

# All Saints Surgery

## Inspection report

Pinford Health Centre  
Field Road  
Bloxwich  
Walsall  
WS3 3JP  
Tel: 01922 775135  
[www.allsaintspinfold.co.uk](http://www.allsaintspinfold.co.uk)

Date of inspection visit:  
Date of publication: 11/03/2019

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We carried out an announced comprehensive inspection at All Saints Surgery on 22 January 2019 as part of our inspection programme. The practice was last inspected in September 2015 and rated as good.

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 requires improvement overall.**

We rated the practice as **requires improvement** for providing safe services because:

- The practice did not have a system in place that demonstrated that alerts with may affect patient safety had been received, recorded and acted upon.
- The practice could not demonstrate that patients' health in relation to the use of medicines including high risk medicines was appropriately monitored or that clinical review took place prior to prescribing.

We rated the practice as **requires improvement** for providing well led services because:

- There had been a lack of strategic oversight and planning to bring about the creation of the new organisation. While the practice had a clear vision, that vision was not supported by a credible strategy.
- The overall governance arrangements were ineffective.
- The practice did not have clear and effective processes for managing risks, issues and performance.
- The practice did not always act on appropriate and accurate information.
- We saw little evidence of systems and processes for learning, continuous improvement and innovation.

- The provider had not updated their registration to reflect the changes to the partnership and regulated activities following the merger in April 2018.

We rated the practice as **good** for providing effective, caring and responsive services because:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.

The areas where the provider **must** make improvements are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards.
- Update the registration of the provider to reflect the change in partnership and the registered manager and the registration of additional regulated activities.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Review the register of children with child protection plans in place as well as looked after children to ensure the information is up to date and current.
- Create and maintain a register of vulnerable adults as appropriate for patients aged over the age of 18 years.
- Record all verbal complaints so they can be reviewed for trends and identify any lessons to be learnt.

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

**Please refer to the detailed report and the evidence tables for further information.**

## Population group ratings

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

## Our inspection team

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

## Background to All Saints Surgery

All Saints Surgery is registered with the Care Quality Commission (CQC) as a partnership provider in Willenhall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group (CCG). The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services 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 two sites within Pinfold Health Centre, Field Road, Bloxwich, Walsall, WS3 3JP.

All Saints Surgery and Field Road Surgery merged in April 2018 and will now be known as Pinfold Medical.

There are approximately 8,988 patients of various ages registered and cared for at the practice. The practice provides GP services in an area considered as almost one of the most 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.

Income deprivation affecting children is 30%, which is higher than the CCG average of 29% and the national average of 20%. Income deprivation affecting older people is 29%, which is the same as the CCG average of 29% and lower than the national average of 20%. Life expectancy at the practice for patients is 77 years for males and 82 years for females which is below the national average.

The practice has two registered GP partners (two male), one unregistered GP partner (male), one female salaried GP, and four locum GPs (one male / three female), one female advanced nurse practitioner, one female practice nurse, two female health care assistants, an advanced clinical pharmacist, a practice manager and a team of administrative and reception staff.

The practice is open between 7.30am and 6.30pm from Monday to Friday. When the practice is closed patients are directed toward the out of hours provider via the NHS 111 service. 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 offers a range of services, for example: management of long-term conditions, child development checks and childhood immunisations. Additional information about the practice is available on their website at [www.allsaintspinfold.co.uk](http://www.allsaintspinfold.co.uk)

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met.</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services provided. In particular:</p> <ul style="list-style-type: none"><li>• Although significant events were discussed and recorded on the log, the information was not always up to date or shared in a timely manner.</li><li>• The practice had not ensured the competence of staff employed in advanced roles by audit of their clinical decision making.</li><li>• The practice was not able to demonstrate a programme of quality improvement.</li><li>• The practice did not fully utilise all opportunities for learning and improving performance.</li></ul>

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met.</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not have a system in place that demonstrated that alerts with may affect patient safety had been received, recorded and acted upon.</li></ul>

This section is primarily information for the provider

## Requirement notices

- The practice had continued to provide a regulated activity that they were not registered for and had not considered the risk of not stocking an emergency medicine considered to be required when carrying out this regulated activity.

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Surgical procedures

### Regulation

Regulation 8 HSCA (RA) Regulations 2014 General

**How the regulation was not being met.**

**A registered person must comply with regulations 9 to 19 in carrying on a regulated activity.**

- The provider was carrying on a regulated activity (family planning services) that they were not registered for.