

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

Dr Barry Hyman

30 Bath Row, Lee Bank, Birmingham, B15 1LZ

Tel: 01216221446

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

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Management of medicines	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard

Details about this location

Registered Provider	Dr Barry Hyman
Overview of the service	The Hyman Practice at Bath Row provides primary care for people living in the surrounding area.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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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

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 31 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and were accompanied by a specialist advisor.

What people told us and what we found

During our announced inspection we spoke with six patients, the registered provider (the lead GP), the practice manager and a receptionist.

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. Patients told us how they were treated with care and respect. One patient told us: "I think they are brilliant. Doctor X is a very competent doctor, I have every confidence in X". Another patient said: "Very good indeed. Staff are respectful and helpful". The patients we spoke with told us that they were able to obtain an appointment with the doctor when they needed to.

There was a range of ways that patients could request repeat prescriptions. Patients we spoke with told us that obtaining repeat prescriptions was not a problem and requests for them were actioned within two or three days.

Patients told us that referrals to hospitals had been made promptly and efficiently.

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

We found that the specialist equipment had been checked by a company to ensure that it was fit for purpose. The wiring of all electrical equipment had been tested to protect patients and staff from risks of injury. All areas of the practice were seen to be well organised.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During our inspection we spoke with six patients who used the service. People's needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "Very good, the performance and overall service is 10 out of 10". Another patient told us: "Fantastic place". A third patient said: "I am pleased with the service".

The reception area included a poster advising patients about their rights for confidentiality and how the registered provider ensured this. Patients were also advised that they could request a chaperone at any time.

The registered provider told us they used the national institute for clinical excellence (NICE) templates for processes involving diagnosis and treatments of illnesses that patients may present with. This meant that patients received up to date tests and treatments for their disorders.

The registered provider employed the services of an advanced nurse practitioner (ANP) for one session a week. Patients were seen who had general illnesses such as coughs, colds, infections and some long term illnesses. The practice manager told us that the ANP provided a good support system for the GP's. We were not able to speak with any patients who had seen the ANP to ask for their opinions.

Patients told us they were able to get an appointment quickly and were seen on time. One patient commented: "On one occasion X (the doctor) saw my child as an emergency without an appointment". Another patient said: "Need to ring on the day, we get one every time for the same day".

Some of the patients we spoke with confirmed that they had received visits by a doctor in their own homes. One patient said: "Never lets me down, X (the doctor) has always come out. X will come out to me during the night".

The registered provider told us that medication reviews were undertaken regularly depending on the type of medication that patients were prescribed. One patient told us: "I have to be seen by the doctor every six months". This meant that doctors carried out regular checks to ensure that patients received appropriate treatments.

There were arrangements in place to deal with foreseeable emergencies and ongoing care. The GP described the arrangements in place for patients receiving care from community nurses. The registered provider and practice manager told us they had a good working relationship with community nurses. This meant that appropriate systems were in place for patients who required long term care.

We saw that there was an out of hours information notice which was clearly visible in the waiting area. The information included the address of the local walk-in centre that patients could also access when the practice was closed. We asked the practice manager about the out of hours service. They told us that patients were able to phone the practice number where they would be given further numbers to call. The practice manager explained that details of any patients seen by the out of hours service were emailed to the the registered provider by the following morning for any necessary follow-up to be actioned by practice staff. We spoke with a patient who had used the out of hours service and they told us they were satisfied with the service they received.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

Patient's health, safety and welfare were protected when more than one provider was involved in their care and treatment. This was because the registered provider worked in co-operation with others.

Reasons for our judgement

We spoke with the registered provider. They told us they made patient referrals to other services such as hospitals and community nurses when the need arose. We asked patients for comments about their experience about their referrals. One patient said: "My child was referred very quickly. It was well done and very organised". Another patient told us: "It was rather swift".

We spoke with the practice manager who told us that they and the registered provider regularly attended the clinical commissioning group meetings to ensure they kept abreast of current changes in service provision. This meant that patients received up to date care and treatment.

The practice manager told us that health visitors were located within the same building and that they had affective communications with each other. The registered provider said they held monthly practice meetings with the community matron and other relevant professionals to discuss patient's needs to ensure that appropriate treatment and support was provided.

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

Our judgement

The provider was meeting this standard.

Patients who were cared for by the practice were protected from the risk of abuse because they had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We spoke with the registered provider who was the lead for safeguarding. They explained the practice's procedures for safeguarding vulnerable adults and children. They told us that they and the practice nurse had completed level three (high level) training in safeguarding. Other staff had completed a training course on the computer (lower level).

We spoke with two receptionists. They were able to describe the different types of abuse and how they would respond if abuse was suspected. They said they would report any concerns to the registered provider and the practice manager. They confirmed that they had received training in protection of vulnerable adults and children.

The practice manager showed us the policy for the protection of children and vulnerable adults. It included the contact details of various organisations including the authority who were responsible for investigating allegations. We also saw a whistle blowing policy that encouraged staff to report poor practices they may witness. The staff we spoke with told us they knew where the policies were kept and that they had read them. This meant that staff understood these policies and how to respond to concerns.

We saw that leaflets were available in the reception area for patients' to pick up. The leaflet described abuse and their rights to be protected against poor staff practices and what they should do if they were concerned.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Patients were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We saw that arrangements were in place to ensure that regularly used vaccines and medicines were stored appropriately. We saw that the temperature of the fridge used for storing vaccines was checked daily. We saw evidence that the correct temperature of the fridge was maintained to ensure the stability of the vaccines. We found that vaccines and medicines were ordered in a timely manner. The practice manager informed us that they always had the required vaccines for patients. The registered provider told us that they carried out a monthly audit to check that the vaccines and medicines remained in date and fit for use.

We saw that controlled (strong) medicines were stored appropriately and the cupboard was alarmed. This meant that any unauthorised persons trying to access the medicines would be immediately checked by the building's security staff.

The registered provider kept a stock of emergency medicines for occasions when people suffered unexpected reactions such as shock or an asthma attack. This meant that patients could receive immediate treatment when they needed it. We saw that systems were in place to record when emergency medicines expired and when they needed to be replaced. We saw that all the emergency medicines were in date and that they were stored safely where staff had easy access to them.

We found that patients requested repeat prescriptions in various ways and this information was available at the practice. There was a dedicated post box at the practice where patients posted their requests. They also send them by post, email or ringing the practice. The new prescription was collected from the practice or if requested made up and collected from two local pharmacies.

We asked the patients we spoke with how they obtained repeat prescriptions. One patient said: "I do it by ringing, the prescription is ready within three days for me to collect". Another patient told us: "I put the tear off slip in the box after I tick what I need. It's ready for collection within three days".

We asked the registered provider how they monitored the care and treatment of patients who required repeat medicines. They informed us that patient's repeat medicines were

regularly reviewed depending on the patient's needs and the type of medicine. The registered provider told us that the computer system included a mechanism that informed staff when patient medicine reviews were due. One patient we spoke with told us: "I have reviews all the time and I am on different tablets to try until we find one that suits me".

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

Patients were protected from unsafe or unsuitable equipment.

Reasons for our judgement

We saw that equipment was available for staff use when they carried out health checks for patients. We saw that regular checks of the equipment had been made by staff and recorded to confirm this.

We found that the registered provider had a range of medical equipment in place to enable staff to carry out some procedures. For example monitoring a patient's oxygen levels and how their heart was working. We were shown that all of the equipment was entered on to a computer which told us when it was purchased, when it needed to be serviced and when this had been completed. This meant that systems were in place that ensured equipment was safe for use.

We found that in January 2013 all portable appliance testing (PAT) had been carried out on electrical equipment by an external company. This process ensured that the wiring of each appliance was safe and that patients were protected from risks of injury.

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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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