did not have English as their first language and as such may not be able to complete the surveys.

This was reflected in the small number of patients completing the national GP patient survey and the volume of patient feedback the practice had received directly and had subsequently documented and filed. This feedback was all positive. We saw folders containing letters and cards containing positive feedback from patients received from 2012 to 2017.

As a result of the national GP patient survey results, the practice had conducted its own in-house survey during 2017 which was available in local community languages spoken by their patient group including Urdu and Bengali. Results showed patients responded positively to questions about their care. For example:
Are services caring?

- 88% of patients said the last GP they saw or spoke with was good, very good or excellent at involving them in decisions about their care.
- 87% of patients said the last GP they saw or spoke with was good, very good or excellent at listening to them.
- 88% of patients said the last GP they saw or spoke with was good, very good or excellent at showing care and concern.
- 84% of patients rated the time spent with the last GP they saw as good, very good or excellent.

The practice manager was responsible for reviewing patient feedback, including national GP patient survey results, NHS choices comments, and feedback submitted directly to the practice. We saw evidence of where patient feedback had been discussed by practice staff, for example minutes of meetings.

The practice had responded to national GP patient survey results by increasing appointment availability and carrying out increased training with clinical staff and reception staff during 2016 and 2017, which included customer care skills and complaints handling. The practice’s 2017 survey results had improved in most areas when compared with 2016. For example:

- Patients who said the GP was good at giving them enough time increased from 74% for 2016 to 79% for 2017.
- Patients who said the nurse was good at listening to them increased from 61% for 2016 to 71% for 2017.
- Patients who said they found receptionists helpful increased from 60% for 2016 to 77% for 2017.

The practice was continuing to identify and implement actions with the aim of maintaining improvements. For example, practice staff were actively encouraging patients to use the practice suggestion box, and using the comments in PPG meetings to discuss areas for improvement. Practice staff had received additional training in dealing with challenging patients in July 2017. All staff attended monthly practice meetings which included discussions on how to continue to improve patient feedback.

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. We saw that care plans were personalised. Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the national GP patient survey published during July 2017 showed the practice was below average concerning patient involvement in planning and making decisions about their care and treatment. For example:

- 74% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared with local CCG and national averages of 86%.
- 66% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the local CCG average of 81% and the national average of 82%.
- 66% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the local CCG average of 87% and the national average of 90%.
- 60% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared with the local CCG average of 83% and the national average of 85%.

The practice’s 2017 survey results had improved in some areas when compared with 2016. For example:

- Patients who said the nurse was good at explaining tests and treatments increased from 53% for 2016 to 66% for 2017.
- Patients who said the nurse was good at involving them in decisions about their care increased from 48% for 2016 to 60% for 2017.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.
Information was available in a range of languages spoken by the local population.

There was a hearing loop in the reception area, and staff demonstrated they could operate this.

The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.)

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 available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice’s computer system alerted GPs if a patient was also a carer. The practice had identified just over 2% of the practice population as carers. A patient information leaflet was available which provided information about the carers register and additional support and services provided. The practice provided carers clinics, group sessions and extended or extra appointments for carers. One of the health care assistants was responsible for leading work with carers and acting as a co-ordinator.

Staff told us that if families had experienced bereavement, practice staff contacted them to arrange an appointment. This call was either followed by a patient consultation at a flexible time and location to meet the family’s needs, and by giving them advice on how to find a support service.
Are services responsive to people’s needs?
(for example, to feedback?)

Our findings

Responding to and meeting people’s needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Almost all staff who worked at the practice were multi-lingual, and were able to communicate with most patients in their own language.

- The practice demonstrated awareness of their patient group and their specific needs. For example practice staff recognised a high prevalence of diabetes in their patient group, which was 2.3 times the national average. The practice had provided training for all staff on diabetes care and treatment. GPs had completed additional diabetes management courses.

- There were longer appointments available for patients with a learning disability.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.

- Same day appointments were available for children and those patients with medical problems that required same day consultation.

- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.

- The practice offered annual reviews for mental health patients and there was an in-house counselling service available for patients aged 14 to 24 years.

- Patients were able to receive travel vaccinations available on the NHS.

- The practice offered weekly childhood vaccination clinics.

- There was a hearing loop and translation services available. Staff demonstrated awareness of the difficulties and issues faced by patients with hearing impairments.

- The practice premises and all facilities were fully accessible for wheelchair users and patients who were less mobile.

- There was adequate parking available close to the practice.

Access to the service

The practice building and telephone lines were open from 8am to 1pm, and from 2pm to 6.30pm on weekdays (8.30pm on Mondays). Appointments were also available from 8am to 1pm, and from 2pm to 6.30pm on weekdays (8.30pm on Mondays). The practice was not open at weekends.

When the practice was closed patients were able to call the practice telephone number which was then diverted to the local Birmingham Out of Hours service which was provided by Primecare. Further advice and guidance was provided by the NHS 111 service.

Pre-bookable appointments could be booked up to four weeks in advance, and we saw that urgent appointments were available on the same day for patients that needed them.

Results from the national GP patient survey published during July 2017 showed that patient satisfaction with how they could access care and treatment was in line with or below local and national averages. For example:

- % of patients said they were satisfied with the practice’s opening hours compared with the local clinical commissioning group (CCG) and national averages of 76%.
  53% of patients said they could get through easily to the practice by telephone compared to the local CCG average of 68% and the national average of 71%.

- 57% of patients said their last appointment was convenient compared with the local CCG average of 76% and the national average of 81%.

- 22% of patients said they don’t normally have to wait too long to be seen compared with the local CCG average of 52% and the national average of 58%.
The practice had responded to these and previous GP patient survey results by carrying out a number of actions over the last few years. This included increasing the availability of appointments by adding to the number of locum GP sessions and by using the health care assistants more effectively. The practice had increased the number of available appointments per week from 546 in 2013 to 732 in 2016, with a further increase projected for 2017.

The practice had implemented a new telephone protocol during 2016 which included guidance for staff, and a new call diverting and messaging system. Practice staff told us this had helped with processing telephone calls and that they expected to see further improvements. Patients who said they found it easy to get through to the practice by telephone increased from 47% for 2016 to 53% for 2017.

The practice’s 2017 survey results for access to the service had also improved in some other areas when compared with 2016. For example:

- Patients who said they were satisfied with the practice’s opening hours increased from 65% for 2016 to 74% for 2017.
- Patients who said they found the experience of making an appointment good increased from 40% for 2016 to 46% for 2017.

As a result of the national GP patient survey results, the practice had conducted its own in-house survey during 2017 which was available in local community languages spoken by their patient group including Urdu and Bengali. Results showed patients responded positively to questions about access to care. For example:

- 97% of patients said they were satisfied with the practice’s opening hours.
- 82% of patients said they found their experience of getting through by telephone good, very good or excellent.

The four patients we spoke with on the day of the inspection told us that they were able to get appointments when they needed them.

The practice had a system to assess whether a home visit was clinically necessary, and the urgency of the need for medical attention. This was achieved by telephoning the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person (the practice manager) who responded to and managed all complaints made about the practice.
- Information was available to help patients understand the complaints and feedback processes, including posters and leaflets.
- Complaints (including actions and identified trends) were a standing agenda item at practice meetings.

We looked at six complaints received in the last 12 months and found that each of these were handled appropriately and in a timely and satisfactory way. Each of these complaints demonstrated openness and transparency, and there were associated actions and learning points.

Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, training was provided to reception staff to improve communication with patients in the waiting area.
Are services well-led?
(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, which was to provide the best possible clinical care in an efficient, approachable and friendly way. Staff we spoke with were aware of the practice vision, and could describe how their work contributed to this.

The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements
The practice had a comprehensive governance framework which supported the delivery of the strategy and good quality care. This outlined the practice structures and procedures and helped ensure that:

• There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in key areas, for example safeguarding, infection control and carers provision.
• Practice specific policies and procedures were implemented and were available to all staff. These were updated and reviewed regularly. There was effective governance, oversight and version control of policies and procedures.
• A comprehensive understanding of the performance of the practice was maintained and shared with staff and stakeholders. Meetings were held monthly which provided an opportunity for clinical staff to discuss and learn about the performance of the practice. Performance information was shared with staff through supervision sessions, appraisals, in meetings, and by email.
• A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
• There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

• We saw evidence from monthly practice meeting minutes of a meetings structure that allowed for lessons to be learned and shared following significant events, incidents, complaints, and patient feedback.

Leadership and culture
On the day of inspection the lead GP and practice manager 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 with a focus on honesty and transparency. Staff we spoke with told us the GPs and practice manager were approachable and always took the time to listen to them.

The provider was aware of and had systems 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. From the sample of six documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

• The practice gave affected people reasonable support, information and a verbal and written apology.
• The practice kept written records of verbal interactions as well as written correspondence.

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

• The practice held a range of multi-disciplinary meetings including meetings with district nurses and social workers to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns. Minutes of these meetings were kept and we reviewed examples of these.
• Staff told us the practice held monthly clinical and practice meetings. Clinical and non-clinical staff met regularly with the practice manager to share information and concerns.
Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so. Meeting minutes and performance information was available for all staff to view.

Staff said they felt respected, valued and supported by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice, and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff, and had used this information to help put in place improvements.

- The PPG had discussed survey results from the national GP patient survey and the practice's internal survey. We saw evidence of discussions and action plans to respond to survey findings, for example consulting with the PPG on how to improve patient consultation experiences.
- The practice had responded to patient feedback by carrying out a number of actions over the last few years. This included increasing the availability of appointments by adding to the number of locum GP sessions and by using the health care assistants more effectively.
- Staff were able to provide their views in a number of ways, for example in meetings and as part of appraisals. Staff told us they felt involved and engaged to improve how the practice was run.

**Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. Practice staff discussed and used patient feedback effectively to help drive improvement.

The practice was actively involved with clinical research and was part of a local clinical research network. The practice had contributed to five or six research studies per year, over the past few years. Examples included rehabilitation for heart failure patients and comparing patient treatment times (morning versus evening).