

Midlands Medical Partnership-Lea Village Medical Centre

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

Are services safe?	
Are services effective?	
Are services well-led?	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a focussed inspection at Midlands Medical Partnership-Lea Village Medical Centre on 24 August 2017. Midland Medical Practice (MMP) registered the practice with CQC in July 2017. The inspection was in response to a significant event which had occurred prior to MMPs registration. The purpose of the inspection was to ensure that lessons had been learned following the significant event and processes were put in place to mitigate any further risks.

Our key findings were as follows:

- MMP had become the registered provider in April 2017 and had implemented its policies and procedures such as incident reporting and processing of external (hospital) communication.
- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The provider had reviewed the practice systems and processes to minimise risks to patient safety.
- The provider had put in place a support structure for staff including the practice nurse and GP to enable them to deliver effective care and treatment. Staff were aware of current evidence based guidance.
- There was a clear leadership structure and there was a clear direction from the corporate leadership and management team to improve the service. The provider had made available resources to raise standards at the practice in line with their expectations. Staff members were supported to enable them to deliver care to the expected standard of the corporate provider.

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 safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Following registration the provider had reviewed the practice systems and processes to minimise future risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

- The provider had put in place a support structure for staff including the practice nurse and GP to support them to deliver effective care and treatment. Staff were aware of current evidence based guidance.
- The partnership had initiated a comprehensive review and understanding of the performance before formal registration of the practice with the CQC in April 2017. We saw reviews were ongoing to ensure performance was being maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Staff were supported to deliver effective care and treatment. The provider held mandatory quarterly in-house Protected Learning Time (PLTs) events for staff.

Are services well-led?

The practice is rated as good for being well-led.

- There was a clear direction from the corporate leadership and management team.
- There was evidence that staff were supported to deliver quality and safe care. Regular partners' meetings were held and these were used to discuss complex cases, audits, changes to guidance and care of vulnerable patient such as those with end of life care needs.

Summary of findings

- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The corporate provider annually benchmarked the practice against its other locations.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Midlands Medical Partnership-Lea Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a practice nurse specialist adviser and a second CQC inspector.

Background to Midlands Medical Partnership-Lea Village Medical Centre

Midlands Medical Partnership (MMP) is a partnership of 23 GPs. The partnership provides services to 67000 patients across 11 sites.

Midlands Medical Partnership (MMP) added Lea Village to their registration in July 2017. The provider was in the process of embedding the corporate' policy and procedures. The practice is located in Kitts Green, Birmingham, West Midlands. It provides NHS services to the local community and has a list size of approximately 2300 patients.

The practice has one GP (male) who is supported by a new practice nurse. Both the GP and the practice nurse are being supported by the provider to enable them to deliver care to the provider's expected standard.

Why we carried out this inspection

We carried out a focussed inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out at short notice (48 hours) and was in response to information of concern we had received.

The purpose of the inspection was to ensure that lessons had been learned following a significant event and that the provider could assure us that processes were put in place to mitigate any further risks.

How we carried out this inspection

We inspected the service following receipt of some information of concern. We carried out a visit giving short notice on 24 August 2017.

During our visit we:

- Spoke with a range of staff including the principal GP, GP partners within MMP, the corporate management team and nursing team. We spoke with the new practice nurse, the practice manager and administration staff.
- Reviewed a sample of the personal care or treatment records of patients.
- Looked at information the practice used to deliver care and treatment plans.

Detailed findings

We carried out a responsive short notice inspection following receipt of information of concern. We asked the following questions to get to the heart of patients' experiences of care and treatment.

- Is it safe?
- Is it effective?

- Is it well-led?

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events. We saw that the practice had documented three significant events in the last 12 months which were then discussed in team meetings. For example, an incident documented that a vaccine ordered by the nurse had been delivered by the pharmacy but had not been refrigerated. We saw appropriate action had been taken and learning had been shared at the staff meeting.

Learning from a significant event had identified improvements which were actioned. For example, an audit of vaccine requirements for patients in high risk groups was carried out and relevant patients were contacted so that they could be offered vaccines. Other actions included adding prompts to patient records regarding the need to immunise and the initiation of a recall system where relevant. Learning was also identified for external organisations such as hospitals and we saw evidence that the corporate partnership had written to them with the relevant learning points.

MMP had implemented its incident reporting policy which required the practice to record all clinical and non-clinical events such as issues with appointments or communication.

We reviewed safety alerts and saw that appropriate action had been taken in response by the practice. Any searches on the patient record system in response to safety alerts were carried out by a centralised team within MMP.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- MMP safeguarding policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. We saw examples of quarterly meetings held with the health visitor which discussed patients that were subject to safeguarding protection

and those that raised concern such as due to missed appointments. We looked at three examples and saw that alerts were on the patient record system to ensure staff were made aware if a patient was at risk.

- We saw that staff had completed safeguarding training. The GP was trained to level three and the nurse was trained to level two.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer vaccines in line with legislation. The PGD folder contained a list of expiry dates so that they could be updated appropriately. We saw that they were checked weekly by the nurse. The healthcare assistant (HCA) did not administer vaccines.
- There was a staff member (practice nurse) designated for vaccine stock take and we saw appropriate processes in place to ensure vaccine stocks were appropriately stored and managed.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The provider held mandatory quarterly in-house Protected Learning Time (PLT) events for GPs where new guidance, medicine issues and alerts were discussed and actions followed up. Regular partners' meetings were held and these were used to discuss complex cases, audits, changes to guidance and care of vulnerable patient such as those with end of life care needs.

The provider also held quarterly in-house protected learning time (PLT) events for practice nurses. Nurses were provided with further education and training based on request as well as being identified through performance issues. Monthly nurses meetings were held and all nurses working for the provider were expected to attend. We saw evidence that clinical and non-clinical issues relevant to the nurses were discussed at these meetings. Additionally, 40 minutes of the meeting was used to discuss various clinical issues as part of their ongoing training.

The nurse had access to various guidelines online such as the National Institute for Health and Care Excellence (NICE) guidelines, the green book (which provides the latest information on vaccines and vaccine procedures), National Travel Health Network and Centre (NaTHNaC), as well as other relevant guidance such as from the Royal College of Nursing (RCN). We saw evidence and our discussions with nurses demonstrated that they were aware of changes to the vaccine programme and had printed out the most up to date routine immunisation schedule for reference.

Management, monitoring and improving outcomes for people

A written immunisation strategy was in place and it was in line with that of the corporate partnership. We looked at the policy which included an escalation process when staff were unsure of any immunisation related issues and the relevant contact if they required further help and advice.

The practice was required to produce a list of all children that were due vaccinations and add reminders in their records, which was monitored. The practice had previously held ad-hoc immunisation clinics. However, weekly immunisation clinics had now been introduced.

There was a monitoring process put in place by the corporate partnership to ensure effective care delivery.

Currently the monitoring was carried out through monthly interrogation of the patient record system but plans were to manage this centrally once the patient record system had been merged (planned for September 2017).

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment. The provider's lead nurse supported the practice nurse who told us that they felt very well supported. The lead nurse observed the practice nurse during clinics once a week as supervision and to provide advice. The lead nurse also carried out bi-monthly reviews of the practice nurse's work so that any training needs could be identified.

There was a training plan which confirmed that immunisation, cytology and other mandatory training was in place. We saw evidence that the nurse had shadowed other nurses at five other practices that were part of the corporate provider organisation. The provider had a centralised training matrix which was monitored and any training due was flagged up by the system which was then escalated by the centralised team to the relevant practice. The nurse was currently being supported to do a university based course in practice nursing to provide them with additional learning and skills for working within general practice and to help them to effectively transition into their role.

All clinicians within MMP were required to attend three monthly training events. These were run corporately and external speakers were invited to deliver specific training. The GPs were also expected to attend monthly partners meeting where clinical learning was shared. We spoke with the GP and they were happy with the support that they were receiving.

Coordinating patient care and information sharing

The MMP policy for processing of hospital communication had been introduced. An audit of 50 randomly selected hospital letters had been carried out to assure the process was safe. The findings of the audit showed that all correspondence was actioned appropriately.

The policy for processing of hospital communication required all letters to be processed in a timely manner (blood tests within seven days and hospital communication within two weeks). There were systems in place to ensure that the policy was being followed.

Are services effective?

(for example, treatment is effective)

On the day of the inspection we looked at the management of hospital correspondence both electronic and in letter format and saw that the practice was up to date with scanning and actioning by the clinician. We looked at electronic tasks on the system and saw that there were none waiting to be actioned. There was a system to check that these were being processed appropriately by the corporate provider.

To ensure appropriate read coding of medical conditions, templates had been introduced to allow for easier and consistent coding. This enabled the practice to more easily identify patients who needed follow up.

The new nurse has been introduced to the health visitor so that they now had a point of contact. We saw that the practice had set weekly immunisation clinics with protocols to escalate non-attenders to the health visitor.

Supporting patients to live healthier lives

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given in 2016-17 showed that the practice was not consistently achieving the set 90% target including for the pneumococcal and MMR vaccines for both under one year olds and under two year olds. However, the previous practice nurse had left and another nurse who was new to practice nursing had been recruited who required training in child immunisation. To improve the practice uptake, the practice had reviewed its child immunisation programme and had changed this from an ad hoc process to weekly clinics where the GP was also present. Longer appointment times were offered and there was regular liaison with the health visitor for non-attenders.

The practice now had a better understanding of the numbers of eligible children and a process for monitoring improvement. For example, monthly searches of non-attenders were now in place.

Are services well-led?

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

Our findings

Governance arrangements

There was a clear direction from the leadership and management team. We saw strong evidence of proactive leadership in responding to the significant incident. We saw risks had been identified through assessment processes and audits. We saw clear actions were taken to improve the service where necessary. For example, we saw improvement to the management of high risk medicines, child surveillance, recall systems and staff training.

A system had been introduced for centrally managing risks and the future direction was to incorporate this practice once the patient record system had been merged, this was planned to take place in September 2017.

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. There was a corporate lead nurse who supervised the new nurse.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Currently designated staff from the corporate partnership reviewed performance of the practice through regular visits. The practice held monthly meetings which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had implemented learning following review of a significant incident.
- We saw evidence that the structure of the meetings allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

We found supportive leadership was in place. We saw evidence of support provided to staff including the GP and the nurse. We saw evidence that the corporate partnership had provided considerable resources to raise standards at the practice in line with their expectations.

The partners were interested in improving the quality of the service and took on lead roles within the organisation. Partners told us that they tried to avoid use of locum GPs as they felt that the partners could offer a continuous and effective service. A partner told us that they used a smartphone application to communicate any issues such as covering planned and unplanned absences amongst themselves.

Continuous improvement

There was evidence of ongoing monitoring to manage identified risks. The provider carried out benchmarking activities across its locations. For example, we looked at the partners report from April 2017 which benchmarked all practices for quality and safety such as for long term conditions, quality and appropriateness of referrals as well as reviewing response to drug safety alerts and unplanned admissions. Any performance gaps were highlighted to ensure improvement. This was carried out centrally.