

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

Bosworth Medical Centre

Chelmsley Wood Primary Care Centre, Crabtree
Drive, Birmingham, B37 5BU

Tel: 01217704484

Date of Inspection: 10 October 2013

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November 2013

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

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Cleanliness and infection control	✓ Met this standard
Staffing	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Bosworth Medical Centre
Registered Managers	Dr. Rachel Clowes Dr. Samantha Clare Wild
Overview of the service	Bosworth Medical Centre is a group practice located within Chelmsley Wood Primary Care Centre which provides primary care services to people who live in the local area.
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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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 10 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and talked with other regulators or the Department of Health.

What people told us and what we found

On the day of our inspection we spoke with seven patients, two doctors and three members of staff. After our inspection, we spoke with a patient who was also a member of the Patients in Partnership Group over the telephone.

Four patients we spoke with were satisfied with the appointment system and when necessary were given an appointment on the same day. Three patients told us they found it difficult to get through to the surgery by telephone at times and were not yet familiar with the new appointment system. This had had been introduced two weeks earlier. One told us: "The phones are always busy first thing in the morning, but you can usually get through later on in the day. With the new system, you know a doctor will call you back the same day and they will always see you if you need to be seen that day."

We saw that patients' views and experiences were taken into account in the way the service was provided and that they were treated with dignity and respect. When patients received care or treatment they were asked for their consent and their wishes were listened to.

The practice is located in a modern building with two floors. It is fully accessible for people with disabilities and has a lift. There were disabled parking bays close to the entrance in the car park. The surgery is also fitted with a hearing aid loop. One patient said: "The building is much better than the old one and I can easily move around it."

We found the practice to be clean and well organised. Processes were in place to minimise the risk of infection. There were also processes in place for monitoring the quality of service provision. There was an established system for regularly obtaining opinions from patients about the standard of the service they received.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Patients experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with seven patients who used the service during our inspection. All patients were happy with the service they received from the practice. One patient told us: "I've used the practice for 22 years and always found it to be good."

Three patients told us it could be difficult to get through on the telephone first thing in the morning. We asked the practice manager about this. They told us they were aware of the problem and they hoped the new appointment system would help to spread demand throughout the day to reduce this early morning peak in telephone calls.

Two weeks before our inspection, the surgery introduced a new appointment system. After a patient telephoned to make an appointment, a doctor called them back to discuss the matter. An appointment was then made for the same day, or the following day if the concern was found to be less urgent. Staff told us a number of patients had been found not to need an appointment since this system had been introduced because a telephone discussion had been sufficient. For patients who needed appointments, it was usually possible for them to be offered one the same day. The surgery has also been able to match its resources more closely to the patient demand and clear the patient list on a daily basis. Staff said it was also easier for patients to see a doctor of their choice.

Three patients we spoke with said they were unfamiliar with the new appointment system until they telephoned the surgery that day. One said: "It will take some getting used to, but a doctor quickly called me back and I was offered an appointment in a short space of time, which was a surprise." Another patient said: "The new appointment system is excellent. It's made it much easier to get appointments here and I can get to see the doctors I prefer." This meant patients could obtain an appointment with a doctor when they needed one.

We asked staff about the out of hours service. They told us that patients were able to phone the practice number where an answerphone message gave them the relevant

number to call.

After our inspection, we spoke with a patient who was also a member of the Patients in Partnership Group (PIP) over the telephone. The purpose of the PIP was to act as an advocate on behalf of patients when they wished to raise issues and to comment on the overall quality of the service. We asked them about the way the practice is run. They said: "It's very good. When I listen to people's experiences at some other surgeries, I'd say it was near the top. Everything we have suggested and discussed in our group has been carried out. We are always listened to."

Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "The doctors are excellent and very approachable."

Four of the patients we spoke with told us they needed repeat prescriptions and they were able to obtain them quickly when they needed. One patient told us: "They've recently improved this and I always get them when I need them." Patients who were prescribed long term medicines informed us that they regularly had medicine reviews with a doctor. One patient told us: "It happens every month." This meant that patients received appropriate medicines and only when they needed them.

There were arrangements in place to deal with foreseeable emergencies and on-going care. The staff we spoke with described the arrangements in place for patients who needed GP visits in their own homes. This demonstrated that patients received assessments and treatments that respected their personal physical abilities.

The lead doctor and lead practice nurse managed the care and treatment of patients with long term conditions, such as diabetes, asthma and hypertension (high blood pressure). We found that there were appropriate systems in place to ensure that patients with long term conditions were seen on a regular basis. Patients who required palliative care (those with life-threatening illnesses), were reviewed by clinical staff every three months.

The provider told us they used the National Institute for Clinical Excellence (NICE) templates for processes involving diagnosis and treatments of illnesses. NICE guidance supports the surgery to make sure that the care they provide is based on latest evidence and is of the best possible quality. This meant that patients received up to date tests and treatments for their disorders.

Three patients we spoke with had been previously referred to consultants. All three told us referrals had been dealt with quickly and efficiently. Staff showed us how they followed up referrals with the relevant provider if a delay occurred and showed us how they audit these referrals to ensure patients were given the best possible care. When the practice received a notification to say a patient had not attended an appointment, the practice telephoned the patient.

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

Our judgement

The provider was meeting this standard.

Patients who used 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

Patients we spoke with said they felt safe care had been provided at the surgery and that they would feel confident should they need to raise a concern. Staff knew the procedure for referring safeguarding concerns to the local authority. We saw this information was clearly displayed. We were shown how one recent child protection concern had been identified and correctly referred to the appropriate agencies.

There had not been any safeguarding referrals that should have been made to the Care Quality Commission (CQC), but staff we spoke with knew what had to be done if the situation occurred.

The safeguarding lead at the surgery is the designated GP. This person had completed their advanced training in safeguarding competencies for adults and children. We saw a copy of this person's training certificate. The practice manager said that all clinical staff had also completed training in child protection and safeguarding adults and we were shown evidence of this.

We spoke with staff about safeguarding. They were able to explain the practice procedures for safeguarding children and vulnerable adults. The practice manager showed us the relevant policies. All staff we spoke with told us that they would go straight to the doctor, who was the lead for safeguarding at the practice, if they had any concerns. We also asked staff about a hypothetical safeguarding scenario and they correctly explained what they would do. Staff also correctly described signs of possible abuse. The staff we spoke with showed a clear understanding of what to do and who to contact should they have any concerns about a child or vulnerable adult.

Staff we spoke with were aware of the surgery's whistleblowing procedures. This meant that staff were encouraged to report any concerns about poor staff practices without recrimination.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

Patients were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

We saw the practice was clean and organised. Patients we spoke with said they were satisfied with standards of hygiene. One patient told us: "It's always very clean, a big improvement from the previous surgery."

There were systems in place to reduce the risk and spread of infection. We observed and staff told us personal protective equipment was readily available and was in date. Patients confirmed that staff wore personal protective equipment when needed. Hand sanitation gel was available for staff throughout the practice. We saw hand washing posters above each wash hand basin throughout the practice including the patients' toilet. One patient told us: "They always wash their hands and use their gloves and equipment."

We were shown policies for infection control, decontamination, safe use and disposal of sharps and the current action plan for infection prevention and control. We spoke with the practice nurse who was the infection control lead for the practice. They told us they had received infection control training. We saw evidence of this in their staff file. They were also aware of the Department of Health Guidance on the prevention and control of infections and knew how to apply it. Staff told us they were aware of the relevant policies and where to find them if they needed to refer to them. This meant that staff had access to guidance for the protection of patients against the risks of infections.

We were shown the results of the most recent internal infection control audit which had been carried out in September 2012 and the plan to have a further audit carried out before the end of the year. We also saw the latest legionella risk assessment which was carried out in May 2013. The infection control audit and legionella risk assessment had not identified any concerns.

There were arrangements in place for the safe disposal of clinical waste and sharps, such as needles and blades. We saw evidence that their disposal was arranged through a suitable company. This service was provided by the Clinical Commissioning Group (CCG) who owned the building. They were also responsible for the legionella risk assessment and management of the cleaning contract.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet patient's needs.

Reasons for our judgement

The patients we spoke with told us they had no concerns about the staff at the practice. One patient said: "The staff are always lovely. Very helpful." Another patient said: "The doctors are brilliant and always listen to me." The comments made by the other patients we spoke with confirmed that they were happy with the remaining GPs, nurses and staff at the surgery.

We were told that the surgery operated as a partnership and that each GP had their designated area of responsibility. The manager told us that nine GPs worked at the surgery, this included four GP partners and salaried GPs. The GPs were supported by two practice nurses, a healthcare assistant, and reception and administration staff. This meant that there were suitably skilled and experienced persons to ensure the service was provided.

We asked the manager how they had ensured that there were sufficient numbers of suitably qualified, skilled and experienced staff employed at the surgery each day. We were shown how staffing had levels had been managed through a rota system. We saw rotas were in place for reception and nursing staff. A GP duty rota was also in place. This meant that there was sufficient GP availability to continue the primary care service provision to patients. We asked staff from the practice whether there was sufficient staffing for workload; we were told there was.

We were also shown the business continuity plan which had been adopted by the surgery which advised what to do should there be 'Incapacity of GPs and practice staff'. This showed that the provider had monitored their workforce and had reviewed their workforce requirements to ensure sufficient staff were available to meet the needs of the population they served.

The patients we spoke with confirmed there were sufficient staff available and identified that staffing levels had not impacted on appointment availability. Patients spoke positively about the staff and their experiences in obtaining appointments. The main concern related to contacting the surgery by phone first thing in the morning. This was because patients were placed into a queue which could mean long waits for their call to be connected to the reception staff. Staff told us the new appointment system would help to alleviate that

problem.

We viewed two personnel files for members of staff at the practice. Staff files showed induction checklists had been completed, checks through the Criminal Records Bureau (now known as the Disclosure and Barring Service) had been undertaken where necessary and risk assessments carried out when staff did not need checks. References were obtained for new members of staff. This meant suitable staff were employed to work with vulnerable people and were aware of their roles and responsibilities. All the staff members we spoke with enjoyed working at the practice. One staff member told us: "I love working here; we're all a very good team and support each other."

Memberships of relevant professional organisations were also checked during our inspection. We found staff were registered with the General Medical Council (GMC) and with the Nursing and Midwifery Council (NMC) where required. This meant staff had the appropriate qualifications to care for people to an appropriate standard set by their governing bodies.

We saw records and certificates that confirmed staff had attended training including cardiac pulmonary resuscitation (CPR) and infection control training. This demonstrated staff were trained appropriately and were keeping their skills up to date.

We saw there were documented regular staff meetings. This meant staff were given opportunities to discuss practice issues with each other.

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 patients receive.

Reasons for our judgement

We spoke with seven patients who used the practice during our inspection and one patient after our inspection over the telephone. All patients we spoke with told us they were happy with the service they received. A patient told us: "I've been a patient here for 15 years and have never had a problem with this surgery."

We looked at the latest minutes from the Patients in Partnership Group (PIP) and saw that areas of concern were raised and resolved at this meeting, for example, concerns about a lack of appointments at times. This had led to the new appointment system being introduced.

The practice carried out an annual satisfaction survey and sent a satisfaction questionnaire to a representative selection of patients. We saw comments from patients that included: "You are a lovely team and deserve more recognition for the work you do." Another patient had written: "Dr X, you are a great doctor. Thank you for being kind, caring, listening and taking immediate action to solve my medical problems."

The infection control lead told us they carried out regular clinical audits and we saw evidence of these. We saw evidence that the provider monitored chronic conditions and how the practice was organised. Some of this monitoring was carried out as part of the Quality Outcomes Framework (QOF). This is an annual incentive programme designed to reward doctors for implementing good practice at their surgery. The provider demonstrated they were meeting the targets.

We reviewed how the practice responded to complaints and found that these were investigated and resolved appropriately. We were shown the complaints procedure. We saw evidence that demonstrated the practice appropriately investigated and replied to complaints. All patients we spoke with told us they had never needed to make a complaint, but knew what to do if they had to make one.

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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