

Bearwood Medical Centre

Quality Report

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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 responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We first inspected Bearwood Medical Centre on 21 September 2016 as part of our comprehensive inspection programme. The overall rating for the practice was good; however we identified a breach in the responsive key question. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Bearwood Medical Centre on our website at www.cqc.org.uk. During the inspection we found the practice was in breach of legal requirements. The breaches related to reasonable adjustments that had not been made in line with the Equality Act 2010. Following the inspection the practice wrote to us to say what they would do to meet the regulations.

This inspection was an announced focused inspection carried out on 30 October 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation we identified in our previous inspection. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall we found improvements had been made to the concerns raised at the previous inspection and as a result of the inspection findings the practice is now rated as good for the responsive key question and continued to be rated as good overall.

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

- Since the previous inspection the practice had completed an assessment to assess compliance with the Equality Act (2010). An action plan was in place and reasonable adjustments had been made.
- The practice had installed a hearing loop to support patients with hearing difficulties and alerts were added to patients' records to advise all staff if patients needed extra support.
- Low level signage had been implemented to assist patients in wheelchairs.
- The practice had purchased chairs with arms to support patients with mobility difficulties.
- A doorbell had been fitted to alert the reception staff that a patient required assistance to enter the premises.
- At the previous inspection we were told that the practice was waiting for funding to make improvements to the premises and surrounding area to assist patients with mobility difficulties. At this inspection we found funding still had not been

Summary of findings

received, but we saw evidence to confirm the clinical commissioning group (CCG) were aware of the improvements required and the practice was part of a future strategy plan for funding.

- Since the last inspection, the practice had joined a group of general practices to set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm and 8pm and on Saturday and Sunday mornings.

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 responsive to people's needs?

At our previous inspection, we rated the practice as requires improvement for providing responsive services as reasonable adjustments had not been made to support patients with disabilities. These arrangements had improved when we undertook a follow up inspection on 30 October 2017 and the practice is now rated as good for providing responsive services.

The practice had completed an assessment to assess compliance with the Equality Act (2010) and had identified and actioned the following:

- The practice had installed a hearing loop to support patients with hearing difficulties and alerts were added to patients' records to advise all staff if patients needed extra support.
- Low level signage had been implemented to assist patients in wheelchairs.
- The practice had purchased chairs with arms to support patients with mobility difficulties.
- A doorbell had been fitted to alert the reception staff that a patient required assistance to enter the premises.
- Since the last inspection, the practice had joined a group of general practices to set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm and 8pm and on Saturday and Sunday mornings.

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

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



People with long term conditions

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



Families, children and young people

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



Working age people (including those recently retired and students)

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



People whose circumstances may make them vulnerable

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for responsive identified at our previous inspection on 21 September 2016 which applied to everyone using this practice, including this population group.

Good



Bearwood Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.

Background to Bearwood Medical Centre

Bearwood Medical centre provides primary medical services to approximately 4200 patients in the local community. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some directed enhanced services such as childhood vaccination and immunisation schemes.

The practice is run by a lead female GP (provider) with the support of long term locums. The nursing team consists of two practice nurses. The non-clinical team consists of administrative and reception staff and a practice manager.

The practice serves a higher than average population of women aged 25-39 years. The area served has higher levels of deprivation compared to England as a whole and ranked at four out of ten, with ten being the least deprived.

The practice opening times are Monday from 8am to 6.30pm Monday to Friday. The practice has opted out of providing out-of-hours services to their own patients. When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about these services are available on the practice website.

The practice had recently joined a group of general practices to set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm and 8pm and on Saturday and Sunday mornings. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week and when the practice is closed, the telephone answering system directs patients to the number to call if they require an appointment during the hub opening hours.

The practice is part of NHS Sandwell & West Birmingham CCG which has 91 member practices. The CCG serve communities across the borough, covering a population of approximately 559,400 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to take on commissioning responsibilities for local health services).

Why we carried out this inspection

We carried out a comprehensive inspection of Bearwood Medical Centre on 21 September 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 for providing responsive services. We carried out a further focused inspection on 30 October 2017 to ensure improvements had been made and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Bearwood Medical Centre on 30 October 2017. This involved reviewing evidence that:

- An audit to assess compliance with the Equality Act (2010) had been completed with an action plan in place.
- Reasonable adjustments had been implemented to support patients with disabilities.

During our focused review we:

- Spoke with the practice manager.
- Looked at information the practice used to monitor compliance with the Equality Act and the actions that had been completed on the action plan.

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 responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection, we rated the practice as requires improvement for providing responsive services as reasonable adjustments had not been made to support patients with disabilities. These arrangements had improved when we undertook a follow up inspection on 30 October 2017 and the practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

Since the previous inspection the practice had completed an assessment to assess compliance with the Equality Act (2010). The Act ensures providers of services do not treat disabled people less favourably, and must make reasonable adjustments so that there are no physical barriers to

prevent disabled people using their service. The practice had identified and actioned the following:

- The practice had installed a hearing loop to support patients with hearing difficulties and alerts were added to patients' records to advise all staff if patients needed extra support.
- Low level signage had been implemented to assist patients in wheelchairs.
- The practice had purchased chairs with arms to support patients with mobility difficulties.
- A doorbell had been fitted to alert the reception staff that a patient required assistance to enter the premises.

At the previous inspection we were told that the practice was waiting for funding to make improvements to the premises and surrounding area to assist patients with mobility difficulties. At this inspection we found funding still had not been received, but we saw evidence to confirm that the clinical commissioning group (CCG) were aware of the improvements required and the practice were part of a future strategy plan for funding to further improve the premises.

We did find flexibility, choice and continuity of care for patients. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could

- be booked over the telephone, face to face and online. The practice had actively been promoting the online booking system and had seen an increase in patients using this service from 7% to 11% in the past 12 months.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- The practice offered text messaging service to remind patients of their appointments.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- The practice offered a variety of services including cervical screening, minor surgery and phlebotomy.
- The practice had employed a pharmacist since the last inspection for two sessions a week to review and monitor patients' medicines.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available Monday to Friday morning from 9am to 11.30am and Monday to Friday afternoon from 4.30pm to 6.30pm. Pre-bookable appointments could be booked up to four weeks in advance; urgent appointments were also available on the day for children and those patients with medical problems that required same day consultation. When the practice was closed, primary medical services are provided by Primecare, an out of hours service provider and the NHS 111 service and information about these services were available on the practice.

The practice had recently joined a group of general practices to set up access 'hubs' across the locality so patients could access appointments during the evening between 6.30pm and 8pm and on Saturday and Sunday mornings. These appointments could be booked in advance by the surgery for patients who were unable to attend the practice during the week and when the practice was closed. The telephone answering system directed patients to the number to call if they required an appointment during the hub opening hours.

The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. In cases where the urgency of need was

Are services responsive to people's needs? (for example, to feedback?)

so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.