The Park Medical Centre

Inspection 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 location	Good
Are services safe?	**Good**
Are services effective?	**Good**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Good**

Overall summary

This practice is rated as Good overall. The previous rating from 27 October 2017 was good overall with requires improvement in the responsive key question due to continued levels of poor patient satisfaction.

The key questions at this inspection are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Good

We carried out an announced comprehensive inspection at The Park medical centre on

29 October 2018 as a follow-up inspection to ensure that the practice had made improvements in areas that were identified during the last inspection.

At this inspection we found:

- The practice had clear and comprehensive safeguarding systems and processes to ensure that patients were safe.
- The practice's uptake of childhood immunisations was in line with local and national averages in areas. The practice was continuing to take action to improve those that had not met targets.
- Uptake rates of cancer screening were below local and national averages. The practice was aware of this and was taking action to address it.
- Quality improvement activity conducted by the practice was useful and accurate and had led to improvements in patient care.
- Patient satisfaction with the practice in terms of kindness, involvement and dignity were comparable with local and national averages. Some areas were 100%.
- A full range of patient feedback relating to access was considered by the practice, who had adjusted services to meet patient need. These had not yet been fully reflected in GP patient survey satisfaction results and access remained an issue for patients who we spoke with and from CQC comment cards. Unverified data provided by the practice indicated that some improvements to patient satisfaction had been made in terms of online access and access to local hub centres through the federation.
- There was a strong focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **should** make improvements are:

- Consider ways to improve infection control practices relating to furnishing and recording.
- Continue to look for proactive ways to identify and support carers.
- Continue with efforts to improve immunisation and cancer screening uptake rates.
- Consider further ways to gather feedback to demonstrate improved patient outcomes and satisfaction.

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Requires improvement**
Families, children and young people	**Requires improvement**
Working age people (including those recently retired and students)	**Requires improvement**
People whose circumstances may make them vulnerable	**Requires improvement**
People experiencing poor mental health (including people with dementia)	**Requires improvement**

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector**.** The team included a GP specialist adviser and a second CQC inspector.

Background to The Park Medical Centre

The Park Medical centre is situated in the Small heath area of Birmingham, within a house conversion. The practice population is approximately 8,400 patients with a higher number of patients under 65 years of age compared to the national average. Approximately 82% of the practice population identify as Black, Minority, Ethnic (BME).

The level of deprivation in the area according to the deprivation decile is one out of ten (The Index of Multiple Deprivation 2015 is the official measure of relative deprivation for small areas (or neighbourhoods) in England.

The Park Medical Centre is led by three GP partners (all male) and three salaried GPs (all female). The practice employs two practice nurses (both female) and a Health Care Assistant (HCA) (female). The practice manager is supported by a senior receptionist and a team of administration and reception staff.

The practice's opening hours are Monday to Friday 8.30am until 6.30pm. Appointments are available throughout the day from 8.30am until 6.30pm on weekdays. The practice's out of hours service is provided by Birmingham And District General Practitioner Emergency Room (BADGER). Telephone lines are automatically diverted to the out of hours service when the practice is closed.

The practice is a member of the Smartcare federation that offer extended hours at local hub centres, each weekday from 6.30pm until 8pm and at weekends, on Saturdays from 9am until 6pm and on Sundays from 10am until 1pm.

The practice provides NHS primary health care services for patients registered with the practice and holds a General Medical Service (GMS) contract with the local Clinical Commissioning Group (CCG).

The Park Medical Centre is registered with CQC to provide five regulated activities associated with primary medical services, which are: treatment of disease, disorder and injury; family planning; maternity and midwifery; diagnostic and screening procedures and surgical procedures.

Good

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff, whose files we viewed, had received up-to-date safeguarding and safety training appropriate to their role. When asked they knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a system to manage infection prevention and control but this did not always reflect best practice.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays and busy periods.
- There was an effective induction system for all new staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff we spoke with understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis and had provided guidance for all staff on red flag symptoms.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had systems in place to ensure prescriptions were kept securely.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Good

Are services safe?

- Staff we spoke with understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Good

Are services effective?

We rated the practice and all of the population groups as good for providing effective services overall, except for the "working age people" population group, which we rated as requires improvement.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff we spoke with knew how to advise patients of what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff we spoke with had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice held palliative care meetings with other professionals every six weeks, to ensure continuity of care coordination.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- We saw that staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was generally in line with local and national averages. Some indicators were lower than local and national averages, some were higher. Some exception reporting for long term conditions was higher than local and national averages.
- Performance data for 2017/2018 shows improvements made by the practice in managing patients with long term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice was aware of their performance and were working to address this.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

- The practice's uptake for cervical screening was 59%, which was below the 80% coverage target for the national screening programme. The practice was aware of their lower than target performance and were working to address this.
- The practice's uptake for breast and bowel cancer screening were below the national average. The practice was aware of their lower than average uptake rates and were taking action to address this.

Good

Are services effective?

- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The number of patients with atrial fibrillation treated with anti-coagulation drug therapy, was comparable with local and national averages.
- Exception reporting at the practice was higher than local and national averages in three key indicators; depression, osteoporosis and rheumatoid arthritis.
- The practice used information about care and treatment to make improvements.
- The practice was proactively involved in quality improvement activity.
- The practice regularly reviewed Quality outlook Framework (QoF) data and discussed these at clinical meetings in order to refocus staff on areas that required increased efforts.

Effective staffing

Staff whose files we viewed had the skills, knowledge and experience to carry out their roles.

- Staff we spoke with were able to demonstrate that they had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff we spoke with told us that they were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for staff. This included annual appraisals for all staff, coaching and mentoring for medical students and clinical supervision and revalidation for clinical staff.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Good

Are services effective?

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians we spoke with, were able to demonstrate that they understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were above local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- We saw that staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice could not fully demonstrate that it proactively identified carers and supported them.
- The practices GP patient survey results were above local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff we spoke to told us that they offered them a private room to discuss their needs.
- Staff we spoke with recognised the importance of people's dignity and respect.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

At our last inspection on 27 October 2017 we rated the practice as requires improvement overall for continued poor patient satisfaction scores. At this inspection we rated the practice, and all of the population groups, as requires improvement for providing responsive services due to the practice being unable to demonstrate sufficient improvements in patient satisfaction.

Responding to and meeting people's needs

The practice organised and worked to deliver services to meet patients' needs. It took account of patient needs and preferences.

The practice understood the needs of its population and try to tailor services in response to those needs.

Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

The practice used online services and proactively encouraged their patients to sign up to this.

The facilities and premises were appropriate for the services delivered.

The practice made reasonable adjustments when patients found it hard to access services.

The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.

Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP accommodated home visits for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. The practice told us that patients were asked to book longer appointments to discuss and review multiple conditions in one appointment. Consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team and other professionals to discuss and manage the needs of patients with complex medical issues.
- The practice had identified the needs of its population in terms of TB latency and pre-diabetes and adjusted services to meet those needs.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend appointments.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Requires improvement

Are services responsive to people's needs?

Timely access to care and treatment

Not all patients felt that they were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients felt that they did not have timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were not always minimal or managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the online appointment system was easy to use but still reported that getting through on the telephone was difficult.
- The practices GP patient survey results were below local and national averages for questions relating to access to care and treatment. The practice provided us with two additional surveys that they had completed relating to patient satisfaction of the extended hours being offered at the local hub centre and access through online services. Results from these separate surveys were positive.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. We saw that staff had treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Good

Are services well-led?

We rated the practice as good for providing a well-led service.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

Leaders we spoke with were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

The practice had a clear vision and strategy to deliver high quality, sustainable care.

There was a clear vision and set of values. The practice had a strategy and supporting business plans to achieve priorities.

Staff we spoke with were aware of and understood the vision, values and strategy and their role in achieving them.

The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

The practice monitored progress against delivery of the strategy.

Culture

The practice had a culture of high-quality sustainable care.

Staff we spoke with stated they felt respected, supported and valued.

The practice focused on the needs of patients.

Leaders and managers acted on behaviour and performance inconsistent with the vision and values.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

There was a strong emphasis on the safety and well-being of all staff.

The practice promoted equality and diversity but were unable to demonstrate that they had developed a policy to ensure this. Some staff, whose files we viewed had received equality and diversity training. Staff we spoke with felt they were treated equally.

There appeared to be positive relationships between staff and teams.

Governance arrangements

There were responsibilities, roles and systems of accountability to support good governance and management.

Structures, processes and systems to support good governance and management were clearly set out, understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.

Staff we spoke with were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control

Practice leaders had established policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.

Good

Are services well-led?

The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.

Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.

The practice had plans in place and had trained staff for major incidents.

The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.

The practice used performance information which was reported and monitored and management and staff were held to account.

The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

The practice used information technology systems to monitor and improve the quality of care.

The practice submitted data or notifications to external organisations as required.

There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.

The service was transparent, collaborative and open with stakeholders about performance.

The practice surveyed patients that had begun using online services to review if any actions were needed to ensure that satisfaction levels were high. The survey results were positive.

The practice surveyed patients who were using the extended hours at local hub centres to ensure that satisfaction with services and appointments offered was high. The results of this survey were positive.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

There was a focus on continuous learning and improvement.

Staff we spoke with knew about improvement methods and had the skills to use them.

The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.

Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

The practice focused on patient feedback and had changed their telephone system on two occasions to ensure that complaints regarding access to the practice this way were actioned. The practice also proactively encouraged more than 50% of the practice population to register for online services to reduce the numbers of patients trying to access the practice on the telephone.

Please refer to the evidence tables for further information.