Swanswell Medical Centre

Quality Report

370 Gospel Lane
Acocks Green
Birmingham
B27 7AL
Tel: 0121 706 5676
Website: www.swanswellmedicalcentre.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
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Swanswell Medical Centre on 6 October 2016. The overall rating for the practice was requires improvement with requires improvement ratings in safe and well-led services and good ratings in effective, caring and responsive services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Swanswell Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 6 December 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 6 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had made significant improvements to ensure that all patients requiring repeat prescriptions received appropriate reviews by their GP.
- The practice monitored all blank prescriptions to ensure a clear audit trail.
- The practice had carried out necessary health and safety risk assessments including fire risk assessments and taken any necessary actions.
- The practice had made improvements to ensure all staff were aware of any significant events that had occurred and any learning that had taken place.
- The practice had also made improvements to ensure all patients were informed of incidents when it was necessary.
- Since our previous inspection, the practice had reviewed and updated a number of policies and procedures. For example, repeat prescribing to ensure effective processing of prescriptions and the staff training policy to enable more clarity on what the practice identified as mandatory training.
- The practice had also made improvements to its system to monitor staff training levels.
- All staff had received a recent appraisal and had a development plan in place.
- Staff recorded outcomes from multidisciplinary meetings in patients' notes and shared care plans with patients to give them the opportunity to comment.
- The practice had reviewed its storage of clinical waste to ensure sharps bins were stored appropriately.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

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	Good
People with long term conditions	Good
Families, children and young people	Good
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)	Good

Swanswell Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector, and a GP specialist adviser.

Background to Swanswell Medical Centre

Swanswell Medical Practice is located at 370 Gospel Lane, Acocks Green, Birmingham B27 7AL. Further information about Swanswell Medical Centre can be found by accessing the practice website at www.swanswellmedicalcentre.co.uk.

The practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under this contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in an urban area of Birmingham close to Solihull with a list size of approximately 6500 patients. Approximately two thirds of the patients registered live within Birmingham and one third in Solihull. Based on data available from Public Health England, the area covered by the practice has higher levels of deprivation than the national average. It is within the 20% most deprived areas nationally.

The patient population is slightly younger than the national average with a higher proportion of patients under the age of 35 years than the national average.

Practice staff consists of three partners (all male) who work a total of 20 GP sessions each week. There are three nurses (one is an advanced nurse practitioner), one health care assistant, a practice manager and a team of administrative staff.

Swanswell Medical Practice is open from 8am to 6.30pm Monday to Friday with the exception of Wednesday when it closes at 1pm for the afternoon.

Telephone lines closed between 1pm and 2pm. When the practice is closed services are provided by an out of hours provider (BADGER). The practice does not operate any extended opening hours.

The practice is a training practice for qualified doctors training to become GPs.

Why we carried out this inspection

We previously undertook a comprehensive inspection of Swanswell Medical Centre on 6 October 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. The full comprehensive report following the inspection on October 2016 can be found by selecting the 'all reports' link for Swanswell Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Swanswell Medical Centre on 6 December 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.

Good

Are services safe?

Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of medicines management, the management of risks relating to the premises and some aspects of cleanliness and infection control were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 6 December 2017. The practice is now rated as good for providing safe services.

What we found as part of our inspection in December 2017.

Safety systems and processes

The practice had made improvements to its management of safety risks. For example:

- The practice had made changes to their storage of sharps bins, to ensure they were stored in a designated area away from clean equipment and was not accessible to patients.
- We saw the practice had arrangements with an external company for annual deep cleaning of carpets.
- The practice had a fire risk assessment carried out in March 2017 and had taken the necessary actions following the assessment.
- The practice had carried out a fire drill and had weekly fire alarm tests. Staff we spoke with explained what they would do in the case of a real fire.
- The practice had carried out other health and safety risk assessments and completed actions as necessary.

Safe and appropriate use of medicines

The practice had improved it systems for managing medicines.

- The practice kept prescription stationery stored securely and monitored its use.
- Clinical staff prescribed medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents. Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Staff told us they were encouraged to raise incident and leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice**.**
- The practice invited all staff to monthly practice meetings were they followed a standing agenda which included discussing significant events. If staff were unable to attend they could easily access the minutes for these meetings.

During our inspection, we identified a breach of patient confidentiality which we discussed with members of the practice management team. Following our inspection, the practice provided details of an internal investigation which demonstrated that appropriate actions had been taken to minimise the risk of this occurring again and patients received a full explanation including an apology.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 6 October 2016, we rated the practice as requires improvement for providing well-led services as the arrangements in respect of keeping all staff and patients informed of incidents were not robust and governance arrangements in which risks could be managed were not well established.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 6 December 2017. The practice is now rated as good for being well-led.

What we found as part of our inspection in December 2017

Leadership capacity and capability

Since our previous inspection, there had been a change in the senior GP. We found leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capacity and skills to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We saw evidence of this during our inspection and documentation provided following our inspection showed after an incident, patients received an apology and information on the practice's complaints process. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff had received an appraisal in the last year with a development plan that was specific to their role.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out, understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.
- We saw policies were reviewed regularly and easily accessible.
- Since our previous inspection, policies had been updated to give staff sufficient guidance. For example, the policy relating to repeat medicines had been updated to provide more detail and guidance to all staff to ensure staff processed prescriptions correctly. The practice had also made further improvements to its chaperoning policy.
- The practice had also made improvements to its process of managing and monitoring of staff training levels. Their new system allowed easier identification of how many staff were compliant with mandatory training and prompted staff to take appropriate action.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- One of the GP partners was the lead for significant events, and could appropriately monitor trends in safety incidents.

Are services well-led?

Good

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

- There was a clear system to ensure all staff learned from safety incidents.
- Significant events and health and safety issues were a standing item on the practice meeting agenda and discussed monthly with all staff.