

Bilston Urban Village Medical Centre

Quality 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 service

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Bilston Urban Village Medical Centre on 1 July 2016. After the comprehensive inspection, the practice was rated as requires improvement for providing well led services.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bilston Urban Village Medical Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 31 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at our previous inspection on 1 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection

Our key findings across all the areas we inspected were as follows:

- The practice had reviewed their processes for reporting, recording significant events and monitoring any changes made.

- The practice had reviewed its data protection and confidentiality policies and procedures to ensure they were aligned to relevant guidance. A folder with guidance on the length of time different types of information should be kept before they were destroyed was available to staff.
- Systems to effectively manage safety alerts had been implemented. For example, we saw copies of recent medicine alerts the practice had received with appropriate records to confirm the alerts had been reviewed and appropriate action taken.
- Systems had been put in place for checking the ongoing accuracy of the temperature of fridges used to store medicines. The changes made ensured that medicines requiring refrigeration were stored in line with the manufacturer's guidance.
- The practice had pro-actively identified a further 35 carers and had arrangements in place to ensure carers had ease of access to the support they need.
- The provider was aware of and complied with the requirements of the duty of candour.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing well-led services.

There was one area of practice where the provider should still make improvements:

Summary of findings

- Continue to make improvements to proactively identify carers and establish support they need.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services well-led?

The service is rated as good for providing well-led services.

Good



- Governance for processes designed to keep patients, staff and visitors safe had improved:
 - Effective arrangements for the maintenance, security and destruction of records at the practice had been implemented.
 - Systems had been introduced to ensure the arrangements for recording the receipt and action taken in response to alerts received from relevant bodies such as the Medicines and Healthcare products Regulatory Agency (MHRA) were acted on.
 - Appropriate arrangements for checking the ongoing accuracy of fridge temperatures were in place to ensure that medicines requiring refrigeration are stored in line with the manufacturer's guidance.
- The number of carers identified at the practice had increased from 10 (0.16%) to 45 (0.6%) and systems were in place to support meeting their needs. This included planned health checks, a dedicated notice board and access to support services.

Summary of findings

What people who use the service say

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to make improvements to proactively identify carers and establish support they need.

Bilston Urban Village Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to Bilston Urban Village Medical Centre

Bilston Urban Village Medical Centre is one of two GP practices in Wolverhampton owned by Intrahealth, a corporate provider of NHS primary care services. The premises are a single storey building. All areas are easily accessible by patients with mobility difficulties and families with pushchairs or prams.

The practice team consists of two medical directors who also undertake sessions as GPs at the practice, four GPs (four male and two female), who work across the two of the Intrahealth practices based in Wolverhampton. The practice also uses regular GP locums to support the clinicians and meet the needs of patients at the practice. The clinical practice team includes two clinical pharmacists, an advanced clinical practitioner, three nurse practitioners, two practice nurses, a healthcare assistant and a phlebotomist. The clinical pharmacists and nursing staff also work over both sites. Practice staff include a practice manager, reception manager and six administration/ receptionist support staff. In total there are 24 staff employed either full or part time hours to meet the needs of patients. The practice is a training practice for GP trainees.

The practice is open between 8am to 8pm on a Monday to Friday and 8am to 12pm on Saturdays. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a contract to provide Alternative Provider Medical Services (APMS) to approximately 6,200 patients. This allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and primary medical services to meet the needs of the local community. They provide Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and new patients' health checks. The practice provides a number of clinics for example long-term condition management including asthma and diabetes.

The practice has a significantly higher young population compared to the average across England. There is a high number of patients aged nine and below, female patients aged 20 to 24 years and patients between the ages of 25 to 39 years. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 37% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the national average (32% compared to 16%).

Detailed findings

Why we carried out this inspection

We previously undertook a comprehensive inspection of Bilston Urban Village Medical Centre on 1 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing well led services. The full comprehensive report following the inspection on 1 July 2016 can be found by selecting the 'all reports' link for Bilston Urban Village Medical Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Bilston Urban Village Medical Centre on 31 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

We carried out a focused inspection of Bilston Urban Village Medical Centre on 31 May 2017. This involved reviewing evidence that:

- A review of the arrangements for the maintenance, security and destruction of records had taken place.
- The arrangements for recording the receipt and action taken in response to alerts received from relevant bodies such as the Medicines and Healthcare products Regulatory Agency (MHRA) had been reviewed.
- A review of the arrangements for checking the ongoing accuracy of the temperature of fridges used for storing medicines had been carried out.
- A pro-active method for identifying carers and establishing what support they need had been considered.

During our visit we:

- Spoke with the practice manager and deputy practice manager.
- Visited the practice location
- Looked at information the practice used to deliver care.
- Looked at other relevant documentation.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

During our previous inspection in July 2016, we found that the arrangements for ensuring systems or processes to support a well-led service were not adequate. This was because:

- Arrangements for the maintenance, security and destruction of records were not followed.
- Systems to demonstrate appropriate action was taken to address medicine safety alerts were not in place.
- Systems were not in place to show that the temperature of fridges used to store medicines were consistently and appropriately monitored to ensure that medicines requiring refrigeration were stored in line with the manufacturer's guidance.

This resulted in the practice being rated as requires improvement for providing well-led services.

Vision and strategy

The practice had a vision to provide high quality care with compassion, empathy and through innovation promote good outcomes for patients. The practice had a mission and values statement which was displayed in the reception area for patients and discussed at the patient participation group (PPG) meetings. The practice was aware of plans to develop the local area which would impact on the practice.

Governance arrangements

At this inspection we saw improvements in the governance arrangements within the practice which supported the delivery of the practice's strategy for high quality care. This outlined the structures and procedures in place and ensured that:

- Systems to demonstrate appropriate action had been taken to address medicine safety alerts were in place.
- We saw that the practice had reviewed its arrangements for managing significant events, which included improved and detailed recorded information to clearly show what information was shared and which staff the learning outcomes were shared with.
- Practice specific policies and procedures had been reviewed and implemented and were available to all staff. For example procedures for the maintenance, security and destruction of records were reviewed and a folder containing relevant guidance was accessible to staff.

- Arrangements were in place for identifying, recording and managing risks and implementing mitigating actions. For example, following the inspection in July 2016 the practice had reviewed and implemented an effective system to ensure that medicines stored in fridges were appropriately monitored and stored in line with the manufacturer's guidance.

Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, relevant information and a verbal and written apology. There was a clear leadership structure in place and staff told us that they felt supported.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice continued to gather feedback from patients through the patient participation group (PPG) and through surveys, which included the outcome of friends and family surveys. The practice had continued to gather feedback from staff through appraisals and informal discussions. At this inspection we found that the minutes of meetings and significant events recorded showed how staff were involved and encouraged to improve how the practice was run.

Continuous improvement

The practice had acted on the issues identified at the last inspection to support improvements. For example, staff were provided with opportunities to update their knowledge on improvements made at the practice. The staffing structure ensured all staff were clear about their own roles and responsibilities in relation to the reviewed policies, procedures and newly implemented systems. The practice had completed a review of the arrangements for monitoring significant events and other incidents. We saw records to confirm this, which included a process to ensure

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

that learning and appropriate improvements had been made. The practice had put systems in place to identify carers. Although still below one percent of the practice population the practice carers register had increased from 10 (0.16%) to 45 (0.6%).