

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Handsworth Medical Practice

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Tel: 08443878525

Date of Inspection: 11 September 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Handsworth Medical Practice
Registered Manager	Dr. Simon Ormerod
Overview of the service	Handsworth Medical Practice caters for the health needs for over 14000 people. It is run by a team of eight GP's, practice manager and assistant, three practice nurses and a team of receptionists.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 11 September 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We spoke to 12 people, doctors, a practice nurse, a receptionist and the practice manager and their deputy. People told us that they were satisfied with the care and treatment they received. They told us that information was explained in a way they could understand and that they usually saw the same doctor if they wished to. One person said, "the doctor always explains what my options are."

We found that care was planned in a way that was intended to ensure people's safety. There were procedures in place to assess people when they first came to the practice and clear guidance on referring to specialist practitioners.

Medical, nursing and administration staff had attended safeguarding training and were aware of the procedure to follow if they had concerns about the welfare of the people they treated.

We found that staff had up to date appraisals or had planned annual appraisals. We saw appraisal records for nurses and were shown the electronic appraisal system used by the doctors. Both nursing and medical staff were up to date with their continuing professional development and had personal development plans.

We reviewed feedback collected from patients and found that people's suggestions were taken into account. Changes had been made to the telephone system to enable people to get through. This had improved the ability to get through, however a few people thought the tariff charged by the external company was too high.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We found that people expressed their views and were involved in making decisions about their care and treatment. People told us they were given choices and that their wishes were respected. We spoke to twelve people who all said that they had a choice at the time they booked the appointment, to either get the first available appointment or wait for a specific appointment with their named doctor. We found that people waited an average of 48 hours for their appointment and that those requiring an interpreter could request this at the time of booking.

There was a patient participation group (PPG) who held meetings regularly and produced newsletters about issues raised such as the appointments line and how they were being addressed. Changes had been made to the telephone system to enable people to get through. This had improved the ability to get through, however a few people thought the tariff charged by the external company was too high.

People told us that their privacy and dignity was respected. Most people told us that staff were polite and helpful. We observed staff knocking doors before entering consulting rooms. Reception staff were polite and assisted people with their needs. We found that there was an adequate seating area for people and people sitting in reception could not over-hear what was going on in the consulting rooms.

People who use the service were given appropriate information and support regarding their care or treatment. There were leaflets displayed in the waiting area and leaflets in the consulting rooms. Staff told us that they could print the leaflets from their computer as and when people needed them. We observed treatment with the consent of a person who had come for a diabetic foot check-up. We found that the nurse explained the checks she was doing and the importance of managing diabetes by diet and medication. One person told us, "the nurse is very helpful. She always gives me advice when in doubt."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Staff told us that when people registered a full health assessment was completed in order to have a comprehensive medical history on file. Treatment was recorded on an online system which also had algorithms to enable staff to make appropriate diagnosis. We were shown how referrals to other specialists were made electronically. This speeded up people's access to the treatment they required.

People told us that the care they received was good and met their needs. "The nurse explained how to look after my diabetes. I see her at least three times a year to make sure everything is ok." Another said, "The doctor listens, when I come. Usually the pills or advice they suggest works. If they don't I always come back and try something else."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Doctors told us how they encouraged people to book an appointment with the same doctor to promote continuity of care for chronic illness. People we spoke to confirmed that they saw the same doctor. We sat in a nurse consultation with the consent of a patient and observed them explaining to a person how to monitor for and avoid low blood sugars.

People's care and treatment reflected relevant research and guidance. Staff told us about how they supported people on the end of life pathway if that was their wish rather than dying at a hospice. We also were told of the rapid response team and how this team was used to effectively manage people's care in their home without the need to attend hospital.

There were arrangements in place to deal with foreseeable emergencies. Doctors and nurses had up to date training in cardio pulmonary resuscitation and could tell us the location of the emergency medicine box and the defibrillator. We checked the medicine box and the defibrillator trolley and found them to be well stocked and containing medicine that was within date. We checked an oxygen cylinder and found it to have a service date sticker and appropriate tubing and masks.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We found that staff had up to date training on safeguarding vulnerable adults and safeguarding children. All consulting rooms had an algorithm they could refer to when the need arose.

Contact details for other agencies such as domestic violence support, and specialist nurses for looked after children were readily available. We were also shown an electronic algorithm that prompted staff to check if there were other people/children living in the household where safeguarding concerns had been raised.

The provider responded appropriately to any allegation of abuse. Staff told us that they were no current safeguarding allegations. However, all staff told us that they would refer to their named safeguarding lead doctor. Staff were able to tell us about their responsibility and were aware of the different types of abuse and signs to look out for. We saw an information resource folder kept at the practice and found it to contain up to date policies and contact information.

People told us that they were satisfied with the care they received at the practice. One person said, "I have been coming here for years and have never had any problems." Another said, "All my family come here. We would not come back if we had any concerns."

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

People told us that they were confident that nurses and doctors were knowledgeable and could usually manage their care appropriately. One person said, "The doctors is very good and seems to be able to solve my medical problems." Another said, "The nurse has helped make me. I am not in so much pain as before."

Staff received appropriate professional development. Staff told us that they were up to date with their professional development and that they could attend courses that were relevant to their clinical practice. They kept their own portfolios and could tell us about courses they had attended in the last year and how these had influenced their current clinical practice.

We looked at appraisal records for nurses that were kept in their files. There were personal development plans and we found that staff could specialise in certain areas if they wished. We found that annual mandatory training was up to date and saw certificates that verified that training had taken place.

We were shown the online appraisal system used by the doctors for their annual appraisals. We found it to be robust and promoting cross practice learning. All doctors were aware of when they were due to be appraised and told us that they always had enough points to meet their five year validation requirements.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. People we spoke to on the day of our visit told us that the doctor's nurses and the reception staff responded to their requests appropriately. We reviewed results of a patient satisfaction survey completed in March 2013 which involved 370 people. The Overall satisfaction was 83%.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. We looked through their incident book and information about significant incidents. Staff we spoke to were able to recall significant incidents that had occurred in the past and the learning they had gained from such incidents. For example learning had taken place involving a delay of care caused by a delay in an urgent fax being received by the duty doctor. Appropriate action had been taken to resolve this and prevent this from happening in the future.

We reviewed audits that had been completed within the last 13 months which included Dyspepsia (indigestion) referral appropriateness and Menorrhagia (prolonged menstrual bleed) referral audit. These audits were done to compare against local and national guidance. There were clear recommendations following audits and plans to re-audit in the future.

The provider took account of complaints and comments to improve the service. We looked at two complaints that had been made in the last six months and found that there were procedures in place to investigate and resolve the complaints in a timely manner. Staff told us that most complaints resolved there and then and did not progress to be formal complaints.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

- ✓ **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

- ✗ **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

- ✗ **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

- Respecting and involving people who use services - Outcome 1 (Regulation 17)
- Consent to care and treatment - Outcome 2 (Regulation 18)
- Care and welfare of people who use services - Outcome 4 (Regulation 9)
- Meeting Nutritional Needs - Outcome 5 (Regulation 14)
- Cooperating with other providers - Outcome 6 (Regulation 24)
- Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
- Cleanliness and infection control - Outcome 8 (Regulation 12)
- Management of medicines - Outcome 9 (Regulation 13)
- Safety and suitability of premises - Outcome 10 (Regulation 15)
- Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
- Requirements relating to workers - Outcome 12 (Regulation 21)
- Staffing - Outcome 13 (Regulation 22)
- Supporting Staff - Outcome 14 (Regulation 23)
- Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
- Complaints - Outcome 17 (Regulation 19)
- Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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