

Poplars Medical Practice

Quality Report

Poplars Medical Practice

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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 safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Poplars Medical Practice on 18 November 2015. A total of one breach of legal requirement was found. After the focussed inspection, although the practice was rated good overall, it was rated as requires improvement for providing safe services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Poplars Medical Practice on our website at www.cqc.org.uk.

Following the inspection in November 2015 we issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.

This inspection was a desktop focused inspection carried out on 20 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulation that we identified at our previous inspection on 18 November 2015. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection

Our key findings were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients and staff were assessed and health and safety risk audit records improved to ensure sufficient information was recorded to demonstrate the level of risk, action to be taken and by whom.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment. The female locum GP who was working at the practice at the time of the inspection in November 2015 had left. To address this the advanced nurse practitioner had the skills to meet some of the clinical needs of female patients registered at the practice. Female patients were made aware of this and potential female patients were made aware that the practice did not have a female GP. This ensured that they could make an informed decision as to whether they wanted to register as a patient at the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- The appointment system had been reviewed and changes made to improve patients experiences. Changes were monitored to ensure the length of time patients had to wait to be seen at their appointment showed ongoing improvement.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Clinical audits had been carried out to monitor the quality of service provided to patients.
- There was a clear leadership structure and staff felt supported by the management.

- The practice proactively sought feedback from patients. The practice worked effectively with the patient participation group to encourage active involvement in the improvement of the practice. The group was discussing the possibility of a virtual group.
- The provider was aware of and complied with the requirements of the Duty of Candour.

At this inspection we found that the practice had acted on the concerns identified at the inspection November 2015 and as a consequence ratings for the practice has been updated to reflect our most recent findings. The practice is now rated as good for providing safe services.

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 safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events and the recording of events to evidence investigation, discussion and learning had improved.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Emergency procedures and processes were in place and staff had received suitable training.
- Risks to patients who used services were assessed, the systems and processes to address these risks were reviewed and implemented to ensure patients were kept safe. For example:
- The action points contained in the practice Legionella risk assessment had been addressed.
- The secure handling of blank prescriptions within the practice had been improved to reflect nationally recognised guidance.

Poplars Medical Practice

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 Poplars Medical Practice

Poplars Medical Practice is a single handed GP practice located in a converted house in Wolverhampton which has been adapted to meet the needs of the service. The practice is located in an inner city area of Wolverhampton and has good transport links for patients. The practice is accessible via a ramp for patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

Staffing at the practice consists of one male GP, an advanced nurse practitioner, practice nurse and a healthcare assistant. The clinical staff are supported by practice manager, secretary and receptionists. In total there were 14 staff employed in either full or part time hours.

The practice is open Monday to Friday 9.00am until 6.30pm. Extended opening hours are available every Wednesday between 6.30pm and 8.00pm. 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 Vocare via the NHS 111 service.

The practice has a registered list size of just over 3,200 patients. The population served is younger than the national average. The practice is located in one of the most deprived areas in the country. The practice is part of the

NHS Wolverhampton Clinical Commissioning Group. The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. The practice provided Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

Why we carried out this inspection

We undertook a comprehensive inspection of Poplars Medical Practice on 18 November 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection in November 2015 can be found by selecting the 'all reports' link for Poplars Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up desk-based focused inspection of Poplars Medical Practice on 20 January 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 desktop based review of Poplars Medical Practice on 20 January 2017. This involved reviewing evidence that:

Detailed findings

- A suitable means to provide high-flow oxygen therapy to patients in an emergency situation had been introduced.
- Detailed records of significant events to evidence investigation, discussion and learning from the events were maintained.
- Actions required following the Legionella risk assessment had been acted on.
- Safe procedures to ensure the safe handling of blank prescriptions within the practice to reflect national recognised guidance as detailed in NHS Protect were in place.
- A review of the appointments system had been carried out.
- Ways to encourage the patient participation group to be more involved in the improvement of the practice had been reviewed.

For this review we:

- Spoke with the practice manager.
- Looked at anonymised information and records provided by the practice.

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 safe?

Our findings

During our previous inspection in November 2015, we found that care and treatment was not being provided in a safe way for patients. This was because:

- The practice had not arranged a suitable means to provide high-flow oxygen therapy to patients in an emergency situation.

This resulted in the practice being rated as requires improvement for providing safe services.

The visit in November 2015 also identified that:

- Records to demonstrate that significant events were investigated, discussed and learning from the events was shared were not maintained.
- The action required following a legionella risk assessment had not been addressed.
- The handling of blank prescriptions did not reflect national guidance as detailed in NHS Protect.

These arrangements had significantly improved when we undertook a follow up deskbased inspection on 20 January 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff were instructed to report and record any accidents or near misses. A recording form was available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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). Evidence sent to us showed that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. There was a system for the active management of safety alerts with evidence of recent reviews and action taken provided.

We reviewed safety records, incident reports and minutes of meetings where significant events were recorded and discussed. Records we looked at showed that four clinically related significant events, had occurred over the past 12

months. One of the events described a breach of patient confidentiality by an external stakeholder. The practice staff identified communication problems with the organisation involved and had ensured the security of the information whilst it is being investigated. The minutes of meetings showed that learning from events had been shared with staff and update on confidentiality provided. Records showed that significant events were followed up to ensure continuous improvements were maintained and appropriate.

Overview of safety systems and processes

- The practice manager confirmed that appropriate arrangements remained in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice monitored both adults and children who made regular visits to the accident and emergency department. The practice had also ensured that children who did not attend hospital appointments and immunisation appointments were routinely reviewed and monitored. The practice manager had confirmed that there had not been any safeguarding concerns since the inspection in November 2015.
- The practice had ensured that all staff were up to date with chaperone training and enhanced criminal records checks carried out through the Disclosure and Barring Service (DBS) for all staff who carried out chaperone duties. 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 had an up to date infection control policy in place and supporting procedures were available for staff to refer to. Records were forwarded to confirm that staff had received up to date training in infection prevention and control. Cleaning schedules and records were maintained.
- At the last inspection in November 2015 the arrangements for managing medicines, including emergency medicines and vaccines, obtaining, prescribing, recording, handling and disposal in the practice) mostly kept patients safe. We found that blank prescription forms and pads were not securely stored and systems were not in place to monitor their use. Evidence provided by the practice showed that the safe

Are services safe?

management of blank prescriptions pads and forms had been discussed at a practice meeting. Information provided confirmed that as a result of the review a secure location had been identified for the secure storage of prescription forms and pads. A system had also been put in place to effectively monitor and track the use of blank prescriptions.

Monitoring risks to patients

The practice had a policy in place for the management, testing and investigation of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal). At the inspection in November 2015 we found that a Legionella risk assessment had been carried out but the practice had not acted on the recommendations made in the assessment report, which included fitting thermostatic valves to the washbasin mixer taps in the patients toilet facilities had not been followed up by the practice. The practice manager sent us information evidencing that this work had been completed. The practice planned to repeat the assessment in August 2017.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

At the inspection in November we found that the practice did not have oxygen at the premises to assist in the emergency care of patients with breathing difficulties or other conditions. Immediately following the inspection the practice sent information to confirm that oxygen had been obtained and a contract was in place with an external company to monitor the oxygen service and ensure cylinders are safely stored and replaced when needed. Adult and children's masks were available. There was also a first aid kit and accident book.

Records were seen with copies of certificates to confirm that all staff had received up to date annual basic life support training.