We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Hodge Hill Family Practice

Roughlea Avenue, Birmingham, B36 8GH
Tel: 01216616961

Date of Inspection: 30 June 2014
Date of Publication: July 2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

- Care and welfare of people who use services: Met this standard
- Requirements relating to workers: Met this standard
## Details about this location

<table>
<thead>
<tr>
<th>Registered Provider</th>
<th>Phoenix Primary Care Ltd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Manager</td>
<td>Mrs Nikita Chambers</td>
</tr>
<tr>
<td>Overview of the service</td>
<td>Hodge Hill Family Practice provides primary medical care to 3300 people approximately.</td>
</tr>
</tbody>
</table>
| Type of services    | Doctors consultation service  
                       | Doctors treatment service |
| Regulated activities| Diagnostic and screening procedures  
                       | Maternity and midwifery services  
                       | Treatment of disease, disorder or injury |
When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Hodge Hill Family Practice had taken action to meet the following essential standards:

• Care and welfare of people who use services
• Requirements relating to workers

This was an announced inspection.

How we carried out this inspection

We carried out a visit on 30 June 2014, talked with people who use the service, talked with carers and / or family members and talked with staff. We reviewed information given to us by the provider and were accompanied by a specialist advisor.

What people told us and what we found

At our last inspection in January 2014, most of the patients who we spoke with were not satisfied with the system for making appointments to see a GP. Patients who we spoke with told us that they were not able to get an appointment for their young children or make urgent appointments. Patients told us that they could not always get through on the telephone to make appointments. At the time of the inspection we judged that this had a minor impact on patients. We set compliance actions and told the provider to improve.

The purpose of this inspection was to see if improvements had been made since our last inspection in January 2014. We gave the provider short notice so that any disruption to people's care and treatment was minimised. During our inspection we spoke with nine patients including the parents of young children. We also spoke with three members of staff in administrative roles as well as the operational support manager and the director of operations. The registered manager as detailed in this report was also the practice manager. However, we did not get the opportunity to speak with them on the day of the inspection. We found that the provider had made the necessary improvements.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Patients spoken with were generally positive about the care and treatment that they received. One patient told us, "I have no problems with the care at the practice, I can get an urgent appointment when I need it and staff are very helpful".

Appropriate checks were completed before staff were employed at the practice to ensure they were suitable to work with children and vulnerable adults.

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

<table>
<thead>
<tr>
<th>Care and welfare of people who use services</th>
<th>Met this standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>People should get safe and appropriate care that meets their needs and supports their rights</td>
<td></td>
</tr>
</tbody>
</table>

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure patients safety and welfare.

Reasons for our judgement

At our last inspection in January 2014, the provider was not meeting this standard. This was because most of the patients who we spoke with were unhappy with the appointment system. Patients told us that they had difficulty making appointments to see a GP. This included urgent appointments and appointments for their young children. Patients also told us that they could not always get through on the telephone to make appointments.

During this inspection we spoke with nine patients, this included the parents of young children. We received mixed views about the appointment and telephone call systems. Some patients told us that they had never experienced any difficulties with obtaining appointments and the practice was only ever busy in the mornings. One patient told us," I always get an appointment and needed an urgent one the other day for my child and it was fine". Another patient told us, "Sometimes when you ring you do have to wait but that's usually in the mornings and it's expected at around that time". However, other patients said that it was difficult to get appointments. One person told us, "Whenever you ring they say there are no available appointments as it's fully booked and if it's urgent go to the walk in centre". Another person told us, "When you call the message says your number one in the queue but you could be number one for ages".

We discussed the improvements made since our last inspection with operational support manager and the director of operations. We saw evidence and staff confirmed there was now a clear triaging system for urgent appointments. This meant that only clinical staff made decisions about reviewing urgent patients so that reception staff did not ask patients the reasons for needing an urgent appointment. This was also confirmed by patients who we spoke with. A flow chart and policy had been developed on the process for booking routine and urgent appointments to further guide staff. We saw that the issue of appointments and improving staff communication was a rolling agenda in monthly staff meetings. There was evidence that improvements had been made as a result of feedback from staff. For example there were now two allocated emergency slots each session for urgent appointments. There was also a telephone triage facility and the practice opened...
extended hours on two evenings a week. The director of operations told us that there were vacancies for GP posts at the practice. However, they told us and we saw that in the interim sessions were covered by locum GP’s. Locum GP’s were usually provided by an agency and were not directly employed by the practice but worked on an as required basis. The operational director told us that they were in the process of recruiting another GP. The availability of appointments would ensure that patients were assessed and care and treatment was planned and delivered in line with their individual needs.

We saw that the practice had a policy for responding to patients who did not attend their appointments (DNA). However, there was evidence that a high number of patients recently DNA an appointment and this had not been followed up. Some of the staff spoken with said that previously letters were sent out to patients reminding them of the importance of attending appointments. However, no recent letters had been sent and they were no longer monitoring or acting on DNA rates. The provider may wish to note that a lack of monitoring could mean that resources are not utilised effectively or efficiently which could impact on patient’s ability to get an appointment when needed.

We discussed with the operational support manager and the director of operations the telephone system as patients told us that they experienced difficulty getting through to the practice on the telephone. We saw that the two members of staff who covered reception duties were also responsible for receiving incoming calls. This meant that if staff were busy with patients in reception people could experience delay before their call was answered. However, we saw that people arriving in reception mostly used the ‘self-check-in’ service. This meant that they did not have to wait to see a member of staff which allowed staff time to answer telephone calls. We asked if there were any data analysis on the volume of calls and waiting times. We were told by the operational support manager that this information had been requested from the telephone provider. The operational support manager confirmed that there was no messaging facility on the telephone menu system which gave information for patients who had an urgent medical need. This was because the telephone system had not been upgraded due to changes to local funding arrangements. However, following our inspection we received confirmation that arrangements were in place to upgrade the telephone system. This would include information for patients who had an urgent medical need and an option menu to help reduce the waiting times. This showed that the provider was actively working to resolve the issue. We will review progress of this at our next inspection.

Prior to our inspection we noted that there had been five comments regarding the practice on an NHS website. Only two of the comments were negative and related to appointments and a lack of patient respect. We discussed this with the operational support manager, they told us that they would be responding to the comments. Following our inspection we saw that the practice had responded to the comments in a constructive manner. On the day of our inspection all of the patients who we spoke with were very complimentary about both clinical and administrative staff and said that they were polite and helpful. We saw that the practice had responded to feedback from a patient survey by making more appointments available. We saw that the issue of accessibility of appointments had been discussed and reported on by the patient participation group (PPG) at the practice. PPGs are an effective way for patients and GP practices to work together to improve the service and improve the quality of the care. This showed that the practice was listening to patient feedback to improve the quality of the service.
Requirements relating to workers

Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

Appropriate checks were completed before staff were employed at the practice to ensure they were suitable to work with children and vulnerable adults.

Reasons for our judgement

At our last inspection in January 2014, we looked at how staff were supported, trained and recruited and found that the provider was meeting the standards required. However, during this inspection we received information that relevant checks may not have been completed for locum GP's including a Disclosure and Barring Service (DBS) check. A DBS check replaced the Criminal Records Bureau (CRB) check and helps identify people who are unsuitable to work with children and vulnerable adults.

During this inspection we spoke with staff who told us that they had limited recruitment information for locum GP's who worked at the practice. The information included an email from the agency confirming the booking for the locum GP and the GP's General Medical Council (GMC) registration number. We discussed this with the operational support manager who told us and we saw that this was the only information stored at the practice. However, they explained that as the agency supplied the locum GP's, all of the relevant checks were completed as part of the agencies own recruitment procedure. Following our inspection we were provided evidence which demonstrated that all of the locum GP's currently working at the practice had an enhanced CRB or DBS check. This meant that the check also included a search on the 'barring list' to see if the person was safe to work with children and vulnerable adults. However, we saw that one of the GP's who the operational manager confirmed was no longer working at the practice had a CRB check dated 2011, but this check did not include the ‘barring’ list. The operational manager was unable to explain the reason for this as they told us that the agency would have reviewed the completed check. However, we saw more recent evidence that this GP as well as all of the current locum GP's were part of the local NHS Medical 'Performers List'. Any doctor who wishes to perform general medical services (GMS) must be on this list. The application for inclusion on to a performers list includes an enhanced criminal record certificate. This meant that in order to be placed on the performers list the GP's would need a satisfactory CRB or DBS check, including a search on the 'barring' list. This is because the list is there to protect NHS patients and services and better regulate practitioners who perform those services and ensures GP's have relevant clinical skills and are competent and fit to practice.
We saw evidence that all of the locum GP’s had up to date professional indemnity insurance. This insurance provides compensation payable to patients in the event of an error or omission by the locum GP.

The provider may wish to note that the absence of a system for ensuring recruitment checks were reviewed and monitored could result in unregistered and unsuitable staff working at the practice. Following our inspection the operational manager confirmed that a checklist for locum GP’s had been developed and would be implemented. This meant that the practice could be assured that all of the relevant checks had been completed by the agency and were satisfactory. We will review this at our next inspection.
About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
# How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th>Met this standard</th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action needed</td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
</tr>
<tr>
<td>Enforcement action taken</td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
</tr>
</tbody>
</table>
How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our Guidance about compliance: Essential standards of quality and safety. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the Guidance about compliance. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
<table>
<thead>
<tr>
<th><strong>Glossary of terms we use in this report (continued)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Registered) Provider</strong></td>
</tr>
<tr>
<td>There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.</td>
</tr>
<tr>
<td><strong>Regulations</strong></td>
</tr>
<tr>
<td>We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.</td>
</tr>
<tr>
<td><strong>Responsive inspection</strong></td>
</tr>
<tr>
<td>This is carried out at any time in relation to identified concerns.</td>
</tr>
<tr>
<td><strong>Routine inspection</strong></td>
</tr>
<tr>
<td>This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.</td>
</tr>
<tr>
<td><strong>Themed inspection</strong></td>
</tr>
<tr>
<td>This is targeted to look at specific standards, sectors or types of care.</td>
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