

Moxley Medical Centre

Inspection report

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Moxley
Wednesbury
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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 to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We previously carried out an announced comprehensive inspection at Moxley Medical Centre on 7 November 2019 as part of our inspection programme. We rated the practice as inadequate for providing safe, effective and well led services. We took enforcement action to cancel the registration of the provider. The full comprehensive report for the November 2019 inspection can be found by selecting the 'all reports' link for Moxley Medical Centre on our website at www.cqc.org.uk.

The Care Quality Commission (CQC) registered a new partnership in respect of Moxley Medical Centre in April 2020. The regulatory history was carried forward as one of the GP partners had been registered as the previous provider for the service.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as good overall. We rated each population group as good except for working age people which we rated as requires improvement in the effective domain. This was because the target for cervical cancer screening had not been met.

We found that:

- The new Moxley GP partnership had brought about improvements to the management and leadership of the practice. The practice also benefitted from being aligned to a larger organisation (Health and Beyond), through clinical and non-clinical support.
- Staff spoke highly about the new provider and commented that leaders were visible and approachable. Staff felt supported and valued in their work.
- Clinical staff were clear about their roles and responsibilities and worked within their competencies.
- Governance structures and systems had been introduced and were embedding within the practice.
- Communication had improved through the introduction of structured meetings, including two weekly clinical meetings.
- Processes for managing risks, issues and performance were in place. Test results and correspondence from secondary care were followed up and acted upon appropriately and correctly recorded in patient records.
- The practice had commenced a programme of quality improvement, which involved all clinical staff including the nursing team. A number of clinical audits had been completed.
- The culture of the practice and the way it was led and managed drove the delivery and improvement of high-quality, person-centred care.
- There was a focus on continuous learning and improvement at all levels of the organisation. For example: sharing learning from audits and significant events across the staff team.
- The practice had appointed additional clinical staff in allied health care roles, which provided a range of different appointments for patients.
- Improvements had been made to medicines management, including safe storage and availability of emergency medicines.
- Patients received effective care and treatment that met their needs and was planned and delivered according to evidence-based guidelines.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients told us they had seen improvements at the practice and welcomed the extended range of health care professionals, which provided more options for appointments.

Overall summary

Whilst we found no breaches of regulations, the provider **should**:

- Explore and implement strategies to meet the WHO based 95% target for uptake of childhood immunisations.
- Explore and implement strategies to increase the uptake of cervical screening.
- Ensure that minutes of meetings are shared with all staff who work at the practice.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

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

Background to Moxley Medical Centre

Moxley Medical Centre was registered with the Care Quality Commission (CQC) as a partnership in April 2020 and operates a GP practice in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures, maternity and midwifery and treatment of disease disorder or injury.

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Moxley Medical Centre, 10 Queen Street, Moxley, Wednesbury, West Midlands, WS10 8TF.

There are approximately 3,136 patients of various ages registered and cared for at the practice. The practice provides GP services in an area considered to be one of the most deprived within its locality. Demographically the practice has a higher than the local average patient population aged under 18 years, with 24% falling into this category, compared with the national average of 21%. Thirteen per cent of the practice population is above 65 years, lower than the CCG average of 16%, and the national average of 17%. The percentage of patients with a long-standing health condition is 45% which is lower than the local CCG average of 52% and the national average of 51%. The practice life expectancy for patients is 77 years for males and 81 years for females, both of which are below the national average by 2 years. National General Practice Profile describes the practice ethnicity as being 86.5% white and 13.5% from black and minority ethnic groups.

The staffing consists of:

- Two male GP Partners (20 hours and 16 hours).
- One female advanced nurse practitioner (4 hours), a female nurse practitioner (4 hours), a female practice nurse (27.5 hours) and one female health care assistant (22.5 hours).
- A practice manager supported by three receptionists, an administrator and a medical secretary.

The practice is open between 8am and 6.30pm on Monday to Thursday and between 8am and 1pm on Friday. When the practice is closed during core hours, patients are directed towards an alternative provider. Patients also have access to the Extended GP Access Service between 6.30pm and 9pm on weekdays, 10am to 3pm on weekends, and 11am to 1.30pm on bank holidays.

The practice does not routinely provide an out of hours to their own patients, but patients are directed to the out of hours service, through the NHS 111 service when the practice closed.

Additional information about the practice is available on their website at www.moxleymedicalcentre.nhs.uk