The Limes Medical Centre

Quality Report

Cooksey Road
Small Heath
Birmingham
West Midlands
B10 0BS
Tel: 01217720067
Website: www.thelimesmedicalbirmingham.nhs.uk

Date of inspection visit: 7th March 2018
Date of publication: 23/05/2018

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
Are services well-led?	Good

Key findings

Contents

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at The Limes Medical Centre on 12 January 2017. The overall rating for the practice was requires improvement. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for The Limes Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 7 March 2018 to confirm that the practice had carried out improvements in relation to the areas of improvements we identified in our previous inspection on 12 January 2017. 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.

Our key findings were as follows;

- Significant events were being documented and reviewed and there were systems in place to ensure that learning was being embedded.
- The practice showed evidence to demonstrate they had been proactive in promoting cancer screening programmes and encouraging attendance.
- The practice had reviewed access to appointments and increased the number of available clinicians, and additional clinics had been provided
- For vulnerable patients, the practice had reviewed and negotiated improved access for patients who were homeless and staying at a local hostel. Double appointments were available for people with learning disabilities and reception staff were responsive to those with physical disabilities who accessed the practice for appointments.
- The practice's national GP survey remained low in some areas but the practice had commissioned its own survey and had analysed patient feedback in various other ways including "You said, we did" posters in the reception area.
- Appropriate information was available to patients with regards to joint injections.
- The practice worked to encourage attendance and improve uptake for national screening programmes that were below both local and national average at the last inspection by proactively sending personalised letters and calling patients, including those who consistently failed to attend. Cervical screening uptake had increased since our last inspection and was now in line with local and national averages.

However, there were also areas of practice where the provider should make improvements;

- Review the complaints response letter and include details of who patients should contact if they are not satisfied.
- Ensure that all Patient Specific Direction (PSD) forms are appropriate for their intended purpose.

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

The Limes Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Limes Medical Centre

The Limes Medical Centre provides primary medical services to approximately 6,400 patients and is part of Birmingham South and Central Clinical Commissioning Group. Services are provided under a general medical services (GMS) contract.

Services are provided from a main surgery located in the Small Heath area of Birmingham and from a branch surgery, Finch Road Primary Care Centre, Finch Road, Lozells, Birmingham.

We did not visit the branch surgery as part of this inspection. The main surgery was purpose built in 1997 and is accessible by public transport. Car parking is available on site and all patient services are provided from the ground floor.

The level of deprivation within the practice population is significantly above local and national averages with the practice falling into the most deprived decile. The level of income deprivation affecting children is similar to the local average and above the national average. The practice has lower than average numbers of older patients; the level of income deprivation affecting the patient population was significant above local and national averages. The majority (83%) of the practice's patient population are from a black and minority ethnic background with 61% identifying as Asian.

The clinical team is comprised of three GP partners (one male, two female), one salaried GP (male), and four locum GPs (three male and one female) and three practice nurses.

The clinical team is supported by a practice manager and a team of seven receptionists and two administrators one of whom also fulfils the role of the practice Health Care Assistant (HCA).

The practice opens between 8.30am and 6.30pm on Monday to Friday. GP consulting times on Mondays to Wednesday and Friday are from 9.30am to 1pm and from 4.30pm to 6.30pm. Consulting times for Thursday are from 9.30am to 1pm, at which time the practice has a rota of on-call doctors available.

Why we carried out this inspection

We previously undertook a comprehensive inspection of The Limes Medical Centre on 12 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in January 2017 can be found by selecting the 'all reports' link for The Limes Medical Centre on our website at www.cqc.org.uk.

We undertook a follow-up focused inspection of The Limes Medical Centre on 7 March 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care since our previous inspection in January 2017.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of :

- The practice had limited mechanisms in place to capture verbal concerns and complaints, for example comments made by patients in relation to access.
- Feedback from some patients indicated that access to routine appointments, especially with a named GP could be difficult.

These arrangements had significantly improved when we undertook a follow up inspection on the 7th March 2018. The practice is now rated as good for providing responsive services.

The practice had responded to the previous CQC report and assessed the needs of those who found themselves vulnerable. Sine our last inspection, the practice had met with and agreed a solution with the management of the local hostel for homeless people. The practice agreed to allow a letter from the hostel to be sufficient to register with the practice. New registration forms had been provided to the hostel so staff could assist those who struggle with their literacy to complete them.

The practice had a high reception desk, which could be difficult for patients utilising a wheelchair; staff told us that when necessary, they assisted those patients by speaking to them at the side of the desk.

As part of the accessible information standards, all patients were asked how they would like to be communicated with. The practice had made arrangements for braille and large print documents to be printed as necessary. In addition, a hearing loop had been installed.

For patients who experienced a language barrier, the practice had access to and used a comprehensive interpreter service. The practice had signed up to a federation called My Healthcare, which gave patients access to hub centres associated with it. If the practice were unable to accommodate a patient's appointment request, they were referred to a hub centre nearby. Hubs were open from 8am to 8pm Monday to Friday and also had Saturday appointments available. The practice demonstrated this was a seamless process for the patient and it had led to better access to appointments. The inspection team was provided with evidence in the form of a survey the practice had commissioned which indicated that patient access had improved.

The practice had organised for a multi-lingual facilitator to come to the practice and take patients to the hub centre in groups so that patients were not intimidated by any language barriers present there. In addition, for diabetic patients who were Muslim, during the month of Ramadan, the GPs at the practice gave advice on what can be eaten and how much fasting was safe; they also amended these patient's medicines in discussion with them to accommodate their fasting. The practice stated that they were sending staff for extra training to increase all clinical staff's qualifications around diabetes.

The practice provided new patient health checks.

The practice shared antenatal care with the midwives from the local hospital, with an established referral system. A breast feeding and baby changing room was available. The practice carried out six to eight week mother and baby checks and childhood immunisations were performed at the practice.

Regular multi-disciplinary team (MDT) meetings were held with health visitors and midwives, including an update of any new children to the area, and any safeguarding issues.

The practice had proactively invited in community leaders who use the practice, to reassure the local population that the immunisations for their children were safe. This was seen to have had a positive impact in uptake of these immunisations.

Timely access to the service

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction concerning how they could access care and treatment was below local and national averages in many areas. 388 surveys were sent out and 78 were sent back, which was a 20% completion rate. This represented approximately 1% of the overall list for this practice.

The practice presented the inspection team with evidence of a survey that they had commissioned in July 2017 until August 2017 as a result of the publication of the national survey.

146 surveys were returned anonymously in this survey.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- 62% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 76% and the national average of 76%; this had increased from 55% in the last survey. The practice's own survey showed 88% of the respondents were satisfied.
- 46% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 71%, which had decreased of 6% from 52% in the last survey. The practice's own survey showed 87% of respondents were satisfied
- 49% of patients who responded said their last appointment was convenient compared to the CCG average of 76% and the national average of 81%.This question was not asked in the survey conducted by the practice.
- 41% of patients who responded described their experience of making an appointment as good compared with the CCG average of 70% and a national average of 73%. This had decreased from 45% in the 2016 national survey. This question was not asked in the survey conducted by the practice.
- 26% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG of 52% and the national average of 58%. The practice's own survey showed 67% of respondents were satisfied.

The practice management had analysed DNAs (Did Not Attend) appointments across all appointments and across all professionals working within the practice, including the GPs and the nursing staff. They then analysed this information and used it to reach out to patients formally and explore in a non-judgemental way, why they had not attended and to remind them of the importance of communication with the practice if they could not attend. They also implemented a system of telephoning patients on the morning of the appointments to remind them to attend and to use cancelled appointments to improve access to other patients by increasing the number of available appointments on the day. For patients who regularly did not attend, the practice invited them in for a face to face conversation to explore how they could help the patient improve their attendance record. This had a positive impact on reducing incidents of non-attendance from 14% in August 2017 to 13% in January 2018.

Listening and learning from concerns and complaints

The practice had a formal system of dealing with written complaints that was analysed and shared with all staff in both clinical and team meetings. They also had a system for dealing with verbal complaints. The practice manager recorded, analysed and shared these with the rest of the team.

Written complaints were responded to by letter, however this letter did not detail how to take the complaint further if requires; for example, to the Health Service Ombudsman, if the patient still felt that their complaint had not been dealt with. The practice did have a comprehensive complaints leaflet that did include this information and told us this would be included in letters going forward.

The practice devised new ways to communicate changes made resulting from patient feedback in the form of verbal comments and complaints with posters in the waiting room entitled, You said, We did. These also included why some suggestions could not be actioned and the reasons for this.

Are services well-led?

Good

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

Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing well-led services as governance arrangements needed improving.

When we undertook a follow up inspection of the service on 7 March 2018. These arrangements had significantly improved. The practice is now rated as good for providing well-led services.

Leadership & Culture

- Staff told us the partners and practice manager were approachable and took the time to listen to all members of staff.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence of this in circumstances surrounding significant events and complaints, when letters were sent to patients offering an apology and explanations.
- Since the last inspection, the practice had employed a salaried GP and four long-term sessional GPs to ensure that access to clinical staff was increased for patients.

Vision and strategy

- The practice had clear values which focussed on the provision of quality care in a safe and effective manner and treating patients as individuals. The practice aimed to deliver continuity of care and better access and had joined a federation called My Healthcare. This allowed greater access for patients through a hub system. They also had established catch up sessions to ensure patients who needed appointments received access to healthcare.
- The staff we spoke to were engaged with the values of the management and partners.
- At the time of the inspection, the practice shared with the inspection team their vision and future goals which included a focus on integrating more heavily with the federation, increasing the number of GP appointments further in response to the low national survey results, becoming a training practice for future GPs and becoming part of the National Institute for Health Research (NIHR) site initiative, contributing to research on primary care locally.

Governance arrangements including managing risks

- Records of formal verbal complaints were maintained and the practice now had a system in place to record verbal complaints and concerns. There was a clear leadership structure in place and staff felt supported by management.
- The practice had recently joined with other practices to share significant events and to learn from those that had occurred outside the practice. They proactively used this information to drive improvement within their own practice.
- There were clear staffing structures and staff were aware of their roles and responsibilities. Staff had lead roles in a range of areas.
- Practice specific policies were implemented and were available to all staff. All staff knew how to access policies and procedures.
- The practice did not have written protocols in place regarding Patient Specific Directions (PSDs) authorising the HCA in this case, to give vaccines to specific patients. We saw evidence that omissions of information such as batch numbers, the route of administration and the expiry dates had occurred and a standardised PSD form for Flu vaccinations was being used for vitamin B12 injections.
- In response to the last inspection the practice had introduced a written protocol in relation to dealing with pathology results and this was being embedded.
- The practice maintained an understanding of their performance through ongoing clinical and non-clinical audits. The partners and the practice manager were aware of areas for improvement and took action to address these. For example, the practice had taken action to improve their cervical screening uptake rates, they had also taken action to improve uptake of cancer screening, as well as learning from audits carried out as a result of significant events at other practices.
- There were systems in place to assess and monitor risk however we found the Legionella certificate was out of date by four months. The practice had addressed this.
- We saw evidence that the practice reviewed areas of performance including access to appointments and patient satisfaction. However their National GP survey

Are services well-led?

Good

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

results remain low in some areas and some areas had decreased since the previous report. The practice were aware of these areas and was continuing to drive improvement and had also commissioned their own survey.