

River Brook Medical Centre

Quality Report

3 River Brook Drive
Stirchley
Birmingham
B30 2SH

Tel: 0121 4512525

Website: www.riverbrookmedicalcentre.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 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at River Brook Medical Centre on 12 December 2016. As a result of our inspection the practice was rated as good overall but required improvement for providing safe services. The full comprehensive report on the December 2016 inspection can be found by selecting the 'all reports' link for River Brook Medical Centre on our website at www.cqc.org.uk.

This inspection was a desk-based focused inspection carried out on 21 August 2017. This was to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations we identified in our previous inspection on 12 December 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is rated as good.

Our key findings were as follows:

- The practice had introduced appropriate recruitment procedures to ensure that persons employed met the required conditions. They had sought advice from a

human resource service to assist them in ensuring all the necessary checks had been included. For example, references, photographic identification, and evidence of previous employment.

- The practice had addressed coding issues in their clinical system and could demonstrate that health checks were being offered and carried out for patients with learning disabilities. This process also incorporated calling carers and patients aged over 75 for annual health checks. The practice submitted evidence to show that, for example, 71% of learning disability health checks had been completed up to August 2017. They searched their registers monthly to identify eligible patients and invited them to the practice for health checks.
- The practice provided evidence to confirm that that oxygen masks for children had been purchased for use in the event of a child emergency.
- The practice's safeguarding policy had been reviewed and updated to include all types of potential abuse.
- The practice had carried out a comprehensive infection control audit in November 2016 and introduced the use of documentation which allowed for review and follow up in the future. All staff had received infection control training.

Summary of findings

- The practice manager had introduced a formal programme of appraisals which involved identification of review dates for the following year at the end of each appraisal. The annual appraisal programme included a review of training needs.

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?

During our comprehensive inspection on 12 December 2016, we identified a breach of legal requirements. The practice needed to take action to ensure that appropriate recruitment procedures were in place which confirmed that persons employed met the required conditions. During our desk based focused inspection on 21 August 2017 we found that the practice had taken action to improve this area.

The practice manager had sought advice from a human resource service and reviewed their recruitment procedures to include a process to confirm that new employees met the necessary requirements. They had recruited a new member of staff since our previous inspection and submitted documentary evidence to demonstrate they had followed the procedure and recorded all information required.

The practice had carried out an infection control audit, using a comprehensive audit tool, which demonstrated that infection control training had been provided to all staff and that they had identified and addressed any infection control risks.

The practice's safeguarding policy had been reviewed and updated in December 2016 to include all categories and definitions of abuse, for example modern slavery.

The practice is now rated as good for providing safe services.

Good



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

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of older people. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People with long term conditions

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of people with long-term conditions. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



Families, children and young people

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of families, children and young people. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



Working age people (including those recently retired and students)

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of working age people (including those recently retired and students). We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People whose circumstances may make them vulnerable

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of people whose circumstances may make them vulnerable. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



People experiencing poor mental health (including people with dementia)

Following our comprehensive inspection on 12 December 2016 we rated the practice as good for the population group of people experiencing poor mental health. We did not review any evidence during our desk based focused inspection to alter this rating.

Good



River Brook Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The desk based focused inspection was completed by a CQC Lead Inspector.

Background to River Brook Medical Centre

River Brook Medical Centre is registered with the Care Quality Commission (CQC) as a GP partnership in Stirchley, Birmingham. The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice population experiences significant levels of deprivation. For example, 22% of the older patients are affected by income deprivation compared to the national average of 16%. At the time of our inspection the practice had approximately 6,200 patients. The practice age distribution is in line with the national and CCG area. The percentage of patients with a long-standing health condition is 58%, which is higher than the local CCG average of 52% and the national average of 54%.

The practice is open between 8am and 8pm Monday to Friday except Wednesdays when it closes between 1.30pm and 5pm (during this time a telephone message directed patients to the NHS 111 service and out of hours GP cover is in place). The practice provides a mixture of pre-bookable and urgent appointments between 8am and 11.50am and 1.30pm to 8pm Monday to Friday. On a Saturday appointments are available between 8am and 2pm and on a Sunday between 10am and 2pm. Appointments can be

booked up to four weeks in advance. The practice does not routinely provide an out-of-hours service for their own patients but patients are directed to the out of hours service, Badger when the practice is closed. The nearest A&E department is at the Queen Elizabeth Hospital in Birmingham and the nearest walk in centre is South Birmingham Walk In Centre in Selly Oak.

The practice team consists of:

- Three GP partners (one male, two female)
- Two salaried GPs (one male, one female)
- An advanced nurse practitioner (seconded)
- One practice nurse (currently seconded, new nurse recruited for January 2017)
- One research nurse (funded by Birmingham University)
- A health care assistant
- Clinical pharmacists (4 working total of 16 hours per week provided by South Doc)
- A practice manager
- Six reception and administrative staff.

The practice provides a number of specialist clinics and services. For example joint injections, acupuncture and cryotherapy (the use of low temperatures in medical therapy). It also hosts other services for external providers available to both registered and non-registered patients. For example, pre-diabetes education and ultrasound services. The practice is a teaching practice for medical students to gain experience and higher qualifications in general practice and family medicine. They are also a training practice and provide postgraduate training for newly qualified doctors as well as support placements for physician assistants, GP associates and nurses.

Detailed findings

Why we carried out this inspection

We undertook a comprehensive inspection of River Brook Medical Centre on 12 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the provision of safe services. The full comprehensive report following the inspection in December 2016 can be found by selecting the 'all reports' link for River Brook Medical Centre on our website at www.cqc.org.uk.

We undertook a desk based focused inspection of River Brook Medical Centre on 21 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before we carried out this desk based focused inspection, we asked the provider to submit information and evidence to demonstrate the actions they had taken to address the breach of regulatory requirement that we identified during our comprehensive inspection on 12 December 2016. We carried out a desk based focused inspection of River Brook Medical Centre on 21 August 2017. This involved reviewing evidence that:

- Demonstrated the practice had introduced effective recruitment and selection procedures to ensure that persons employed meet the required conditions.
- Demonstrated that the risks to the health and safety of patients with learning disabilities were assessed by completing annual health checks.

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

At our previous inspection on 12 December 2016, we rated the practice as requires improvement for providing safe services. This was because the provider had not ensured that appropriate recruitment procedures were in place which confirmed that persons employed met the required conditions.

This had improved when we undertook a desk based focused inspection on 21 August 2017 and the provider had implemented measures to address this. The practice is now rated as good for providing safe services.

Overview of safety systems and processes

The practice manager had sought advice from a human resource service and as a result had introduced a database which included areas that required checking, for example, personal information, professional registration, disclosure

and barring checks and immunisation status. The practice had recruited a member of staff since our last inspection and submitted documentary evidence to demonstrate they had followed the procedure and obtained and recorded all of the information required. There was also a section for recording training requirements, a training log and appraisal dates.

The safeguarding policy had been reviewed and amended to include all categories and definitions of the types of abuse and we saw evidence of this. The practice also submitted an infection control audit which demonstrated they had adopted a comprehensive audit tool allowing them to show actions and review at a future date. This included evidence of staff infection control training and we noted that all staff had received this. We saw evidence to show that child oxygen masks had been purchased for use in an emergency.