

Hill Top Medical Centre

Inspection 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 location

Good 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection October 2017 – Good overall, with requires improvement rating for providing Safe services)

The key questions are rated as:

Are services safe? – Good

We carried out an announced focused inspection at Hill Top Medical Centre, on 1 August 2018. This inspection was in response to previous focused inspection at the practice in October 2017, where breaches of the Health and Social Care Act 2008 were identified. You can read the report from our last focused inspection on 11 October 2017; by selecting the 'all reports' link for Hill Top Medical Centre on our website at www.cqc.org.uk.

At this inspection we found:

- The practice had introduced an effective system to routinely review the effectiveness and appropriateness of the care it provided to ensure patients on high risk medicines were monitored on a regular basis.

- At previous inspections, results from the national patient survey showed accessing the practice by telephone was below local and national averages. The practice had implemented increased access through longer opening hours including weekends and encouraging patients to use the online services available.
- Since the last inspection the number of patients using the online facilities had increased from 26% to 40%.
- All staff had received refresher training on where the emergency equipment was situated in the case of unforeseen medical emergencies.
- The practice continued to demonstrate improvements in their achievements of the quality and outcomes framework (QOF) system and effectively monitored patients to ensure they were receiving the appropriate monitoring and care.

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

Population group ratings

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser.

Background to Hill Top Medical Centre

Hill Top Medical Centre is located in Oldbury, West Midlands. There are approximately 11000 patients of various ages registered at the practice. The practice deprivation level is ranked as four out of 10, with 10 being the least deprived. Many of the people in the practice area are from a white background, with 75.8% of the practice population being within this group.

The practice operates out of two buildings directly opposite each other across the car park. One of the buildings is predominantly used to carry out administration functions but is also used for flu clinics and minor surgery. The newer building is mainly used for routine consultations. Consulting rooms are located on the ground and first floor of this building. There is a lift available to enable easy access to the first floor consultation rooms for those patients who have difficulties with their mobility.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice team consists of three male GP partners and one female salaried GP. There is also a nurse practitioner, two practice nurses, one health care assistant and a pharmacist who is employed by the practice. The administration staff include a practice manager and a team of administrative and reception staff.

The practice is open between 8am to 8pm Monday to Friday. The practice also offers Saturday opening from 9am to 11am and Sunday opening from 9am and 10am. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the practice. When the practice is closed the out of hours service is provided by Primecare (out of hours service provider) and the NHS 111 service.

Are services safe?

At our previous inspection on 11 October 2017, we rated the practice as requires improvement for providing safe services as the practice did not have an effective system in place to ensure patients on high risk medicines were monitored appropriately. We issued a requirement notice in respect of this issue and found arrangements had improved when we undertook a follow up inspection of the service on 1 August 2018.

At this inspection we found that the improvements the practice had made were sustained and we rated the practice as good for providing safe services.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The practice offered services out of two buildings opposite each other. During our October 2017 inspection, we found that some staff were not aware of the location of emergency equipment held in both buildings. Since our previous inspection, staff have been updated on where all the emergency medical equipment was situated for use in an unforeseen medical emergency in either of the buildings.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. The practice nurse had recently completed sepsis training which she shared with the clinical team and manager. A sepsis identification chart was available for staff to use and the appropriate diagnostic equipment was available.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice were lower for antibiotic prescribing than national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had introduced an effective system to routinely review the effectiveness and appropriateness of the care it provided to ensure patients on high risk medicines were monitored on a regular basis.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.