

Oakleaf Medical Practice

Quality 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 service

Good



Are services responsive to people's needs?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Oakleaf Medical Practice on 30 March 2016. During that inspection we found that an effective system was not in place for recording, handling and responding to complaints from people using the service or acting on their behalf. There was also limited information to show that the learning points from complaints were shared with the staff team, to ensure that appropriate improvements are made.

In view of the above the practice was rated as requires improvement for providing responsive services.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at Oakleaf Medical Practice www.cqc.org.uk.

We undertook a desk based review on 13 December 2016 to check that the provider had completed the required

action, and now met the legal requirement in relation to Regulation 16: Receiving and acting on complaints. We did not visit the practice as part of this inspection. This report covers our findings in relation to the requirement.

This inspection found that the provider had taken appropriate action to meet the legal requirement.

The provider had established a system to ensure:

- Complaints are effectively recorded, handled and responded to in a timely and transparent way in line with the practice's policy.
- Complaints are reviewed and monitored to identify trends and areas of risks that need to be addressed.
- The learning points from complaints are shared with the staff team to ensure that appropriate improvements are made.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

A system was in place to ensure:

- Complaints were effectively recorded, handled and responded to in a timely and transparent way in line with the practice's policy.
- Complaints are reviewed and monitored to identify trends and areas of risks that need to be addressed.
- The learning points from complaints are shared with the staff team to ensure that appropriate learning and improvements are made.

Good



Oakleaf Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC inspector undertook the desk based review of Oakleaf Medical practice.

Background to Oakleaf Medical Practice

Oakleaf Medical Practice is managed by a partnership of four GPs, and provides primary medical services to just over 8000 patients. The patient population includes 50% Asian, 30% Romanian, 10% Somali and 10% mixed ethnicity. The practice has a higher than national average younger population aged between 0 to 34 years. The level of deprivation within the practice population is above the national average.

The practice is located in purpose-built premises at Washwood Heath Health and Wellbeing Centre on Clodeshall Road, Saltley, Birmingham, West Midlands, B8 3SW.

The clinical team includes four male GP partners, one female salaried GP, a practice nurse and four healthcare assistants. A locum practice nurse and several long-term locums GPs also work at the practice. The clinical staff are supported by a practice manager and a team of reception and administrative staff.

The practice is an Alternative Provider Medical Services (APMS) contract. An APMS contract is a locally negotiated contract open to both NHS practices and voluntary sector or private providers.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers extended hours on Monday and Thursday from 6.30pm to 8pm.

Appointment times are from 9am with the last appointment an hour before the practice closes. The practice is also open from 9am and 2pm on Saturday and from 9am to 1pm on Sunday.

The practice has opted out of providing out-of-hours services to their own patients and this service is provided by Birmingham and District General Practitioner Emergency Rooms (Badger) medical service. Patients are directed to this service when the practice is closed.

Why we carried out this inspection

We undertook a desk based review of Oakleaf Medical practice on 13 November 2016. This was carried out to check that improvements had been made to meet the legal requirement, following our comprehensive inspection on 30 March 2016. We reviewed the practice against one of the five questions we ask about services: are services responsive.

How we carried out this inspection

We reviewed the information the practice sent us, in regards to the action they had taken to meet the legal requirement in relation to Regulation 16: Receiving and acting on complaints. We did not visit the practice as part of this review, although we spoke with the practice manager.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

A comprehensive inspection on 30 March 2016 found that:

An effective system was not in place for recording, handling and responding to complaints from people using the service or acting on their behalf. There was also limited information to show that the learning points from complaints, were shared with the staff team to ensure that appropriate improvements were made.

This review found that the provider had taken appropriate action to meet the legal requirement to ensure complaints are effectively managed.

- The complaints policy has been reviewed to ensure it details the procedures followed at the practice.
- An effective system was in place to ensure all complaints are recorded, handled and responded to in a timely and consistent way in line with the practice's policy.

- A complaints log was kept to provide an overview of all complaints received, and provide assurances that they had been promptly acknowledged, handled and responded to.
- The complaints log showed that the practice had received 10 complaints between 15 April 2016 to 10 October 2016. These were promptly acknowledged and responded to and had been resolved, except for one which the practice had been unable to progress as the patient had declined to provide further details.
- The practice manager completed an annual audit to identify trends and ensure complaints were appropriately managed, and that areas of risk had been addressed. The latest audit undertaken in April 2016 included an action plan, to address improvements identified from this to ensure robust procedures were followed. We received an updated action plan on 14 December 2016, which showed that all improvements had been completed.