Inspection Report

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

Bath Row Medical Practice, Attwood Green Health Centre

Attwood Green Health Centre, 30 Bath Row,, First Floor - The Colston Suite, Birmingham, B15 1LZ

Date of Inspection: 17 February 2014

Date of Publication: March 2014

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
Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Bath Row Medical Practice
Registered Managers	Dr. Monica Milne Dr. Rinku Ratti Dr. Amjad Iqbal
Overview of the service	Bath Row Medical Practice operates from Attwood Green Health Centre. It is a GP partnership that provides primary care to people who live in the surrounding 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

Contents

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'.

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 17 February 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During our inspection we spoke with six patients and with six members of staff.

Patients we spoke with told us that staff were respectful and courteous towards them. When patients received care or treatment they were asked for their consent and their wishes were listened to. One patient told us: "Yes, it's not a problem."

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. The patients we spoke with provided positive feedback about their care. A patient told us: "I'm 99.9% satisfied." Patients received their medicines when they needed them.

Staff had received training in safeguarding children and vulnerable adults. They were aware of the appropriate agencies to refer safeguarding concerns to ensure patients were protected from harm.

The premises had been purpose built, well maintained, safe and clean. They were accessible for patient's with restricted mobility.

The provider had a system in place for monitoring the quality of service provision. There was a system to regularly obtain opinions from patients about the standards of the services they received. This meant that on-going improvements could be made by the practice staff.

Patient's records were kept securely and had restricted staff access. Policies and procedures concerning staff practices and the day to day running of the practice were available to relevant staff.

At the time of our inspection the provider (senior doctor) told us that one of the partners had left the practice who was also one of the registered managers. The Care Quality Commission had not been informed of this.

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.

Patients' privacy, dignity and independence were respected. Patients' 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

Patients' privacy and dignity were respected. A patient told us: "Staff are respectful and helpful." Consultations took place in private rooms behind closed doors. All the patients we spoke with confirmed that they were treated with dignity and their privacy was protected during medical examinations. We saw that a poster was on display in the reception area. It informed patients of their right to request a chaperone to be present during examinations. Some of the patients we spoke with confirmed that they were aware of this facility.

We spoke with the reception supervisor who told us they carried out chaperoning duties if clinical staff were unavailable. They were able to demonstrate to us that they had the knowledge and skills to carry out the role effectively. We were informed that staff received training before being permitted to provide this service to patients. They told us that arrangements had been made for two more reception staff to attend training. This meant that systems were in place to protect patients from inappropriate examinations.

We saw that the reception desk was an open area where patients could overhear discussions with reception staff. We asked the reception supervisor about patients' ability to hold confidential discussions. They told us they would invite the patient to move into an unoccupied room to ensure their privacy. Patients we spoke with told us that staff protected their confidentiality. These arrangements helped to maintain patient's confidentiality and dignity and place them at ease when using the service.

Patients who used the service were given appropriate information and support regarding their care and treatment. Patients told us that they were given information about their health and care in a way they could understand. One patient told us: "Yes, very much so and I ask questions if necessary." Another patient said: "I find them excellent. You can ask questions and they answer them." This enabled patients to make informed choices and be involved with their own healthcare.

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

The provider had suitable arrangements in place to obtain consent in relation to care and treatment provided to patients.

Reasons for our judgement

Before patients received tests, care or treatment they were asked for their consent and the staff acted in accordance with their wishes. A patient told us: "I've always known what the treatment was for so I have turned it down." Another patient said: "Yes, I agreed to a test today. They explained why it was time it (the test) was done." All the patients we spoke with confirmed that they were given information about the treatment they received before it had commenced. A third comment was: "They ask if it's alright to go ahead."

The doctors and nurse practitioners obtained written consent from patients before they received minor surgery or contraceptive treatments. We asked to see two signed forms. We saw that recordings had been made concerning the possible complications that could occur after the procedure. A nurse practitioner explained that the possible complications were discussed with patients before they were asked to sign the form. This meant that the clinical staff were working within the legal requirement for obtaining written consent.

Where people did not have the capacity to consent to treatment, staff acted in accordance with legal requirements. Mental capacity is the ability to make an informed decision based on understanding the options available and the consequences of the decision. If patients were unable to make decisions for themselves staff told us that they involved relatives or the local authority to support patients in their treatment options. This meant that patients who were unable to make decisions for themselves were given appropriate support.

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.

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

Reasons for our judgement

During our inspection we spoke with six patients. Patients' needs were assessed and care and treatment was planned and delivered in line with their individual wishes. One patient told us: "It's excellent." Another patient said: "Fairly good. When a relative was ill they were very good." The remaining patients we spoke with told us the care was 'good to excellent'. We did not receive any negative comments about the standards of care.

Some patients told us they were able to get an appointment quickly. Other patients told us they had to wait until the following day to get an appointment. A patient commented about same day appointments: "It's very easy. It's more difficult to pre-book. I have experienced difficulties in getting pre-booked appointments." Another patient said: "I have only needed this service once and was seen on the day. I usually make appointments for dates that suit me. the receptionists always do their best." Patients were also able to make same day appointments with one of the two recently recruited nurse practitioners. The practice director told us the they had carried out an audit by asking patients what sort of booking system they would prefer for the doctors. Senior staff had responded by changing the system so that most of the appointments were bookable 'on the day only'. We were told that the system was being monitored. Patients were still able to pre-book appointments with nurse practitioners, practice nurse and the health care assistant (HCA).

The practice manager told us they held an extra surgery every Saturday morning and late evening appointments on Thursdays. This meant that staff offered extra access to the surgery for the benefit of patients who worked.

We asked patients if they were seen on time when they attended for an appointment with the doctor or nurse. Some patients said they were seen promptly. A patient commented: "It's five to 10 minutes maximum." Another patient told us: "I wait about five minutes. It's usually quite good." This meant that patient's personal commitments were respected. However, the provider may wish to note that one patient said:"It varies from on time to today when I waited an hour."

There were arrangements in place to deal with foreseeable emergencies and on-going care. The staff members we spoke with described the arrangements in place for patients who needed a doctor to visit them in their own home. We spoke with a doctor who

confirmed that home visits were carried out when requested. They explained that the duty doctor or a nurse practitioner phones the patient to assess their needs and make a decision whether a home visit was necessary. A patient told us: I've had home visits. They were done on the day I needed them." Another comment was: "My relative did have visits. They always came out on the same day. I can't fault them." This demonstrated that patients received assessments and treatments that respected their personal physical abilities.

Some patients told us they had been referred to hospital for assessment. They said they were satisfied with the process and the referrals had been done promptly. One patient told us: "I've had several. They were done to my satisfaction. I was advised about the hospital I should go to because of the specialist who worked at the hospital". Another patient said: "I was satisfied. The doctor sent in a letter and I received an appointment". This meant that systems were in place for patients to be assessed and treated by specialists.

We found that patients were able to phone the practice number where they would be given another number to call if they needed to see a doctor when the practice was closed. Patients we spoke with confirmed this arrangement. This meant that patients could access care when they needed it. We asked a doctor what they did with the information they received from the out of hours or emergency services after a patient had attended. They told us they read the report. If any follow up assessment or treatment was needed they would contact the patient personally and ask them to make an appointment.

The patients we spoke with informed us that the methods for obtaining prescriptions for ongoing medicines were suitable and convenient for them. They confirmed that they had regular medicine reviews to check they still needed the medicines they were taking. This indicated that patients received appropriate care to promote their health.

The provider (senior doctor) confirmed that they used the National Institute for Clinical Excellence (NICE) and local NHS guidance for determining diagnosis and treatments of patients. They told us that where they found gaps in NICE guidelines they had developed their own templates to ensure that robust assessments and treatments were prescribed. This meant that patients received up to date care for their illness.

We saw the provider had a system in place to ensure that patients who were on the palliative care (end of life) register were cared for appropriately. They told us they held monthly meetings with community staff and also rang them when necessary to discuss changes in patients care needs. This demonstrated that patients received specialist nursing care that met their individual needs. The provider told us that they experienced some difficulties in getting community staff to attend some of these meetings.

We checked the emergency medicines, administration equipment, the defibrillator and oxygen. They were appropriately stored and within the expiry date. This meant they were fit for use. We saw records that confirmed they had been checked monthly. Staff demonstrated they had appropriate medicines in stock that could be administered in a medical emergency such as an asthma attack. We were shown confirmation that staff had regularly attended training in patient resuscitation. This meant staff were provided with the knowledge and skills they needed to deal with medical emergencies.

Safeguarding people who use services from abuse ✓ Met this standard

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

All of the patients we spoke with told us they felt safe when they visited the practice or when they had a home visit. They told us they had confidence in the staff and felt they were spoken with respectfully.

One of the doctors was the lead for safeguarding adults and children. They, the provider (senior partner) and some other clinical staff had attended safeguarding training to level three (higher) standard. All other staff had also had some safeguarding training for adults and children. The practice director showed us a training plan that indicated that staff regularly attended refresher courses in safeguarding. This arrangement was confirmed by the staff we spoke with.

Staff we spoke with were able to explain the practice's procedures for safeguarding children. They told us that if they had concerns they would go straight to the lead doctor, if they were not available to another doctor or the practice director. The staff members we spoke with were able to explain the various types of abuse and the appropriate agencies to refer safeguarding concerns to. These arrangements helped to ensure that patients were protected from harm.

The practice manager showed us the policy for the protection of vulnerable children and adults. They included the contact details of the agencies who were responsible for carrying out investigations of allegations of abuse. Staff were able to describe the content of the policies to us. This meant that staff understood the policy and knew where to locate it if required. The practice director demonstrated their knowledge concerning when they would need to inform the Care Quality Commission of allegations of abuse.

We saw that a notice board in the waiting area included posters giving advice to patients if they had concerns about a persons' safety. They encouraged patients to discuss any concerns with practice staff or with a relevant agency. The contact numbers of external professionals were included in the information. This demonstrated that patients were encouraged to approach professionals they felt comfortable with if they needed to report a safety concern.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

Patients' who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We found that the practice was accessed from the upper floors. Access to the practice was via stairs or two shaft lifts. All doorways were wide enough to accommodate wheelchairs. We spoke with a patient who used a mobility scooter within the clinical rooms of the practice. They confirmed that the buttons they needed to press to open doors and to operate the lifts were at a suitable height for them. There were disabled toilets for people with restricted mobility. The car park situated at the rear of the premises included a number of spaces for disabled people.

The premises had been purpose built. They were light, airy and well maintained. There was ample comfortable seating for patients who were waiting to see a doctor or nurse. The fire escape doors were clutter free on both sides of each door. This demonstrated that staff treated patient safety as a priority.

We looked to see how risk had been managed at the premises. The practice director showed us the health and safety policy and various risk assessments that had been carried out. We saw that there was a fire risk assessment in place, the fire alarms had been tested regularly and the fire fighting equipment had been serviced annually. We were shown records concerning the regular fire drills that had been carried out to check that staff would respond appropriately in the event of a fire. This meant that systems were in place that protected patients from risks of injuries.

The practice manager confirmed they had a disaster continuity plan which covered essential service failures such as such as telephone, computer or electrical failure. There were back-up processes in place that ensured patient care could continue.

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.

There was an effective system to regularly assess and monitor the quality of service that patients received.

Reasons for our judgement

The patients we spoke with all expressed their satisfaction with the service they received. A patient told us: "Excellent, 100%. It is true, I can't fault anybody. They make it all so friendly." Another patient said: "It's very good." A further comment given was: "I give it 10 out of 10, it's great."

During our inspection we spoke with two members of the Patient Representative Group (PRG). Their role was to act as an advocate when patients wished to raise issues with staff and to influence the quality assurance systems. We were shown the minutes of the last two meetings held by the PRG. The topics discussed covered a range of issues concerning the practice and staff systems. One of the PRG member's told us they had discussed patients who failed to attend for appointments and did not give staff prior notice of this. The PRG had suggested a course of action to senior practice staff who had implemented it.

We looked at a report dated 2012-13 that was available on the practice's web site (via computer). This had been developed from the comments that patients' had made in the questionnaire they had completed. The report contained detailed information about patients experiences. The report indicated that patients were satisfied with the service they received. This demonstrated that patients were encouraged to provide opinions and contribute to the on-going improvements of service provision.

There was evidence that learning from incidents took place and appropriate changes were implemented. We saw that there were systems in place for the practice to review incidents and action plans were put in place to help to prevent similar incidents occurring again. Staff confirmed that appropriate actions were taken to respond to and prevent further incidents from occurring.

Regular clinical and staff training event meetings were held. The minutes of previous meetings informed us that the day to day operations of the service and clinical issues were discussed at these meetings. We spoke with the reception manager who told us they were encouraged to contribute to these meetings. They told us about a change that had been made to the 'baby clinics'. These were held on the ground floor where patients' were seen

by a health visitor before going upstairs to see a doctor. The reception manager had suggested that the doctor carried out their part of these clinics on the ground floor to improve the appointment flow for patients. This meant that these clinics were more convenient for patients.

We reviewed how practice staff responded to complaints and found that these were investigated and resolved appropriately. The patients we spoke with told us they had never needed to make a complaint.

The clinical staff completed the Quality and Outcomes Framework (QOF). This is a voluntary system that provided a financial incentive to practices to meet quality standards. The framework covered a range of quality standards for clinical care, practice operational methods, patient experience and additional services the provider may provide. This demonstrated that on-going improvements were considered for the benefit of patients.

Each GP had completed clinical audits. The practice director showed us recent audits concerning smoking cessation outcomes and methods of prescribing two medicines. These had resulted in beneficial changes to patient support and treatments.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

Patients' personal records were kept securely and could be located promptly when needed.

Reasons for our judgement

We found that patient's records were kept secure and only relevant staff had access to them. Computers could only be accessed by insertion of cards that were held by staff. Medical records held in paper format were stored in a room behind the reception desk that was continually manned. This protected patient's records from unauthorised persons. Records were transferred to other organisations only when required for protection of patients' well-being.

Practice staff used clear procedures to ensure that personalised records were kept and maintained for each patient. Records regarding verbal communications about support, care and treatment of patients were updated as soon as practically possible. Staff were working within the Data Protection Act 1998 and the Department of Health's Records Management NHS Code of Practice (Part 2).

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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