

Brace Street Health 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 safe?

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 Brace Street Health Centre on 7 March 2017. The overall rating for the practice was good with requires improvement for providing safe services. We found one breach of legal requirement and as a result we issued a requirement notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 – Safe Care and Treatment

The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Brace Street Health Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 23 November 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 in our previous inspection on 7 March 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

The safe domain is now rated as good and overall the practice remains rated as good.

Our key findings were as follows:

- The practice had improved the processes in place for handling repeat prescriptions which included the review of high risk medicines. We saw that appropriate monitoring of patients had taken place prior to prescriptions being issued.
- The Patient Group Directions (PGDs) adopted by the practice to allow nurses to administer medicines in line with legislation had been signed by an appropriate person.
- Although a system had been introduced to monitor the use of prescription stationery, the records did not include the serial numbers of prescriptions on receipt and when they were distributed through the practice. The practice rectified this issue during the inspection.
- The practice had reviewed and increased the range of emergency medicines held at the practice.
- The practice had reviewed and discussed the results from the national GP survey published in July 2017 during a team meeting in October 2017. The practice acknowledged that the results reflected the staffing situation at the time the survey was carried out (January to March 2017), when there was only one permanent GP being supported by locum GPs. Action taken included adding call waiting to the telephone system, aiming to answer the telephone within four rings, and encouraging patients to book double

Summary of findings

appointments when they had more than one issue to discuss to reduce delays in appointment times. The practice also promoted the use of on line booking and had increased the number of patients signed up for on line access to 14% with a target of 20% by the end of March 2018.

- The practice had taken a more proactive approach to identifying and supporting carers. The number of carers identified had increased from 16 to 32 (1% of the patient list), and 15 of these patients had been offered an assessment. The new patient registration form asked if the patient was also a carer. Patients who identified themselves as carers were asked to provide additional information and were given the contact details for the carers association. They were also asked if they wished to be referred for an adult care assessment with the local authority. Information relating to carers was on display in the waiting area and leaflets were available.
- Posters informing patients about national screening programmes (breast and bowel cancer) were on display in the waiting room.
- The practice's uptake for cervical screening (2016/17) had increased to 72% (up from 70% for 2015/16), although this was below the 80% coverage target for

the national screening programme. We saw that the practice manager had altered the standard letter sent to patients to be more informative about the reason for having the test and the potential consequences of not being screened. The female GP and the practice nurse told us they carried out cervical screening tests opportunistically when patients attended the practice.

- The practice was part of a local initiative to encourage participation in the bowel screening programme. This initiative involved following up patients who failed to respond or responded inappropriately to the screening kit. The practice identified these patients on a monthly basis, contacted them and encouraged participation and ordered a new screening kit if required.
- The practice manager told us they were being supported by the breast screening team to encourage participation in national breast screening programme. The screening team were going to send letters out in different languages on behalf of the practice to patients who failed to attend their first appointment.

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.

- The practice had reviewed and increased the range of emergency medicines held at the practice. The suggested list of emergency medicines was available.
- The Patient Group Directions (PGDs) adopted by the practice to allow nurses to administer medicines in line with legislation had been signed by an appropriate person.
- The practice had improved the processes in place for handling repeat prescriptions which included the review of high risk medicines. We saw that appropriate monitoring of patients had taken place prior to prescriptions being issued.
- Although a system had been introduced to monitor the use of prescription stationery, the records did not include the serial numbers of prescriptions on receipt and when they were distributed through the practice. The practice rectified this issue during the inspection.

Good



Brace Street Health 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. The team included a GP specialist advisor.

Background to Brace Street Health Centre

Dr Shashikala De is registered with the Care Quality Commission (CQC) as an individual provider operating a GP practice (Brace Street Health Centre) in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. 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 Brace Street Health Centre, 63 Brace Street, Walsall, West Midlands, WS1 3PS.

The patient list is approximately 2,920 of various ages registered and cared for at the practice. Demographically the practice has a higher than average patient population aged five to 59, and below average for ages 60 to 64 and 75 to 89. The practice provides GP services in an area considered as one of the more deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

The staffing consists of:

- One female lead GP and one male GP.
- One practice nurse

- A practice manager, senior receptionist and reception, secretarial and administration staff.

The practice is open between 9am and 6.30pm every day except Wednesday, when it is open from 9am to 1pm.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During the practice in hour's closure on Wednesdays from 1pm to 8am, services are provided by WALDOC (Walsall doctors on call).

The surgery has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients; for example, Childhood Vaccination and Immunisation Scheme. Further details can be found by accessing the practice's website at www.bracestreethealthcentre.co.uk

Why we carried out this inspection

We carried out an announced comprehensive inspection at Brace Street Health Centre on 7 March 2017. The overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the March 2017 inspection can be found by selecting the 'all reports' link for Brace Street Health Centre on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Brace Street Health Centre on 23 November 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.

Detailed findings

How we carried out this inspection

We carried out an announced focused inspection on 23 November 2017. During our visit we:

- Spoke with one of the GPs, the practice nurse, the practice manager and reception staff.
- Looked at emergency medicines, patient group directions and the system used to track prescription stationary through the practice.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed the action the practice had taken to review and monitor practice performance.
- Discussed the action taken by the practice to improve the uptake by patients in national screening programmes.

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

At our previous inspection on 7 March 2017, we rated the practice as requires improvement for providing safe services and issued a requirement notice. This was because:

- The practice had not assessed the risks or established formal arrangements in the absence of emergency medicines used to respond to certain medical emergencies.
- The registered person had not implemented systems to ensure Patient Group Directions were appropriately authorised to ensure their use remained in line with legislation.

Improvements were also required around monitoring the use of prescription stationery and engaging with patients to ensure appropriate monitoring of medicines takes place as part of, and aligned with, patients' care and treatment plans.

These arrangements had improved when we undertook a follow up inspection on 23 November 2017. The practice is now rated as good for providing effective services.

Overview of safety systems and process

We saw that improvements had been made to the arrangements for managing medicines, including emergency medicines and vaccines, at the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. We saw that appropriate monitoring of patients had taken place prior to prescriptions being issued. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The PGDs we viewed during the inspection had been signed by an appropriate person.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Blanks forms were removed from the printers and stored securely when not in use. However, the records did not include the serial numbers of prescriptions on receipt and when they were distributed through the practice. This was discussed during the inspection. The practice manager amended the monitoring form to include recording of the serial numbers.

Arrangements to deal with emergencies and major incidents

Improvements had been made to the arrangements to respond to emergencies and major incidents.

We saw that the practice had reviewed and increased the range of emergency medicines held at the practice. The suggested list of emergency medicines was available. The emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. A monitoring system was in place to che