

Arden Medical Centre

Inspection report

Downing Close,
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Solihull
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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 location	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive?	Outstanding	
Are services well-led?	Good	

Overall summary

We carried out an announced comprehensive inspection at Arden Medical Centre on 26 March 2019 as part of our inspection programme.

At the previous inspection in January 2016 we rated the practice as Outstanding overall and specifically in Caring, Responsive and Well Led.

Features then included:

- Opportunistic screening for dementia during flu clinics.
- Working with a local psychiatrist to implement a memory screening tool.
- An in-house dermatology clinic offering cryotherapy twice a month.
- Higher than average patient feedback from the GP National Patient survey.
- A project offering Skype consultations.
- A strong theme of positive feedback from staff and other organisations.

We based our judgement of the quality of care at this service at this inspection on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall and outstanding for responsive and for the population groups of children, families and young people and people experiencing poor mental health (including people with dementia).

We rated the practice as **outstanding** for responsive service and the population groups of children, families and young people and people experiencing poor mental health (including people with dementia) because:

- GPs had attended a local school to highlight the role of a GP and to encourage young people to communicate their health issues to parents or guardians and teachers.
- There were good working relationships with local community providers specifically for patients in this group for example SOLAR, a local mental health and wellbeing support service for children and young people.
- The practice had sought advice from local consultants on how to assess for dementia in patients with a

learning disability and subsequently used the Dementia Screening Questionnaire for Individuals with Intellectual Disabilities Questionnaire (DSQIID) form to screen patients on an annual basis.

- The practice had identified individual patient's needs and had allocated different areas for patients to wait for their appointment if required; this included a quiet corner in the waiting area. We were told that in addition to this if a patient was very anxious in a social environment they had an agreement in place that patients could wait outside the main area to be called for their appointment.
- The practice actively used the Abbey Pain Scale method of assessment for pain for patients. This tool allows clinicians to assess pain in patients who have dementia or communication difficulties. It covered areas such as changes in facial expression, body language and behavioural changes. All assessments were documented on a template and stored in the patient's notes.

We also rated the practice as good for providing, safe, effective, caring, responsive and well-led services because:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- There was an open and transparent approach to safety and a system in place for recording, reporting and learning from significant events. The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- There were clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse and for identifying and mitigating risks of health and safety.
- The practice reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines and best practice.
- Patients received effective care and treatment that met their needs.
- Patients told us that all staff treated them with kindness and respect and that they felt involved in discussions about their treatment options.
- Patients considered that staff were friendly and helpful.

Overall summary

- The practice organised and delivered services to meet patients' needs. Patients said that they could access care and treatment in a timely way.
 - There were clear responsibilities, roles and systems of accountability to support effective governance.
 - The way the practice was led and managed promoted the delivery of high-quality, person-centre care and contributed to the strong teamwork and high staff morale.
 - The practice took an active part in research projects.
 - There was a strong focus on continuous learning and improvement at all levels of the organisation.
- GPs created a carer's template with direct hyperlinks to local support agencies and social prescribing. Staff liaised with Age UK to generate a carer's folder listing local clubs, residential homes, respite homes which was available to all patients.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care.

We saw an area of outstanding practice:

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector supported by a GP specialist advisor.

Background to Arden Medical Centre

Arden Medical Centre is located in Downing Close in the village of Knowle in Solihull and serves residents of the areas of Knowle and Dorridge. It is based in a single storey, purpose built building which is owned by NHS Property Services.

The practice is registered with the CQC to carry out the following regulated activities - diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

Arden Medical Centre is situated within the Birmingham and Solihull (BSOL) Clinical Commissioning Group (CCG) and provides services to approximately 4764 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community. It has extended hours access, minor surgery, learning disability, alcohol and people living with dementia health check schemes.

When the practice is closed, out of hours cover for emergencies is provided by a local provider, Badger. The

practice is part of a wider network of GP practices, the Solihull GP Alliance. This is a group of 10 practices who offer extended hours appointments in the evenings and weekends.

The practice has four GP partners one male and three female, a trainee GP, two practice nurses and a healthcare assistant. The clinical team are supported by the practice manager and a team of administration staff.

Arden Medical centre is in one of the less deprived areas of Solihull. The practice catchment area is classed as being within one of the least deprived areas in England. The practice scored nine on the deprivation measurement scale; the deprivation scale goes from one to 10, with one being the most deprived. The National General Practice Profile describes the practice ethnicity as being 95% white British and the remaining 5% made up of other ethnicities. The practice demographics show a slightly higher than average percentage of people in the 65 years and over age group. Average life expectancy is 83 years for men and 86 years for women compared to the national average of 79 and 83 years respectively. The general practice profile shows that 50% of patients registered at the practice have a long-standing health condition, compared to 50% locally and 51% nationally.