

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

University Medical Practice

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Management of medicines ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	University Medical Practice
Registered Manager	Dr. Vijay Raichura
Overview of the service	The University Medical Practice provides a primary medical care service to approximately 18,500 patients in the local area. There are currently 7 GP partners at the practice. The majority of patients at the practice are students at the local university.
Type of services	Doctors consultation service Doctors treatment service
Regulated activities	Diagnostic and screening procedures Family planning Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

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

This was an 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 2 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information given to us by the provider.

What people told us and what we found

As part of our inspection we spoke with fourteen patients who used the service. We also spoke with nine clinical and administrative members of staff including two GP's and the practice manager.

Patients spoken with were very positive about the care and treatment they received at the practice. Patients told us that they were treated with dignity and respect and that they felt safe using the service. One patient told us, "I love it. The GP I visit regularly is very, very good." Another patient told us, "My husband and I have been coming to this practice for quite some time. They are all fantastic and we receive brilliant care."

Patients on long term medication were protected from the risks associated with medicines because they were kept under review and received their prescriptions in a timely way. We did find some medicines at the practice were out of date and brought this to the attention of the senior GP partner who took immediate action to check and remove the medicines.

Quality monitoring systems were in place at the practice. There were opportunities for patients and staff to express their views on the quality of the service.

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

We spoke with fourteen patients who used the service. All patients spoken with told us that they were usually treated with respect and that staff were polite towards them. Comments we received from patients included: "They [the staff] are all polite and very helpful" and "The doctors are fantastic and the receptionists are helpful and courteous." Two patients told us that they felt the reception staff could sometimes be a bit abrupt.

Prior to our visit we reviewed the NHS choices website where patients are able to comment about their GP practice. We saw that there had been several comments about the attitude of the reception staff. During our inspection we observed the receptionists speaking with patients and found them to be polite and helpful. We saw that where a complaint had been raised about staff attitude they had been discussed with the member of staff and an apology sent to the patient. The senior GP partner told us that they had been saddened by the comments and had discussed the matter with staff. This meant that patient's views were listened to and acted upon.

Patients' privacy and dignity were respected. Consultations took place in private rooms behind closed doors. All the patients we spoke with confirmed that they were treated with dignity and respect during medical examinations. One patient who had undergone an examination told us, "They [the staff] made me feel very comfortable."

We saw that there was a barrier for patients to wait behind near reception which gave them some privacy when speaking with reception staff. There was also a sign by reception informing patients that they could request a private conversation if they wanted one. Staff showed us the room they would use if a patient wanted to discuss something in private. 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 spoken with told us that they were given information about their health and care in a way they could understand. One patient told us, "They [the staff] explain things in an accessible way. They are keen to answer questions. I like to ask a lot of questions so I know what is going on." This enabled patients to make informed choices and be involved with their own healthcare.

We saw that there was a range of health information leaflets and information about the practice for patients to take away. Health information available reflected the needs of the population served by the practice. For example there was information about sports injuries. These helped to keep patients informed.

We saw that the surgery was accessible to patients with mobility difficulties. There were disabled parking spaces close to surgery and access to the entrance was by ramp. The waiting area and corridors provided space for wheelchair access. Consulting rooms and disabled toilet facilities were also available on the ground level. This made the practice more accessible to patients with reduced mobility.

We asked staff what they would do to support patients who may have difficulties accessing the service due to language or other communication barriers. The practice manager advised us that the practice had an induction loop for patients who were hard of hearing. They also advised us of the interpreter service they used for patients who did not speak much English. However the provider may find it useful to note that one member of staff described situations in which a translator would have been beneficial to the patient but had not been used.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with fourteen patients about their experiences of using the service. Patients we spoke with were very happy with the care and treatment they received. One patient told us, "We have been lucky staying here at the practice. We have had excellent care for the family. They explain things, print stuff off for you. It's been excellent." Another patient who was a student at the local university told us that they were not registered with the practice but had used the service several times when their health problem had exacerbated (got worse). They explained, "They [the staff] are brilliant, the first time I came here they could see I was quite unwell and they told me I could see a doctor now."

Patients we spoke with were satisfied with the appointment system and could book in advance for appointments if they wanted to. Patients were also able to book their appointments on line. One patient told us, "The appointment system seems to work. I arrived early and was seen early. I have no complaints." However, the provider may find it useful to note that we spoke with one patient who found current opening hours made it difficult for them to attend appointments because they worked.

Patients spoken with felt that if their health problem was urgent that they would not have a problem obtaining an appointment quickly. One patient told us, "I think they would fit you in, if not with the doctor the nurse definitely." Once at the practice most patients told us that they did not usually experience long waits to be seen. This meant patients were able to access health care and advice when they needed it.

Patients experienced treatment, care and support that met their individual needs. We saw that patients with complex health needs were discussed at multidisciplinary team meetings. This helped ensure patients received a good continuation of care between the different health professionals involved in their care. Patients with long term conditions such as asthma and diabetes were kept under review. Clinical staff explained how they took responsibility for the different disease registers to ensure patients were seen. One patient told us, "They will call me in if I completely forget [to make an appointment]." This meant that any changes in the patient's health condition could be identified quickly and dealt with as appropriate.

We spoke to patients about their experiences of being referred to other health or social care services. Patients spoken with told us they had not had any difficulties with referrals. The practice used the 'choose and book' system to ensure patients received their treatment where they wanted it. We spoke with a member of staff who sent out referral letters. They advised us that some of the patients who were away at university wanted to be treated nearer their family home and this was respected. Referral letters were usually processed within one working day. We saw two recent referrals that were ready to be sent out and saw that this was the case. This ensured patients that needed specialist care or treatment would receive it with minimal delay.

Most patients who had undergone medical tests told us that they had no problems obtaining results. Patients that underwent medical tests were given information explaining what they should do to get the results. The doctors reviewed test results and if there were no concerns reception staff were able to feedback the doctors report. One patient told us, "I normally phone in but they have also called me to come in [to discuss test results]." The provider may find it useful to note that we spoke with one patient who did experience difficulties obtaining results. They told us, "My sample had gone to the lab but they couldn't give the results because my details had not been on the bottle. It wasn't serious and I wasn't worried so I didn't take it any further."

There were arrangements in place to deal with foreseeable emergencies. We saw from staff training records that all clinical staff and the majority of administrative staff were up to date with this training. We saw that emergency drugs and equipment were available should a medical emergency arise at the practice and that the staff knew where to find them if they were needed. We found that some of the emergency equipment including syringes, oxygen masks and airways had passed their expiry date. We alerted the provider to this and they took immediate action to replace these items of equipment.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with fourteen patients who used the service. None of the patients we spoke with raised any concerns about their safety when using the practice. One patient told us, "I have confidence in them [the staff]." Another patient told us, "I have always felt quite comfortable."

Patients 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. Staff spoken with told us that they had received training in both safeguarding children and vulnerable adults. We saw from staff training records that all clinical staff (GPs and nursing staff) had received training to level three (the highest level) for safeguarding children and young people. Practice staff had also received safeguarding training for vulnerable adults. Provision of safeguarding training helps ensure staff know how to identify and respond appropriately if a patient is at risk of harm.

We saw that there were up to date safeguarding policies and procedures in place for children and vulnerable adults. These included information about the different types of abuse and reporting arrangements (including contact details) for safeguarding concerns. Staff spoken with were easily able to locate the policies and procedures when asked. This meant that staff had access to relevant guidance and information to support them in protecting patients from harm.

We spoke with staff about what they would do if they had any concerns that someone might be at risk of abuse. Staff told us that they would refer any concerns directly to a GP and were clear about which GP lead on safeguarding matters. One member of staff advised us that they had in the past reported concerns about a patient to the lead GP for safeguarding. This provided assurance that staff would act appropriately to protect patients who may be at risk from harm

As we looked around the practice we saw that there was safeguarding information available to patients. Information booklets from the Birmingham Safeguarding Adults Board were available in the waiting room for patients to take away. This included an 'easy

read' booklet with pictures to help patients who may have difficulty understanding the information. This meant that if a patient had any concerns that they or someone they knew was a risk of harm they would know where to get help.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with fourteen patients who used the service. Patients spoken with were satisfied with the way their medicines were managed. Patients on long term medication told us that they did not experience any difficulties obtaining repeat prescriptions.

Information about prescriptions was available to patients at the reception desk and on the practice website. This included information such as when the prescriptions would be ready and how patients could request them. One patient told us, "Recently I have started using the pharmacy for them [my prescriptions]. Before that I used to bring a request in and collect it the next day." This ensured patients were aware of the process for obtaining repeat prescriptions so that they could get their medicine when it was needed.

Patients on long term medication were required to undergo regular medication reviews. One patient told us, "I do have a review, I believe it's every six months." Another patient told us, "The doctor goes through all the drugs every time I come here. I come frequently." This helped to ensure patients received appropriate medication that met their specific health needs.

Some of the nurses employed at the practice were able to prescribe medicines to patients. We spoke to one nurse prescriber about this and they explained that they would only prescribe medicines within their scope of practice any others would be referred to the GP. This provided some assurance that only appropriate staff were prescribing medicines to patients who used the service.

Medicines held at the practice were appropriately stored in areas that were securely locked. There were appropriate arrangements and guidance available to staff for the storage and recording of controlled drugs. Vaccinations and some medications needed to be stored in fridges. Daily records were kept of the medicine fridge temperatures which showed that the vaccines and medicines had been stored at temperatures recommended by the manufacturer and in a way that maintained their effectiveness. The provider may find it useful to note that we saw no records of temperature checks having been recorded for one of the six medicine fridges in the practice while the member of staff responsible was on annual leave. We brought this to the attention of the registered manager who

advised us after our visit that they had spoken with staff and that the missing records had been located.

The majority of vaccinations and medicines contained in the medicine fridges were within date. However, we found one fridge contained some medicines and vaccinations that had passed their expiry date. This included medicines which were patient specific and had been left at the practice for safekeeping. It also included a local anaesthetic which had expired. The senior GP partner advised us that the anaesthetic was one that the practice no longer used but had not been discarded. We also saw vaccinations which had only recently expired. We brought this to the attention of the senior GP partner who sent us a report the day after our visit to advise us of the arrangements for the removal of and replacement (where needed) of the medication in stock.

Emergency medication was kept in a secure area that was accessible to staff. Records showed that the emergency medication was checked regularly to ensure it was in date and present when needed. We looked at some of the emergency medicine and saw that they were within date. This meant medicines used in an emergency would be safe to use.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

The patients that we spoke with were very satisfied with the service they received. One patient told us, "My husband and I have been coming to this practice for quite some time. They are all fantastic and we receive brilliant care." Another patient told us, "I think it's a good practice."

Patients who use the service were asked for their views about their care. We saw that the practice had undertaken a patient survey within the last year and that the results from this were displayed in the waiting room. We were advised that the latest patient survey was currently in progress. One patient we spoke with confirmed that they had been consulted about the questions that were included in the survey.

The practice had a virtual patient group. Patient groups are a way in which patients and GP surgeries can work together to improve the quality of the service. Information about the group and joining the group was available in the practice and on the practice website. We spoke with a member of the virtual patient group about their involvement. They explained that they would be contacted by email about issues that may interest them or for their views on 'one off' issues. The patient had only recently joined the group and was unable to advise us whether their or the views of other members had led to any specific changes to the practice. This meant patients were given the opportunity to feedback their views about the service.

The provider took account of complaints and comments to improve the service. We saw that there was a complaints procedure in place and information available to patients on how to make a comment or complaint. We saw that there had been six complaints received since April 2013. We looked at two of these in detail and saw that they had been investigated and appropriately responded to in line with the practice's complaints procedure.

Staff were given formal opportunities to discuss and raise issues relating to the practice. Various staff meetings were held at the practice for clinical and administrative staff. We saw from the minutes of these meetings that they were used to inform staff about changes

affecting the running of the practice and raise issues that staff needed to be aware of. Staff spoken with confirmed that they felt able to raise issues with senior staff if they wanted to. This meant staff were better placed to support service improvement because they were involved in the relevant discussions.

We saw that a variety of audits were carried out at the practice. These included audits on contraceptive devices used and medicine audits. We saw that action had been taken to review patient's medication in response to the findings of one of the audits undertaken. This demonstrated a commitment to continually improve the quality of the service provided.

A legionella risk assessment had recently been carried out at the practice. We saw that there had been recommendations made to reduce the risk of legionella bacteria in the water system. Staff advised us that cleaning staff now undertook the running of taps where there was an increased risk. The provider may find it useful note that there was no formal records to show that this had been done or was part of the cleaning staffs' schedule.

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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