

# The Dove 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 safe?

Good



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 focused inspection at The Dove Medical Practice on 23 June 2016.

During our previous inspection of the practice on 10 December 2015 the practice was rated requires improvement for safe and effective domains leading to an overall rating of requires improvement. The practice was issued with a requirement notice for breach in regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed. This inspection was to review the action taken by the provider to meet both the regulatory requirements where we had previously identified a breach and to report on the action taken for any other issues within the safe and effective domains. For this reason we have only rated the location for the safe and effective domains. The report should therefore be read in conjunction with the full inspection report published in March 2016.

At this inspection we found the practice had made changes since their previous inspection in December 2015 and was now meeting the requirements of the breach identified at the previous inspection. We also found that sufficient action had been taken regarding

other issues identified at the previous inspection. This meant that the practice was now rated good for both safe and effective domains leading to an overall rating of good.

Specifically we found that since the last inspection, the practice had:

- A robust system in place for sharing, learning and analysing significant events.
- The practice had implemented a new recruitment policy that ensured all necessary employment checks for staff such as evidence of satisfactory conduct in previous employment were being carried out. We saw evidence to demonstrate that the new processes were being followed.
- Put in place a new telephone triage system to improve the processes for making non-urgent appointments. A patient survey had been carried out in conjunction with the patient participation group (PPG) to get patient feedback regarding the new system.
- Reviewed policies and procedures to ensure they were practice specific and to enable better monitoring of processes.
- Made targeted and focused efforts to improve patient outcomes in areas identified for improvement. The practice was previously identified as an outlier for QOF

# Summary of findings

(or other national) clinical targets for diabetes, hypertension and emergency admissions. However, at this inspection we saw evidence to demonstrate significant improvements in these areas and in almost all cases the latest unpublished QOF data showed that the practice was now performing in line with local and national averages.

**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?

Good



- There was an effective system in place for reporting and recording significant events.
- Outcomes and learning to improve safety in the practice had been shared with staff and were discussed regularly at relevant practice meetings (clinical or practice meetings as appropriate).
- When there were unintended or unexpected safety incidents, the practice ensured that patients affected were fully informed with a verbal or written apology where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

Good



- Data from the Quality and Outcomes Framework for 2014/2015 showed patient outcomes were comparable for the locality for most areas with the exception diabetes, hypertension and emergency admissions. However, we were able to view evidence to demonstrate that significant improvements had been made in most of these areas.
- We saw evidence to show that this had been achieved through a variety of targeted and focused efforts in order to improve patient outcomes.

# Summary of findings

## The six population groups and what we found

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

### Older people

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patients with complex needs or recurrent admissions were discussed in monthly multi-disciplinary team meetings and offered extra support.
- Flu vaccination rates for the over 65s were 65% which was lower than the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 45% which was also lower than the national average rate of 52%.
- There were longer appointments available for patients who required them.
- Patients were able to book appointments and order repeat prescriptions online.
- Home visits were available for older patients and patients who would benefit from these.
- Ramped access and disabled facilities were available at the practice.
- The practice had also installed a lift to improve access.

Good



### People with long term conditions

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was below the national average

Good



# Summary of findings

- Longer appointments and home visits were available when needed
- Patients had a personalised care plan or structured annual review to check that their health and care needs were being met.
- For those patients with more complex needs, we identified that the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were slightly above CCG averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 96% and five year olds from 94% to 98% for the practice which compared favourably with CCG rates of 80% to 95% and 86% to 96% respectively.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby changing and breast feeding facilities were available at the practice.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.
- The practice had a dedicated sexual health clinic that offered a range of sexual health promotion services and treatments.

Good



## Working age people (including those recently retired and students)

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

Good



# Summary of findings

- The practice was open between 8am and 6pm Monday to Friday except for Thursday afternoons when the practice closed at 5pm.
- Although extended hours surgeries were not offered at the practice, patients could book appointments or order repeat prescriptions online.
- The practice was proactive in offering a full range of health promotion and screening that reflected the needs of this age group.

## People whose circumstances may make them vulnerable

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had carried out annual health checks for people with a learning disability.
- The practice offered longer appointments for patient requiring an interpreter or for those with a learning disability. There were translation services available.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.
- Staff members we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

Good



## People experiencing poor mental health (including people with dementia)

Although the population groups were not looked at during this focused inspection, the rating for this population group has now been updated from requires improvement to good. This is because the provider rating for both safe and effective has now changed to

Good



# Summary of findings

good leading to a new rating of good overall. These updated ratings apply to everyone using the practice, including this population group. At our previous inspection on 10 December 2015, we reported that:

- Performance for mental health related indicators was above the national average (practice average of 93% compared to a national average of 89%).
- The practice carried out advance care planning for patients with dementia.
- The practice had informed patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Staff had a good understanding of how to support patients with mental health needs and dementia.



## Summary of findings

# The Dove Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to The Dove Medical Practice

- The Dove Medical practice is located in Erdington, a suburb of Birmingham.
- The practice provides primary medical services to approximately 9800 patients in the local community.
- The practice has a General Medical Services (GMS) contract. The 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 practice has four GP partners (two male and two female), two salaried GP's, two GP registrars, four practice nurses, a practice manager, an assistant practice manager, three healthcare assistants (HCA's) as well as reception and secretarial staff.
- The practice also has a sexual health team comprising of a sexual health nurse, a sexual health advisor, two sexual health HCA's (one of whom is also an administrator).
- The practice is open between 8am and 6pm Monday to Friday except for Thursday afternoons when the practice closes at 5pm. Appointments take place from 8.30am to 11.30am every morning and 3pm to 6pm (or 4pm on a Thursday) daily. Extended hours surgeries are not

offered at the practice. In addition to pre-bookable appointments that can be booked up to two weeks in advance, urgent appointments are also available for people that need them.

- The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Birmingham and District General Practitioner Emergency Room group (Badger) to provide this out-of-hours service to patients.
- The practice is located in an area where there are higher levels of deprivation.

## Why we carried out this inspection

On the 10 December 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 some concerns including a breach of regulation and asked the provider to send a report of the actions they would take to comply with the regulation they were not meeting.

This focussed inspection was planned to check whether the provider was now meeting the legal requirement and regulation associated with the Health and Social Care Act 2008, to look at the overall quality of the service, review the areas within the safe and effective domains which had previously led to a rating of requires improvement and to provide an updated rating for the service under the Care Act 2014.

# Detailed findings

## How we carried out this inspection

We carried out an announced focused visit on 23 June 2016.

During our visit we:

- Spoke with one of the GP partners, a practice manager, a reception manager and a receptionist.
- Spoke with patients who used the service.
- Reviewed relevant documentation made available to us relating to patient care and the running of the service.

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 this focused inspection, we re-looked at the areas that had been identified at the previous comprehensive inspection within this domain. This included sharing of significant events, recruitment arrangements, practice policies and staff training.

### Safe track record and learning

Since our previous inspection, there was now a new effective system in place for reporting, recording and sharing of learning of significant events.

- We saw that staff had access to the significant forms both on the computer and paper copies.
- The relevant member of staff completed the form and informed the practice manager.
- Meeting minutes were available to demonstrate discussion and analysis of significant events. Staff we spoke with were able to recall the quarterly significant event meetings where significant events of the last three months were discussed.
- We saw evidence to demonstrate that learning from these events was being shared and circulated within the practice.

We reviewed the safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice and we saw evidence that alerts received in the last three months had been considered.

### Overview of safety systems and processes

At our previous inspection on 10 December 2015, we found that the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse with the exception of recruitment processes. At this focussed inspection we found that the practice had updated their recruitment policies and procedures:

- We reviewed three personnel files (two healthcare assistants and one receptionist), all of whom had been recently employed in March or April 2016. We found that all appropriate recruitment checks had been undertaken prior to employment in line with the practice recruitment policy. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) or a risk assessment to determine if a DBS was required.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had developed a new practice-specific health and safety policy and we saw evidence to demonstrate that health and safety risk assessments had been carried out.
- There were now effective monitoring processes in place to ensure staff were up-to-date with their basic life support training.

# Are services effective?

(for example, treatment is effective)

## Our findings

At this focused inspection, we re-examined at the areas that had been identified at the previous comprehensive inspection within this domain which related to Quality Outcomes Framework (QOF) or other national clinical target performance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2014/2015) were 88% of the total number of points available. This was slightly lower than the CCG QOF average of 94% and the national QOF average of 95% but an improvement from the previously published results of 84%. The practice showed us evidence to demonstrate that the latest unpublished data for 2015/2016 indicated that there had been further significant improvement resulting in the overall QOF score for the practice so that it was in line with local and national averages. The practice had an 8% overall exception reporting which was slightly lower than the CCG & national exception reporting rates of 9%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice was previously an outlier for QOF (or other national) clinical targets for diabetes, hypertension and emergency admissions. However, at this inspection we saw evidence to demonstrate significant improvements in these areas. For example, QOF data from 2014/2015 showed;

- Performance for diabetes related indicators was below the national average (overall practice average of 76% compared to a national average of 84%). In particular, the practice was below the national or CCG averages for:
  - The percentage of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months. This was 81% for the practice which was lower than the CCG and national averages of 89%. Targeting of this area through the diabetic clinics held at the practice had also resulted

in significant improvements in this area. We viewed unpublished data that indicated that the practice was now performing in line with local and national averages.

- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less. This was 55% for the practice which was below the CCG average of 75% and national average of 78%. Since the previous inspection the practice had started a hypertension clinic at the practice and prioritised diabetes blood pressure monitoring to ensure diabetes patients with high blood pressure are followed up with medication optimised for effective blood pressure control. We were provided with evidence to demonstrate that this had resulted in significant improvements so that the latest but unpublished data we viewed indicated that the practice was now performing in line with local and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was below the national average (practice average of 77% compared to 82% for the CCG and a national average of 83%). We saw evidence of focused and targeted efforts made to improve this area with patients being recalled and monitored on a regular basis. We viewed the latest unpublished QOF data which demonstrated that the practice was now performing in line with local and national averages.
- The number of emergency admissions (for 19 ambulatory care sensitive conditions) was 29 for the practice compared to 14 nationally (this was for from 01/04/2014 to 31/03/2015). Since the last inspection, the practice had implemented a number of processes in place in order to minimise number of emergency admissions. We saw evidence to demonstrate that the practice had worked collaboratively with the clinical commissioning group (CCG) to reduce their emergency admissions. For example the practice had closely monitored emergency admissions patients and had put care plans and processes in place that helped to lower the risk of unplanned emergency admissions for these patients. We were able to view evidence to demonstrate that this had started to have an impact in achieving reductions.

## Are services effective?

(for example, treatment is effective)

- The percentage of patients with atrial fibrillation measured within the last 12 months who were being treated with anticoagulation or antiplatelet therapies was 92% for the practice which was slightly below the CCG and national averages of 98%.
- Performance for mental health related indicators was above the national average (practice average of 93% compared to a national average of 89%).

We found that the practice was aware of each of the QOF areas where they were performing below the CCG and national averages and were able to demonstrate significant improvements in all the areas identified. Furthermore, in almost all cases the latest unpublished QOF data showed that the practice was now performing in line with local and national averages. We saw evidence to show that this had been achieved through a variety of targeted and focused efforts in order to improve patient outcomes.