

Dr Ross and Partners

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?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced focused inspection at Dr Ross and Partners practice on 23 March 2016.

During our previous inspection of the practice in July 2016 we had identified concerns relating to infection prevention and control and in the management of risks to the health, safety and welfare of service users. The practice was issued with two requirement notices for breaches in regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice was rated Good overall with a requires improvement rating for providing safe services.

This inspection was to review the actions taken by the provider to meet regulatory requirements where we had previously identified breaches. For this reason we have only rated the location for the key questions to which the regulations relate, are services safe? The report should be read in conjunction with the full inspection report published in September 2015.

At this inspection we found the practice had made improvements since their previous inspection in July 2015 and was meeting the regulations that had previously been breached.

Specifically we found:

- Arrangements to help manage and minimise the risks relating to infection prevention and control had been reviewed and systems put in place to help keep patients safe.
- Recruitment arrangements included all necessary risk assessments and employment checks for staff.
- Risks in relation to the premises, including fire safety were being appropriately managed.

In addition the practice continued to demonstrate good practice in the following areas:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Changes to the practices current reporting systems demonstrated appropriate increases in reporting which they used as opportunities to learn and develop good practice within the team.
- Robust arrangements were in place to help keep patients at safe in relation to medicine management and .in an emergency.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks relating to infection control and the premises had been reviewed and actions implemented to help keep patients safe.
- Arrangements were in place to manage emergencies and major incidents should they occur.

Good



Dr Ross and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Ross and Partners

Dr Ross and Partners 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.

Dr Ross and Partners 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 the GMS 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 a purpose built health centre which it shares with another GP practice and community health services. Based on data available from Public Health England, deprivation in the area served by the practice is higher than the national average and within the most deprived 20% nationally. The practice has a registered list size of approximately 10,500 patients.

The practice is open 8am to 6.30pm on Monday to Friday. Extended opening hours are available on four mornings each week between 7am and 8am. Appointments are available for routine and urgent same day between 8am

and 12.15pm and between 2.45pm and 6.15pm Monday to Friday. When the practice is closed during the out of hours period (6.30pm to 8am) patients receive primary medical services through an out of hour's provider (Primecare).

The practice has five GP partners (two male and three female) and five salaried GPs. Other practice staff include a practice nurse, a healthcare assistant, a practice manager and a team of administrative and reception staff. The practice is also a training practice for doctors who were training to be qualified as GPs and a teaching practice for medical students.

Why we carried out this inspection

On the 1 July 2015 we carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We published a report setting out our judgments which identified a breach of regulations and asked the provider to send a report of the actions they would take to comply with the regulations they were not meeting.

This focussed inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, review the areas previously identified as being in breach of regulations and associated ratings for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting the practice, we reviewed the action plan returned by the practice following their inspection in July 2015. This set out how the practice intended to become compliant with the regulations and timescales for this.

We carried out an announced visit on 23 March 2016.

During our visit we:

- Spoke with one of the GP partners, the practice manager, a member of the reception team and health care assistant.
- Reviewed relevant documentation made available to us relating to the running of the service and patient care.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Since our previous inspection the practice had introduced a new system for reporting incidents and significant events. This was done electronically enabling the practice to risk rate incidents and more easily identify trends.
- Staff were aware of the processes in place for reporting and recording incidents and were encouraged to do so.
- There was a lead partner for managing significant events and ensuring appropriate action was taken.
- The practice carried out a thorough analysis of reported incidents. Learning was shared with staff and other practices within the local clinical network.

We reviewed examples of incident reports and safety alerts that had been acted on and found these had been well managed to help minimise the risks to patients. Since the new reporting system had been introduced in the practice in August 2015 there had been 41 reported incidents. This was a significant increase from the 15 reported incidents in the 12 months previous to our inspection in July 2015. We saw examples where patients affected by an incident had been contacted and had received an apology and explanation.

There was a lead GP with responsibility for managing safety alerts received. We saw that checks were undertaken to identify patients who might be affected by alerts and action taken to address as appropriate.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse::

- Arrangements were in place to safeguard children and vulnerable adults from abuse. Policies and procedures which reflected local requirements and contact details for reporting safeguarding concerns to relevant agencies were in place and accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible or provided

reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. GPs were trained to Safeguarding level 3.

- Notices displayed in the practice advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role so that they understood their duties and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- At our inspection in July 2015 we identified concerns in relation to the management of infection prevention and control. There were carpets throughout the practice but no risk assessments in place to assess or minimise the infection control risks in relation to these. The practice did not have robust cleaning schedules in place to demonstrate that cleaning of carpets and curtains took place on a regular basis. At this inspection we saw that the practice had undertaken a risk assessment which identified procedures of high and low risk of bodily fluid spillage. Procedures identified as high risk were to take place in the treatment room where there was appropriate flooring. Should spillages occur appropriate cleaning arrangements had been made. The practice had identified the routine cleaning arrangements for curtains and carpets and we saw that these had been adhered to. The practice manager undertook monthly checks of the premises to ensure cleaning standards had been maintained. The practice had received an infection control audit through the CCG two days prior to our inspection and actions identified had yet to be addressed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. There were robust processes to ensure patients on repeat medicines were routinely reviewed and those on high risk medicines were appropriately monitored. Patients

Are services safe?

Group Directions were in place, signed and in date to allow nurses to administer medicines such as vaccines in line with legislation. The practice also had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises.

- At our previous inspection in July 2015 we had been unable to verify that appropriate recruitment checks were in place for staff employed at the practice. During this inspection we reviewed three personnel files for staff who had been recruited within the last six months. We found appropriate recruitment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body. We saw that Disclosure and Barring Service applications had been made for two new members of staff and while these were awaited risk assessments had been undertaken as to what roles these staff could undertake. For another member of staff the practice had sought confirmation of checks undertaken by another agency.

Monitoring risks to patients

At our previous inspection in July 2016 we identified that the practice did not have robust arrangements in place for monitoring risks relating to the health, safety and welfare of service users in relation to the premises. At this inspection we found improvements had been made and the practice was working to strengthen relationships with the property management company and with the other services who shared the building.

- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available with a poster displayed which identified the local health and safety representative for the practice. A fire risk assessments had been completed for the premises. We saw that there had been a fire drill since our last inspection and

logs which showed the fire alarm was regularly checked. Records showed that fire equipment had been serviced within the last 12 months and staff had received fire training.

- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Since our previous inspection a legionella risk assessment had been completed and actions instigated (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. The practice told us that they had been through a difficult time with four members of staff having recently left. Although recruitment was underway staff told us that staff would do overtime to help cover these absences.

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training. They knew where emergency medicines and equipment were kept in case of emergency.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Records showed that these were checked regularly to ensure they were in working order and available when needed.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. The medicines checked were in date.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and arrangements with another local practice if the building could not be used.