

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

Handsworth Wood Medical Centre

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B20 2ES

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	The Vitality Partnership
Registered Manager	Dr. David Eccleston
Overview of the service	Handsworth Wood Medical Centre is a GP partnership that provides primary care to people who live in the surrounding area.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	11
Supporting workers	13
Assessing and monitoring the quality of service provision	15
About CQC Inspections	17
How we define our judgements	18
Glossary of terms we use in this report	20
Contact us	22

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 March 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with eight patients face to face and three by telephone. We spoke with eight members of staff.

When patients received care or treatment they were asked for their consent and their wishes were listened to. One patient told us: "They ask if you want to go ahead with it." We found that when minor surgery had been carried out written consent had been requested from patients before the surgery had commenced.

We saw that patients' views and experiences were taken into account in the way the service was provided. The patients we spoke with said they were satisfied with their care. A patient told us: "The care is excellent." Patients received their medicines when they needed them and had regular reviews.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to. This ensured that patients were protected from harm.

We found that staff had received appropriate training for the roles they carried out. They were also monitored by their line manager and had regular appraisals. This indicated staff had been appropriately assessed regarding their competency.

The provider had a system in place for monitoring the quality of service provision. They regularly obtained opinions from patients about the standards of the services they received. This meant that on-going improvements could be made by practice staff.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

The provider had suitable arrangements in place to obtain consent in relation to care and treatment provided to patients.

Reasons for our judgement

Before patients received diagnostic tests, care or treatment they were asked for their consent and the staff acted in accordance with their wishes. A patient told us: "I've just had a blood test done. It was explained to me why I needed it. They always ask you if you have any questions." Another patient said: "I can ask questions until I understand." A third comment was: "They explain everything and I can ask questions." All the patients we spoke with confirmed that they were given appropriate information about the treatment they received before it had commenced.

The clinical staff obtained written consent from patients before they received minor surgery. We asked to see two forms that had been signed by patients. We saw that both the patient and the doctor had signed the forms. The records informed us that the clinical staff explained about the possible complication that could occur following the surgery. Clinical staff told us they provided this information before asking the patient to sign the consent form. This demonstrated that patients' were encouraged to make informed decisions about their care. This also meant that the clinical staff were working within the legal requirement for obtaining written consent.

We were told by a practice nurse that for all patients whose first language was not English arrangements were made for an interpreter to be present during their appointments. Also that all appointments were double booked to allow adequate time for these patients to understand the information provided to them. This meant that they were given extra time to make decisions about diagnostic tests and treatments that were offered to them.

Where people did not have the capacity to consent to treatment, staff acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of the decision. If patients were unable to make decisions for themselves staff told us that they involved relatives and the local authority to support patients in their treatment decisions. This meant that patients who were unable to make decisions for themselves were given appropriate support.

We spoke with a doctor who told us there was a written policy in place regarding the Mental Capacity Act 2005. They also informed us that two of the doctors had received specific training in this area. Clinical staff had access to an external professional service where patients could receive short term care if they needed guidance and support to complete their treatment. For example, ensuring antibiotics were taken at the right times for an infection . Appropriate systems were in place that provided staff guidance about the care of patients' who had limited ability to make decisions.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

During our inspection we spoke with eight patients face to face and three by telephone. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "From the doctors the care is grade one, fantastic. The nurses are very good." Another patient said: "It's brilliant. The nurses are really good. They ask you about things. I mentioned another problem I had and they gave me advice about my diet and it worked. The doctor's I've seen so far are very friendly, helpful and have got straight to the problem and are treating me." A third comment received was: "The care from both doctors and nurses is good." All patients we spoke with told us they were satisfied with their care.

We spoke with a patient who had recently registered at the practice. They told us they had completed a form and received a health check by a health care assistant (HCA). As a result they were given an appointment with a doctor for a more detailed health assessment. They said they were very happy with the service they had received.

Some patients told us it was difficult to get an appointment quickly but if it was urgent they were seen. A patient commented about whether they could get same day appointments: "If you need one for the same day they ask you to ring back later to fit you in. You can also come to the walk-in surgery." Another patient said: "I just come into the walk-in surgery. I expect to wait but I think it's a very good service. I have used it quite a lot." We spoke with the lead receptionist who explained about the appointment system and walk-in surgeries. Patients were able to book appointments well in advance with all clinical staff. The duty doctors saw patients who arrived each morning for the walk-in surgery. If the practice was fully booked on the day when a patient requested to be seen the duty doctor would ring them to assess whether they needed to be seen. If necessary they would be seen on the day by a nurse prescriber for minor ailments or a doctor for more serious conditions. We spoke with a nurse practitioner who confirmed that patients who needed same day appointments were seen.

We asked patients if they were seen on time when they attended for an appointment with the doctor or nurse. Two patient's told us: "10 to 15 minutes." A third comment we received was: "Today I waited half an hour." Patients acknowledged that they needed to wait up to

a maximum of one hour and 45 minutes to be seen if they attended the walk-in surgery. We spoke with a doctor about the long waiting times. They told us they were aware of the problem and were monitoring it. Different methods for appointments were being piloted to determine which would be the most efficient for patients.

We were told by a doctor that patients who needed to have an xray were able to have them at the practice. A patient told us: "The xray department is fantastic and you don't need to make a separate appointment. I was xrayed within 20 minutes of seeing the doctor."

A doctor told us that patients who had been diagnosed with rheumatoid arthritis and needed to see a specialist were seen at the practice. This was because a specialist from a local hospital visited the practice every week to see these patients. This demonstrated that patients received a streamlined system for this disorder. A doctor told us they also had a weekly ultrasound test surgery once a week. This indicated that some disorders were diagnosed promptly.

Some patients we spoke with told us they had been referred to hospital for assessment and that they were satisfied with the way they had been done. One patient told us: "My relative was seen without an appointment and sent into hospital straight away. They couldn't believe how quick staff responded." Systems were in place for patients to be assessed and treated by specialists.

Staff told us if patients phoned the practice when it was closed they were automatically transferred to the out of hours service. Patients we spoke with confirmed this arrangement. This meant that patients could access care when they needed it. We asked a doctor what they did with the report they received after a patient had attended an out of hours service. They said that doctors read the reports. If any follow up assessment or treatment was needed they would contact the patient and ask them to make an appointment.

The patients we spoke with informed us that the methods for obtaining prescriptions for ongoing medicines were suitable and convenient for them. They confirmed that they had regular medicine reviews to check they still needed the medicines they were taking. This indicated that patients received appropriate on-going care.

The doctor we spoke with confirmed that they used the National Institute for Clinical Excellence (NICE) guidance for determining diagnosis and treatments of patients. This meant that patients received up to date care for their illness.

There were arrangements in place to deal with foreseeable emergencies and on-going care. We spoke with a doctor who confirmed that home visits were carried out when requested. They explained that they phoned patients to check that the visits were necessary. Doctors carried out home visits within the same day they were requested. This demonstrated that patients received assessments and treatments that met their individual needs.

Patients who were on the palliative care (end of life) register were cared for appropriately. We were shown the minutes of the monthly meetings that had been held with community staff in attendance.

We checked the emergency medicines, administration equipment and oxygen. They were appropriately stored and within the expiry dates and these had been checked weekly by

staff and recorded. Staff had appropriate medicines and equipment for dealing with a medical emergency such as an asthma attack. We were shown confirmation that staff had regularly attended training in patient resuscitation. This meant staff were provided with the knowledge and skills they needed to deal with medical emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

Patients who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

All of the patients we spoke with told us they felt safe when they visited the practice or when they had a home visit. They told us they had confidence in the staff and felt they were spoken with respectfully.

A doctor was the lead for safeguarding adults and another doctor for safeguarding children. We spoke with a doctor who told us there was a process on their computer system whereby they could 'flag up' any patient who was considered to be at risk. This meant that all clinical staff could identify those patients' who were at risk. We saw that all staff had attended safeguarding training for adults and children. This was confirmed by the staff we spoke with.

Staff were able to explain the practice's procedures for safeguarding. They told us that if they had concerns they would go straight to the lead doctor. If they were not available staff would go to another doctor or a senior member of staff. The staff members we spoke with were able to explain the various types of abuse and the appropriate agencies to refer safeguarding concerns to. These arrangements helped to ensure that patients were protected from harm.

A senior member of staff showed us the policies for the protection of vulnerable children and adults. They included the contact details of the agencies who were responsible for carrying out investigations of allegations of abuse. Staff we spoke with were able to describe the content of the policies to us and where they could access them. This meant that staff understood the policies. The practice manager demonstrated their knowledge concerning when they would need to inform the Care Quality Commission of allegations of abuse.

One of the lead doctors for safeguarding told us that monthly meetings were held with a health visitor present so that they could exchange information and share updates with each other. We were shown the minutes of the last meeting and saw that individual patients had been discussed. This indicated that staff carried out regular monitoring of patients who were at risk.

We saw that a poster was on display in the foyer to the premises. It informed patients about abuse. A senior member of staff told us they would amend the poster to include the contact details of external professionals where patients could obtain advice or report if they felt unsafe or abused. They also informed us that they would move the poster to a more prominent position for easier access by patients. This indicated that patients could go directly to the appropriate authorities if they felt uncomfortable about sharing information with the practice staff.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

Patients' were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

Patients we spoke with told us they felt that staff were knowledgeable and provided them with the right level of support and treatment. They told us that staff were courteous and efficient. One patient said: "Most of the staff here know me. I have no problem. They are friendly right through from reception staff to doctors". Another patient commented: "They (reception staff) are doing a good job in difficult circumstances."

We found that staff had received the training they needed to provide them with the necessary knowledge and skills to enable them to carry out their roles effectively. Clinical staff we spoke with demonstrated that they had received specialist training prior to providing those services to patients. This was confirmed when we looked at documents and spoke with relevant staff members.

A senior member of staff had checked the professional identity numbers (PIN) for nurses when they had commenced employment and annually. They told us they did this via computer and accessing the Nursing and Midwifery Council (NMC). We were shown recordings that had been made that included the NMC registration number of each nurse and when they were due to complete their annual re-registrations. This meant that systems were in place to check the nurse's legal status to practice as qualified nurses.

We spoke with the practice manager who told us the doctors had maintained a training schedule and had received annual appraisals with a designated GP from NHS England. These contributed towards their on-going validation to remain on the General Medical Council's (GMC) register. We were shown the latest written appraisal for a doctor. This demonstrated they were fit to practice.

We asked the practice manager for the recordings that had been made for a nurse prescriber and two administration staff. We saw that appraisal reports included enough details about training needs, information about specific areas of staff roles and future development plans. We spoke with staff members who told us they had their appraisals every year. We saw that clinical staff had appraised each other so that clinical issues could be discussed as part of the appraisal process. This demonstrated that senior staff supported and monitored staff performances.

We asked the lead receptionist whether they carried out day to day monitoring of receptionists performance. They told us they did and if necessary they spoke to staff in private about their performance. A practice nurse we spoke with told us: "It's a fantastic practice and senior staff are very supportive. If I request training it is organised. I can't fault them "

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

There was an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

The patients we spoke with all expressed their satisfaction with the service they received. One patient told us: "They are always very good with me and give me time. I always value the time. They have been great." Another patient said: "It's very good. If there is something wrong with you they sort it. I started a new treatment and they phoned me at home to ask how I was getting on with it." A third patient commented: "It's very good. I have never had a problem. The walk-in surgery is the best thing they have. I'm really impressed."

We spoke with three members of the Patient Participation Group (PPG) by phone. Their role was to act as an advocate when patients wished to raise issues with staff and to influence the quality assurance systems. We saw the minutes of the latest PPG meetings dated July 2013 and February 2014. The topics discussed were varied and included improvements in the day to day operations of the practice. One PPG member informed us about a recent improvement that had been implemented as a result of a suggestion they had made. It concerned ensuring that only one sound system at a time was active in the ground floor waiting room. This demonstrated an enhancement of patient support.

Two patients we spoke with had recently completed a satisfaction questionnaire. They told us their comments in the survey were positive. We were shown a report dated March 2013 that had been developed from the responses patients had provided in the questionnaires. The report indicated that patients had positive experiences when they contacted the practice staff and attended for appointments. It included comments patients had made suggesting where improvements could possibly be made. This demonstrated that patients' were encouraged to provide opinions and contribute to the on-going improvements of service provision.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there were systems in place for the practice to review incidents and action plans were put in place to help to prevent similar incidents occurring again. We were shown that latest minutes from the monthly 'significant events' meetings that were held between senior staff. Staff confirmed that appropriate actions were taken to respond

to and prevent further incidents from occurring.

A range of regular staff meetings were held. The minutes of previous meetings informed us that the day to day operations of the service and clinical issues were discussed at these meetings. We spoke with a health care assistant (HCA) who explained about an improvement they had suggested concerning 24 hour blood pressure monitoring reports. A nurse prescriber told us about the changes that had been made to ensure that the patient and all relevant staff were informed of the test results for routine diabetic checks. This demonstrated that staff were involved in on-going developments and improvements of the practice.

We reviewed how practice staff responded to complaints and found that these were investigated and resolved appropriately. The patients we spoke with told us they had never needed to make a complaint.

The clinical staff completed the Quality and Outcomes Framework (QOF). This is a voluntary system and provided a financial incentive for the practice. The framework covered a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. This demonstrated that on-going improvements were considered for the benefit of patients.

Each GP had completed clinical audits. The practice manager showed us two recent audits concerning a range of medicines. This assisted in ensuring patients received the most appropriate treatments.

We were shown the audit recordings about the availability of hand cleansing gel throughout all relevant areas of the practice. A senior member of staff told us that an annual infection control audit was carried out. Also that interim infection control audits were done for specific areas of the practice. This demonstrated that systems were checked to protect patients from the risk of infection.

We were shown the health and safety policy and risk assessments that had been carried out for various areas of health and safety and fire procedures. Staff had received training in fire safety. The fire- fighting equipment had been checked annually by an appropriate professional. We were shown evidence that annual portable appliance testing (PAT) had been carried out. A senior member of staff told us they had identified the need for a risk assessment for the water supply to be done. Also for the wiring to the premises to be checked by an external professional. They assured us these would be complete shortly. This meant that systems were in place to protect patients and staff from injuries. The provider may find it useful to note that there was no risk assessment in respect of the water supply.

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.

 **Met this standard** 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.

 **Action needed** 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.

 **Enforcement action taken** 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.

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.

Glossary of terms we use in this report (continued)

(Registered) Provider

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'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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