

Bath Row Medical Practice

Quality Report

Attwood Green Health Centre
Birmingham B15 1LZ
Tel: 0121 6224846
Website: www.bathrowmedicalpractice.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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Bath Row Medical Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bath Row Medical Practice on 25 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

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

- Improve the identification of patients who are carers so that they may be given appropriate support.

Summary of findings

- Improve the identification of patients who have a learning disability so that they may be given appropriate support.
- Identify ways to improve the uptake of patients for national breast and bowel cancer screening.
- Continue to monitor the appointment system to ensure improvements in patient satisfaction are made.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place 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 received reasonable support, clear information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were in line with or above Clinical Commissioning Group (CCG) and national averages. The most recent published results showed that the practice achieved over 99% of the total number of points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other healthcare professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published during July 2016 showed patients rated the practice in line with others for several aspects of care. For example 94% of patients said they had confidence and trust in the last GP they saw compared with

Good



Summary of findings

the CCG and national average of 95%. 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice introduced online booking and a greater number of appointments following analysis of patient need and feedback.
- Most patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision with high quality health care and safety as its top priorities. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The practice had an overarching and comprehensive governance framework which was proactively and regularly reviewed and which supported the delivery of the strategy and good quality care.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- Staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve service delivery.
- Staff were supported in their development and training to achieve additional responsibilities and more senior roles. This included members of the current management team.
- The practice encouraged and valued feedback from patients. It proactively sought patients' feedback and engaged patients in the delivery of the service.
- The patient participation group was engaged and influenced practice development. For example they contributed to the developing the appointments system and improving access to the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had carried out 55 over 75 health checks in the last 12 months, which represented 23% of the 244 patients in this age group.
- The practice directed older people to appropriate support services.

Good



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 chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with CCG and national averages. For example 79% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 78%. The practice's exception reporting rate for this indicator was 17% compared with the CCG average of 8% and the national average of 9%; the practice demonstrated that the exception reporting rate was appropriate and could evidence where patients had refused to attend reviews.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals. We saw evidence to confirm this.
- Performance for cervical indicators was in line with Clinical Commissioning Group (CCG) and national averages. For example the practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided combined parent and baby clinics carrying out post-natal and early child development checks.

We saw positive examples of engagement and joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Practice staff had visited nearby student halls of residence with the cooperation of university staff at the start of new terms. This was to educate students about the NHS and to raise awareness of the benefits of registering with a nearby practice whilst away from home.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Appointments were offered to accommodate those unable to attend during normal working hours.

Good



People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had 21 patients registered as having a learning disability and had completed health checks for 12 of these patients in the last 12 months.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other healthcare professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (0.5% of the practice list).
- The practice had provided specific training for all staff which introduced them to basic sign language and raised awareness of the issues faced by patients with hearing impairments.

People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was in line with CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results were published during July 2016. The results showed that for most areas the practice was performing in line with local and national averages. However patient satisfaction with how they could access care and treatment was below local and national averages.

371 survey forms were distributed and 86 were returned. This represented a 23% response rate of 1% of the practice's patient list.

- 94% of patients had confidence and trust in the last GP they saw or spoke to compared with the Clinical Commissioning Group (CCG) and national average of 95%.
- 90% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.
- 51% of patients found it easy to get through to this practice by telephone compared with the CCG average of 70% and the national average of 73%.

- 72% of patients were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of 81% and the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We reviewed 41 Care Quality Commission patient comment cards. 26 were positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect. 15 of the comments cards gave mixed feedback. All 15 were positive about the quality of treatment and care but contained negative comments relating to the difficulty in getting appointments and waiting too long to be seen.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were professional, knowledgeable and caring. Six of the patients said they found it difficult to make appointments and they had to wait too long to be seen.

Areas for improvement

Action the service SHOULD take to improve

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

- Improve the identification of patients who are carers so that they may be given appropriate support.
- Improve the identification of patients who have a learning disability so that they may be given appropriate support.
- Identify ways to improve the uptake of patients for national breast and bowel cancer screening.
- Continue to monitor the appointment system to ensure improvements in patient satisfaction are made.

Bath Row Medical Practice

Detailed findings

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, a practice manager specialist adviser, a second CQC inspector and an expert by experience.

Background to Bath Row Medical Practice

Bath Row Medical Practice is situated in a purpose-built health centre which was built in 2012, located in the South West area of Birmingham within the Birmingham South and Central Clinical Commissioning Group (CCG). The practice is well served by the local bus network and there is accessible parking. The practice and facilities are fully accessible to wheelchair users.

The practice provides primary medical services to approximately 11,200 patients in the local community. The practice population is approximately 50% white and also includes significant numbers of Indian (7%), Bangladeshi (5%), Chinese (8%), African (6%) and Caribbean (6%) patients.

The practice serves a young population with the majority of registered patients within the 16-25 and 26-35 age groups (21% and 33% respectively, a total of 54%). This is due to the inner city location where a large number of young professionals live and work, and close proximity to higher education establishments and student accommodation.

The clinical staff team consists of three male and one female GP partners, two female salaried GPs, three practice nurses and a healthcare assistant. The practice conducts GP training.

There is a management team of three individuals who between them carry out the practice manager functions. This consists of a patient services manager, a practice staff manager and a clinical services manager.

The clinical and management teams are supported by a reception supervisor, an administrative coordinator and 12 administrators/receptionists.

Practice telephone lines are open for appointment booking and enquires from 8.30am until 6.30pm on Mondays, Tuesdays and Fridays and until 6pm on Thursdays. The telephone lines are open from 8.30am until 1pm on Wednesdays.

Doctors consulting times are from 8.30am to 12pm and from 3pm to 6pm on Mondays and Tuesdays, from 8.30am to 12pm on Wednesdays, from 8.30am to 1.40pm and 1.45pm to 8pm on Thursdays, from 8am to 12pm and from 1.10pm to 6pm on Fridays, and from 9.30am to 12pm on Saturdays.

The practice reception is open for the deposit and collection of repeat prescriptions, medical reports, certificate requests and enquiries from 8am until 6 pm on Mondays, Tuesdays, Thursdays and Fridays and from 8am until 1pm on Wednesdays. Reception is open to receive patients with pre-booked appointments on Wednesday afternoons (1.30 pm to 4.30 pm) and Saturday mornings (9.30am to 12pm).

When the practice is closed (including from 8am to 8.30am on weekdays) telephone calls are automatically diverted to

Detailed findings

the Birmingham And District GP Emergency Rooms (BADGER) out of hours co-operative. In addition to local medical centres BADGER provides telephone advice and home visits.

Further out of hours services are provided by the NHS 111 non-emergency facility.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. These organisations included NHS England and the Birmingham South and Central Clinical Commissioning Group (CCG). We carried out an announced inspection on 25 August 2016. During our inspection we:

- Spoke with a range of managerial, clinical and non-clinical staff and spoke with patients who used the service;
- Observed how patients were being cared for and talked with carers and/or family members;

- Reviewed an anonymised sample of the personal care or treatment records of patients, and;
- Reviewed a total of 41 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they documented significant events using a dedicated recording form which captured full details of the incident and what led to it. Learning points, allocated actions and tasks completed were also logged. This form was used to document any significant events, incidents, accidents or what the practice defined as near misses.
- Staff told us they were encouraged to report incidents to improve patient care and ways of working. Staff told us there was a no-blame culture and a focus on learning and improvement.
- Significant event details were stored in a shared folder on the practice's database which all staff could access. Related actions were stored in a dedicated folder.
- The 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 told us there was a dedicated lead for significant events in place which was one of the GP partners.
- Staff told us that quarterly critical incident meetings took place where significant events and learning points were discussed. Meetings were attended by clinical, non-clinical and support staff. We saw notes of these meetings including documented actions and learning points.
- The practice carried out a thorough analysis of the significant events, their circumstances, learning points and actions. We saw evidence that 24 significant events had been discussed in the last two years.
- We saw evidence of significant events being discussed at monthly clinical meetings, monthly full staff meetings and with partner agencies such as medicines teams and the Clinical Commissioning Group (CCG).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident,

received reasonable support, clear information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, MHRA alerts (Medicines and Healthcare Products Regulatory Alerts), patient safety alerts and minutes of meetings where these were discussed. The practice had an effective system in place and we saw evidence of actions which were documented and shared with staff.

We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. Examples where changes were made to make improvements included;

- Initiating an improved process for the identification of patients calling the practice for test results before providing information, to maintain patient confidentiality.
- Introducing a process for dealing with travel clinic appointments more effectively so that patients received a more reliable service and timely vaccinations if required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff in electronic and hard-copy form. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding which was one of the GP partners. Staff we spoke to were aware of this.
- The GPs attended safeguarding meetings when possible and we saw evidence that they always provided reports for other agencies where necessary. GPs attended monthly meetings with a health visitor where vulnerable cases were discussed.
- Staff demonstrated they understood their responsibilities and all had received training on

Are services safe?

safeguarding children and vulnerable adults relevant to their role. Administrative and reception staff were trained to level one in child and adult safeguarding. GPs and nurses were trained to level three in child and adult safeguarding.

- Practice staff had received training in female genital mutilation (FGM) awareness and one of the GP partners was a designated FGM lead.
- We saw evidence of how the practice highlighted vulnerable patients on their records. The practice had a list of vulnerable patients that was overseen and monitored by staff.
- Notices throughout the practice including in the waiting areas 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)
- All staff carrying out home visits had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy in all areas. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. The clinical services manager was responsible for policies relating to infection control. There was an infection control protocol in place and we saw evidence of annual infection control audits and associated actions.
- Staff had received up to date infection control training during June 2016. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicine management

team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the admin office which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Records showed that all equipment had been tested during the last 12 months.
- The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty, and rotas were completed a minimum of four weeks in advance to help ensure sufficient cover.

Arrangements to deal with emergencies and major incidents

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

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms and offices which alerted staff to any emergency throughout the practice.
- We saw evidence that all staff had received annual basic life support training.
- There were emergency medicines available in the consultation and treatment rooms.
- 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, stored securely and logged appropriately.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies of the plan were kept off-site. Staff were provided with small laminated cards which contained details of who to contact in an emergency and their specific responsibilities for cascading information to colleagues.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. We observed that staff could access current NICE guidelines by using the practice intranet. We saw evidence that guidance and standards were discussed monthly clinical meetings and monthly full staff meetings. Staff used this information to deliver care and treatment that met patients' needs.

Nursing staff told us that they were given protected learning time to keep up to date with current guidelines.

The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were over 99% of the total number of points available. This is higher than Clinical Commissioning Group (CCG) and national averages of 97% and 95% respectively.

The practice's exception reporting figures were generally in line with CCG and national averages. (Exception reporting relates to patients on a specific clinical register who can be excluded from individual QOF indicators. For example, if a patient is unsuitable for treatment, is newly registered with the practice or is newly diagnosed with a condition).

The practice's exception reporting rate was higher than CCG and national averages for diabetes indicators. The practice demonstrated that this exception reporting was

appropriate and could evidence where relevant patients had declined to attend reviews. QOF performance was closely monitored at all times by the clinical services manager and another member of the practice management team in their absence. Where QOF targets were not met individual cases were reviewed by clinical staff and clinics were set up to target specific needs. The practice had a documented approach to exception reporting which was followed consistently.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was in line with CCG and national averages. For example 79% of patients with diabetes on the register received influenza immunisation in the last 12 months compared with CCG and national averages of 78%. The practice's exception reporting rate for this indicator was 17% compared with the CCG average of 8% and the national average of 9%; the practice demonstrated that the exception reporting rate was appropriate and could evidence where patients had declined to attend reviews.
- Performance for mental health related indicators was in line with CCG and national averages. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the last 12 months was 95% compared with CCG and national averages of 91% and 88% respectively. The practice's exception reporting rate for this indicator was 3% compared with the CCG average of 8% and the national average of 13%.
- Performance for hypertension related indicators was in line with CCG and national averages. For example the percentage of patients with hypertension whose blood pressure was under a certain level was 80% compared with CCG and national averages of 83% and 84% respectively. The practice's exception reporting rate for this indicator was 4% compared with the CCG average of 3% and the national average of 4%.
- Performance for asthma related indicators was in line with CCG and national averages. For example the percentage of patients with asthma who had an asthma review in the preceding 12 months was 77% compared

Are services effective?

(for example, treatment is effective)

with the CCG average of 76% and the national average of 75%. The practice's exception reporting rate for this indicator was 9% compared with the CCG average of 3% and the national average of 8%.

There was evidence of quality improvement including clinical audit. The practice had carried out nine clinical audits in the last two years, and each of these were completed audits where the improvements made were implemented and monitored. This included a review of anticoagulant medicine where improvements were made to patient monitoring and medicine reviews.

Information about patients' outcomes was used to make improvements. For example a review into joint injections and patient satisfaction led to improvements in effectiveness and recording written consent.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, clinical staff could evidence a range of specialist training such as diabetes and anaphylaxis. (Anaphylaxis is a serious allergic reaction that can develop rapidly.)
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing online resources and engaging in discussion at clinical meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- All staff had received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training as well as external training events, seminars and conferences.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results.

We saw evidence 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. Meetings took place with other healthcare professionals regularly (for example a health visitor on a monthly basis) where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff demonstrated that they 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, there was evidence that staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

- The practice had processes in place to identify patients who may be in need of extra support. This included patients receiving end of life care, carers, those at risk of developing a long-term condition, and those in vulnerable circumstances.
- Patients were signposted to relevant services locally, for example substance misuse services, counselling services and housing support.
- A range of advice including smoking cessation, diet, fitness and carer support was available from practice staff and from local support groups.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice had rates of breast and bowel cancer screening that were slightly lower than CCG and national averages. For example, 61% of females aged 50 to 70 were screened for breast cancer in the last 36 months compared with CCG and national averages of 65% and 72% respectively. 44% of people aged 60 to 69 were screened for bowel cancer in the last 30 months compared with CCG and national averages of 46% and 55% respectively. Clinical staff told us that they focused on raising awareness of screening by discussing this with patients during consultations, including with new patients.

Childhood immunisation rates for the vaccinations given were in line with CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 82% to 98% and for five year olds from 86% to 96%. The CCG averages ranged from 79% to 96% for under two year olds and from 84% to 95% for five year olds.

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 and over 75.

The practice had carried out 55 over 75 health checks in the last 12 months, which represented 23% of the 244 patients in this age group. The practice had carried out 176 health checks for those aged 40 to 74 in the last 12 months, which represented slightly fewer than 10% of the 1850 patients in this age group.

Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consulting and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Staff told us that there were rooms available for this.

We reviewed 41 Care Quality Commission patient comment cards. 26 were fully positive about the service experienced. Patients said they felt the practice offered an excellent service and all staff were helpful, caring and treated them with dignity and respect.

15 of the comments cards gave mixed feedback. All 15 were positive about the quality of treatment and care but contained negative comments relating to the difficulty in getting appointments and waiting too long to be seen.

We spoke with two representatives of the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We spoke with 14 patients during the inspection. All 14 patients said they were satisfied with the care they received and thought staff were professional, knowledgeable and caring.

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

- 81% of patients said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared with the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared with the CCG and national average of 95%.

Care planning and involvement in decisions about care and treatment

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

Results from the National GP Patient Survey published during July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with CCG and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 88% and the national average of 90%.

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

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 local support groups was available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (0.5% of the practice list). Staff told us they recognised they may not have identified all of their carers due to this low rate and had plans in place to increase their knowledge and awareness of carers. Staff told us this would be achieved by proactively reviewing the list of carers, speaking with patients and sharing information with healthcare professionals.

The practice supported those identified as carers. For example the practice had a local arrangement with the

Citizens Advice Bureau and Edgbaston Wellbeing Hub to provide direct guidance and support for carers. (The Edgbaston Wellbeing Hub was a project aiming to improve access to health and wellbeing services in the local area.)

Written information was available to direct carers to the various avenues of support available to them. Staff told us they discussed support for carers when speaking with patients.

Staff told us that if families had suffered bereavement, their usual GP contacted them directly and a member of the administrative team would send a sympathy card. This was followed by a patient consultation at a flexible time and location to meet the family's needs and by signposting to an appropriate support service.

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 held evening appointments from 6.30pm to 8pm on Thursdays and morning
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for 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.
- Patients were able to receive travel vaccinations available on the NHS, and double appointments were available to ensure accurate record-keeping.
- There was a hearing loop and translation services available, and staff could demonstrate awareness of the difficulties and issues faced by patients with hearing impairments. The practice had invited a guest speaker to provide specific training for all staff which introduced them to basic sign language and raised awareness of the issues faced by patients with hearing impairments. This had taken place within the last 12 months and staff told us this had helped them to communicate with patients with hearing impairments.
- The practice and all facilities were fully accessible for wheelchair users and there were automatic doors, a wheelchair friendly reception desk, disabled toilets and a lift in place.
- There was adequate onsite parking with designated parking spaces for the disabled.

Practice staff told us they visited nearby student halls of residence with the cooperation of university staff at the

start of new terms. This was to educate students about the NHS and to raise awareness of the benefits of registering with a nearby practice whilst away from home.

Staff told us the practice was known locally for being supportive, welcoming and caring for the gay and lesbian community and for transgender patients. Staff told us the practice had recently taken on a patient from another practice who felt that Bath Row Medical Practice was better suited to their needs.

Access to the service

Practice telephone lines were open for appointment booking and enquires from 8.30am until 6.30pm on Mondays, Tuesdays and Fridays and until 6pm on Thursdays. The telephone lines were open from 8.30am until 1pm on Wednesdays.

Doctors consulting times were from 8.30am to 12pm and from 3pm to 6pm on Mondays and Tuesdays, from 8.30am to 12pm on Wednesdays, from 8.30am to 1.40pm and 1.45pm to 8pm on Thursdays, from 8.00am to 12pm and from 1.10pm to 6pm on Fridays, and from 9.30am to 12pm on Saturdays.

The Practice reception was open for the deposit and collection of repeat prescriptions, medical report and certificate requests and enquiries from 8am until 6 pm on Mondays, Tuesdays, Thursdays and Fridays and from 8am until 1pm on Wednesdays. Reception was open to receive patients with pre-booked appointments on Wednesday afternoons (1.30 pm to 4.30 pm) and Saturday mornings (9.30am to 12pm).

When the practice was closed telephone calls were automatically diverted to the Birmingham And District GP Emergency Rooms (BADGER) out of hours co-operative. In addition to local medical centres BADGER provided telephone advice and home visits. Further out of hours services were provided by the NHS 111 non-emergency facility.

Pre-bookable appointments could be booked up to two weeks in advance, and we saw that urgent appointments were available for people that needed them. The practice had recently introduced an electronic appointments system during April 2016 which

Are services responsive to people's needs?

(for example, to feedback?)

differentiated between appointments bookable in advance (either two weeks or one week ahead), appointments available on the day and telephone appointments.

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

- 61% of patients were satisfied with the practice's opening hours compared with the CCG average of 74% and the national average of 76%.
51% of patients said they could get through easily to the practice by telephone compared with the CCG average of 70% and the national average of 73%.

Eight out of 14 patients told us on the day of the inspection that they were able to get appointments when they needed them. Six of the patients said they found it difficult to make appointments and they had to wait too long to be seen.

Practice staff told us they had introduced a new appointments system during April 2016. This followed consideration of complaints and comments made by patients and consultation with the Patient Participation Group (PPG). Staff told us this system introduced increased appointment options and availability. Since introducing the changes the practice has received one complaint relating to appointments, which was significantly lower than for the same period in previous years.

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. Reception staff would take details to pass to a GP, who would consider and evaluate the information before telephoning the patient to discuss their needs and gather further information. Staff told us that this would allow for an informed decision to be made on prioritisation according to clinical need.

We saw that alternative emergency care arrangements were made 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

We saw that the practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- Senior staff at the practice had monitored and reviewed complaints and put in place any necessary actions resulting from them, and we saw evidence of effective oversight and governance of complaints.
- We saw that information was available to help patients understand the complaints system including information in reception and on the practice website.
- A dedicated complaints, comments and compliments form was available to patients in the reception area.
- Patients were actively encouraged to discuss complaints with the aim of reaching positive outcomes and making improvements.

We looked at 14 complaints received in the last 12 months and found that each of these were handled in a satisfactory and timely way. Complainants were responded to in each case and apologies had been given where appropriate.

Patients told us that they knew how to make complaints if they wished to.

We saw evidence that lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had introduced online appointment booking to respond to concerns raised by younger patients about access.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision with high quality health care and safety as its top priorities. The strategy to deliver this vision was regularly reviewed and discussed with staff. The practice had documented aims and values and staff knew and understood these. Staff had been involved in creating, contributing to and reviewing them. Aims and values were set out clearly for patients in information leaflets available in the waiting areas.

We found that staff were motivated and committed to promoting and achieving the aims and values and worked together and with other healthcare professionals to do so.

The practice had a strategy and supporting business plans which reflected the vision, aims and values. These were regularly monitored and discussed, for example during monthly team and full practice meetings.

Governance arrangements

The practice had an overarching and comprehensive governance framework which was regularly reviewed and which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice-specific policies were implemented and were easily accessible to all staff in hard copy and electronic form. Staff demonstrated they were aware of their content and where to access them.
- A comprehensive understanding of the performance of the practice was maintained including discussion at meetings and the sharing of information with staff including in monthly clinical, team and full practice meetings.
- The practice held monthly management meetings which GP partners and the management
- A programme of continuous clinical and internal audit was used to monitor quality and to drive improvement.

- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw evidence that 24 significant events had been discussed in the last two years.
- The practice had detailed systems for ensuring that oversight and monitoring of all staff training was in place.
- The practice had systems for ensuring that oversight and monitoring of the full range of risk assessments and risk management was in place.

Leadership and culture

On the day of inspection the partners and the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care in line with the practice aims and values.

Staff told us the partners and management team were approachable and always took the time to listen to and involve all members of staff. Staff told us they felt engaged and valued.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a blame-free culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment staff gave affected people reasonable support, clear 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 in place. The practice manager function was carried out by three members of the management team responsible for discrete areas, who worked together to achieve the aims and values of the practice. This supported effective targeting and prioritising of tasks. We saw evidence of efficient and effective working and comprehensive governance and performance management.

Are services well-led?

Good 

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

We saw evidence that members of the management team supported each other when necessary, for example sharing expertise and knowledge, and working together on larger pieces of work. This included introducing a new staff rota system, recruitment and selection of new staff and performance monitoring and reporting.

Staff told us the practice held regular meetings (including monthly clinical and team meetings) which they were actively encouraged to contribute to. We found that the quality of record keeping within the practice was good with detailed minutes and notes from meetings including designated actions.

Staff told us there was an open culture within the practice and when they had the opportunity to raise any issues at meetings they felt confident and supported in doing so.

Staff said they felt respected, valued and supported by the partners in the practice and the management team. Where compliments were received from patients and other healthcare professionals these were shared with the staff members concerned and the wider practice team.

Staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve service delivery.

We saw examples where staff had been supported in their development and training to achieve additional responsibilities and more senior roles. This included members of the current management team.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG). The PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care. The group contained 12 members and met monthly. Practice staff including partners regularly attended PPG meetings.

The PPG produced a monthly newsletter which was available in the practice waiting areas. The PPG was actively engaging with younger patients by speaking with them at the practice to encourage attendance at PPG meetings. The PPG was in the process of setting up a virtual group to discuss practice issues, with up to 50 people interested in contributing.

The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had made changes to the appointments system and access to the practice following comments received.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run in the best interests of the patients.