

# St Margarets Medical Practice

## Quality Report

St Margarets Road  
Solihull B92 7JS  
Tel: 0121 706 0307  
Website: [www.stmargarets.gpsurgery.net](http://www.stmargarets.gpsurgery.net)

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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 

Are services well-led?

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 visit at St. Margarets Medical Practice on 14 June 2016. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe and well led services. You can read the report from the comprehensive inspection on 14 June 2016, by selecting the 'all reports' link for St Margarets Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This was a focused desk based review of St Margarets Medical practice carried out on 20 December 2016 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. Overall the practice is now rated as Good.

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

- Since our comprehensive inspection in June 2016, the practice had applied for disclosure and barring (DBS) checks for non-clinical staff members who chaperoned (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 policy on chaperoning had been updated with the recognised national guidelines and staff had completed the relevant training for this role in August 2016.
- We received confirmation that Disclosure and Barring (DBS) checks had been completed for all the nursing staff and the practice had updated the recruitment procedures to ensure all staff due to commence at the practice had the relevant checks in place.
- All staff had completed an occupational health vaccination and immunisation risk assessment form. Staff had been assessed by the occupational health department and had been offered vaccinations based on guidelines for staff working in general practice. An up to date list of staff and their immunisation status was now in place and copies of vaccination certificates were stored on the employment record for each member of staff
- We saw that an electrical wiring system check that had been identified as a risk during the fire risk assessment completed in July 2015 had been actioned.
- The practice had introduced a formal meeting schedule to ensure all staff received effective communication.

# Summary of findings

**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 were disclosure and barring (DBS) checks in place for non-clinical staff members who chaperoned and staff who carried out the role of chaperoning had received the relevant training.
- We received confirmation that Disclosure and Barring (DBS) checks had been completed for nursing staff and the practice policy on recruitment had been updated to ensure all staff received the necessary checks prior to employment.
- Electrical wiring checks identified as a risk from the fire risk assessment completed in July 2015 had been actioned and we saw evidence to confirm this.
- Procedures had been introduced to ensure all staff had completed an occupational health vaccination and immunisation risk assessment form and had been assessed by the occupational health department.

### Are services well-led?

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

Good



- Governance arrangements have been reviewed and processes have been introduced to ensure risk assessments were completed regularly. This included annual risk assessments of electrical wiring.
- Meetings have been organised with all staff to ensure effective communication. Regular meetings were also held every two months with administration staff.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for safety and well-led identified at our inspection on 14 June 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# St Margarets Medical Practice

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This desk based review was carried out by a CQC Lead Inspector.

## Background to St Margarets Medical Practice

St Margarets Medical Practice is based in Olton, Solihull which is an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract ensures practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care and is a nationally agreed contract. The practice

also provides some enhanced services such as minor surgery, childhood vaccination and immunisation schemes. The practice also runs an anti-coagulation clinic for the practice patients.

The practice provides primary medical services to approximately 7,000 patients in the local community. The practice is run by four GP partners; (two male and two female). The nursing team consists of three practice nurses and two health care assistants. The non-clinical team consists of administrative and reception staff and a practice manager. The practice supports Birmingham University in the mentoring of student nurses.

The area served has lower level of deprivation compared to England as a whole and ranked at nine out of ten, with ten being the least deprived. The practice is open to patients between 8am and 6.30pm Monday to Friday. The practice does not offer extended opening hours. Urgent

appointments are available daily. Telephone consultations are also available and home visits for patients who are unable to attend the surgery. The out of hours service is provided by 'Badger' and the NHS 111 service, information about this is available on the practice website.

The practice is part of NHS Solihull Clinical Commissioning Group (CCG) which has 38 member practices. The CCG serve communities across the borough, covering a population of approximately 238,000 people. (A CCG is an NHS Organisation that brings together local GPs and experienced health care professionals to commission healthcare services for the local populations).

## Why we carried out this inspection

We undertook a comprehensive inspection of St Margarets Medical Practice on 14 June 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. We undertook a focused desk based review of this service on 20 December 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This review was carried out to assess 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 desk based review on 20 December 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

At our previous inspection on 14 June 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of acting on identified risks, risk assessments in the absence of up to date Disclosure and Barring Service checks, immunisation status for staff and chaperone procedures were not adequate.

We saw evidence that these arrangements had improved when we undertook a desk based review on 20 December 2016. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

When we inspected the practice during June 2016 we found that the practice had not formally assessed the risks in the absence of disclosure and barring (DBS) checks for non-clinical members of staff that chaperoned. (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). As part of our desk based review the practice shared records to demonstrate that DBS checks

had since been completed for all non-clinical members of staff who chaperoned. We saw confirmation to demonstrate that all staff had completed relevant training for chaperoning in August 2016.

At the previous inspection we found gaps in the recruitment checks prior to employment, with no risk assessments in place in the absence of DBS checks for the practice nurse and health care assistant. Evidence provided by the practice confirmed this has been acted on and the recruitment procedures have been amended to ensure all the necessary checks are completed for any new member of staff commencing at the practice.

All staff had completed an occupational health vaccination and immunisation risk assessment form. Staff had been assessed by the occupational health department and offered vaccinations based on guidelines for staff working in general practice. An up to date list of staff and their immunisation status was now in place and copies of vaccination certificates had been stored on the employment record of each member of staff.

We saw records to demonstrate that electrical wiring checks had been completed in response to a fire risk assessment undertaken in July 2015.

# Are services well-led?

Good 

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

## Our findings

At our previous inspection on 14 June 2016, we rated the practice as requires improvement for providing well-led services as the practice had not acted on identified risks and had no formal process in place to communicate with staff. The practice had made significant improvements when we undertook a desk based review of the service on 20 December 2016. The practice is now rated as good for being well-led.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care and the practice had introduced effective systems to monitor the premises and act on risks identified. We saw evidence at the desk based review in December 2016 that electrical wiring checks identified at the fire risk assessment in June 2015 had been completed and a

process had been put in place to ensure yearly assessments were carried out. A further risk assessment had been done in July 2016 and the practice confirmed that no issues had been identified.

### Leadership and culture

The practice had reviewed its communication process with staff and had introduced a schedule of formal meetings. This included administration meetings every two months. We saw evidence to confirm the first meeting had been held in November 2016 and the second one was planned for January 2017. Staff also had the opportunity to attend the monthly multi-disciplinary team meeting with the GPs, nurses and community nursing teams. The practice continued to use the messaging system on the computer to keep staff up to date of the latest news. There was an open door policy in place for staff should they wish to speak to the manager.