

Hill Top 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

Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

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 at Hill Top Medical Centre on 28 November 2016. The overall rating for the practice was good. However, we rated the practice requires improvement for providing effective care (one of the five questions we ask practice). The full comprehensive report on the November 2016 inspection can be found by selecting the 'all reports' link for Hill Top Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 11 October 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 28 November 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.

- During our previous inspection in November 2016 we found that the systems to monitor patients prescribed high risk medicines were not always effective. At this inspection we saw the practice had introduced regular

searches to ensure monitoring of high risk medicines such as Disease-modifying anti-rheumatic drugs (DMARDs). However, the practice had not considered all high risk medicines for regular review.

- The practice had reviewed its processes for prescription stationery and ensured that they were logged to minimise the risk of fraud.
- The practice had carried out an Infection Prevention and Control (IPC) audit and action was taken to improve the identified areas.
- The practice had reviewed its recruitment process and evidence we looked at demonstrated that appropriate processes were in place and being followed.
- All staff had been made aware of the location of emergency equipment and staff members we spoke with were able to demonstrate this.
- The practice had purchased two hearing loops and door bells had been installed to enable those patients using a wheel chair to call for assistance.
- During our previous inspection we saw results from the national GP patient survey published in July 2016 showed that patients' satisfaction with how they could

Summary of findings

access care by telephone was below local and national averages. During this inspection survey results published in July 2017 did not reflect any improvements. However, since 2 September 2017 the practice had changed its opening hours and was now open from 8am to 8pm Monday to Friday and weekend access was also available. The practice had increased the number of patients registered to use online services. Data we looked at showed 38% of patients on the practice list were registered and 26% were actively using the service.

- Examples of complaints we looked at from the previous 12 months demonstrated that they were responded to appropriately with all responses being documented.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way through effective systems to mitigate risks to patients prescribed high risk medicines.

In addition the provider should:

- Ensure all staff are aware of the location of the spare emergency medicine kit.
- Continue to monitor QOF achievement to ensure improvement is maintained.

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?

At our previous inspection on 28 November 2016, we rated the practice as good for providing safe services. However, during this focussed inspection we identified regulatory breaches which overlapped with this key question and have now rated the practice as requires improvement for providing safe services.

- During our previous inspection in November 2016 we found that the systems to monitor patients prescribed high risk medicines were not always effective. During this focussed inspection we saw the practice had introduced regular searches to ensure monitoring of some high risk medicines such as Disease-modifying anti-rheumatic drugs (DMARDs) but not all.
- We saw reviews to the systems and processes had been undertaken and action taken to achieve improvements in these areas.

Requires improvement



Are services effective?

At our previous inspection on 28 November 2016, we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below the national average. The most recently published results at the time showed the practice had achieved 69% of the total number of points available.

At this inspection unpublished and unverified QOF data we looked at for 2016/17 demonstrated that the practice had made significant improvements. The practice is now rated as good for providing effective services.

- At this follow up inspection the practice explained that they had developed a system to ensure high QOF achievements. Unpublished and unverified data provided by the practice showed that the practices overall QOF achievement for 2016/17 was 536 out of 559 available points (96%). This represented a significant improvement. We looked at specific areas such as chronic obstructive pulmonary disease (COPD), asthma and diabetes and saw that they all reflected the improvement.
- We also looked at the patient record system for QOF achievement for the current year (2017/18) and saw that that practice had maintained this improvement and was on course to achieve high QOF scores.

Good



Summary of findings

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way through effective systems to mitigate risks to patients prescribed high risk medicines.

Action the service **SHOULD** take to improve

- Ensure all staff are aware of the location of the spare emergency medicine kit.
- Continue to monitor QOF achievement to ensure improvement is maintained.

Hill Top Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team also included a GP specialist advisor.

Background to Hill Top Medical Centre

Hill Top Medical Centre is registered with the Care Quality Commission (CQC) as a partnership GP practice in Oldbury, Birmingham. 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.

There are approximately 11000 patients of various ages registered with the practice. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The staffing team consists of three male GP partners and one female salaried GP. There is one nurse practitioner, two practice nurses and one health care assistant. Administration staff included a practice manager, an assistant practice manager and eleven reception and support 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. When the practice is closed, patients are redirected to their out of hours provider.

The practice provides a number of specialist clinics and services. For example, long term condition management including asthma, diabetes and high blood pressure. It also offers services for child health developmental checks and immunisations, travel vaccinations and NHS health checks.

Why we carried out this inspection

We undertook a comprehensive inspection of Hill Top Medical Centre on 28 November 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good. However we rated the practice requires improvement for one of the five questions we ask the practice (effective). The full comprehensive report following the inspection on November 2016 can be found by selecting the 'all reports' link for Hill Top Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Hill Top Medical Centre on 11 October 2016. 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.

How we carried out this inspection

During our visit we:

Detailed findings

- Spoke with a range of staff including two GP partners, the healthcare assistant, the nurse prescriber, the practice manager and three administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited both practice locations.

- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 28 November 2016, we rated the practice as good for providing safe services. However, during this focussed inspection we identified regulatory breaches relating to this domain and have rated the practice as requires improvement for providing safe services.

Overview of safety systems and process

During our previous inspection in November 2016 we saw that there were separate safeguarding leads for adults and children but not all staff were aware of these leads. There were safeguarding policies which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, the policy for safeguarding vulnerable adults did not reflect updated categories or definitions of the types of abuse.

During this focussed inspection we saw that the practice had a shared drive where policies were accessible to all staff. We saw that the safeguarding vulnerable adults had been reviewed and amended to update categories or definitions of the types of abuse.

We saw documentary evidence where the practice had communicated with staff about the leads within the practice. Staff members we spoke with during the inspection were able to confirm the safeguarding leads.

We saw the practice had introduced regular searches to ensure monitoring of high risk medicines such as Disease-modifying anti-rheumatic drugs (DMARDs). We looked at the system and saw that appropriate blood tests were being undertaken for these medicines. However, the practice had not considered all high risk medicines. For example, we looked at one high risk medicine used to prevent a number of types of irregular heartbeats and saw that there were 11 patients on the list. We sampled four patient records and saw that one patient had not received regular monitoring and the records of another patient had not been updated following the receipt of a blood test undertaken by the hospital. Guidance suggests that blood tests for patients on these medicines should be carried out six monthly before prescribing.

The practice had considered some high risk areas such as asthma patients overusing short acting bronchodilators. We saw that there was an ongoing audit and patients were

being sent letters for reviews. There was also an ongoing audit of patients with congestive cardiac failure who were on certain medication. These audits allowed for better monitoring of patients' medicines.

Following our findings on the day, the practice carried out immediate searches of the patient record system to identify all patients on this medicine that were due a blood test. In total five patients were identified. The practice had also compiled a list of all high risk medicines that they were going to start to review monthly going forward.

The practice had reviewed its system for tracking prescription pads to ensure they were logged to minimise the risk of fraud.

The practice had carried out an out an Infection Prevention and Control (IPC) audit in December 2016 and had implemented actions. We saw that the external clinical waste bin had been secured and a bin in one of the clinical rooms had been replaced to meet appropriate IPC guidance.

Since the previous inspection the practice had recruited a nurse and a receptionist. We saw that the practice had introduced a health declaration form to ascertain if reasonable adjustments needed to be made for the new staff to properly perform their tasks. We saw that the health declaration form had been used in the recruitment of new staff.

Arrangements to deal with emergencies and major incidents

During our previous inspection we noted that the practice had emergency equipment which included an automated external defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm). However, not all staff were aware of the location of the AED. During this inspection all staff we spoke with were aware of the location of the AED.

The practice had a separate building opposite the main building where many of the administration functions were carried out. The practice was holding flu clinics on the day and told us that minor surgery was also carried out in the building. A spare medical oxygen and emergency medicine kit was kept in this building so that it was readily available during minor surgery procedures. However, not all staff were aware of the spare kit.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 28 November 2016, we rated the practice as requires improvement for providing effective services as data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below the national average. The most recently published results at the time showed the practice had achieved 69% of the total number of points available.

At this inspection unpublished and unverified data for 2016/17 we looked at demonstrated that the practice had made significant improvements. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

During our previous inspection in November 2016 QOF data showed patient outcomes were significantly below the national average. The most recently published QOF data at the time showed the practice had achieved 69% of the total number of points available. However, the practice manager explained that following the previous inspection all staff had met to discuss ways to make improvement. The

practice manager told us that they were able to achieve significant improvement and unpublished and unverified data provided by the practice showed that the practices overall QOF achievement for 2016/17 was 536 out of 559 (96%). We looked at specific areas such as chronic obstructive pulmonary disease (COPD), asthma and diabetes and saw that they all reflected the improvement.

We also looked at the patient record system for QOF achievement for the current year (2017/18) and saw that that practice had maintained this improvement. For example;

- 87% of patients with COPD had a review undertaken so far this year including an assessment of breathlessness using the Medical Research Council (MRC) dyspnoea scale in the preceding 12 months.
- 80% of patients on the asthma register had an asthma review so far this year that included an assessment of asthma control using the three Royal College of Physicians (RCP) questions.
- 90% of patients on the diabetes register had a total cholesterol measurement of 5 mmol/l or less so far this year.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Ensure care and treatment is provided in a safe way through effective systems to mitigate risks to patients prescribed high risk medicines.
Maternity and midwifery services	Regulation 12 (1) (2) (g)
Surgical procedures	
Treatment of disease, disorder or injury	