

Tettenhall Medical Practice

Quality Report

Lower Green Health
Lower Green
Tettenhall
Wolverhampton
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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 previously carried out an announced comprehensive inspection at Tettenhall Medical practice on 9 May 2017. The overall rating for the practice was requires improvement for providing safe and well-led services. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tettenhall Medical Practice on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 20 December 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 at our previous inspection on 9 May 2017.

Care and treatment was not being provided in a safe way to patients in particular:

- Evidence that national guidelines for children who do not attend for hospital events were followed at all times was not available.
- Systems were not in place for the proper and safe management of medicines to ensure the safe management of high risk medicines; blank computer prescription forms and Patient Group Directions (PGDs).

- The minutes of meetings were not sufficiently detailed to demonstrate that any changes made following significant events were appropriate and prevented further occurrences.

Overall the practice is now rated as **Good**.

Our key findings were as follows:

- Effective systems had been introduced to monitor and follow up children who did not attend for hospital events.
- Employment checks had been followed up and completed for all staff employed and the required information was available in staff files.
- Staff training needs had been reviewed to ensure all staff had received up to date training related to health and safety such as fire safety and infection control.
- Systems were put in place for the proper and safe management of medicines.
- Patient Group Directions (PGDs) were updated at the time of the inspection and confirmation received that all were signed by a GP and the practice nurses.
- Formal systems were implemented for monitoring the security of blank computer prescription forms.
- The documentation of significant events in minutes of meetings had improved.

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

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

Tettenhall Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Tettenhall Medical Practice

Tettenhall Medical Practice is registered with the Care Quality Commission (CQC) as a partnership and provides services over two sites within the Wolverhampton area. The main practice is based at Lower Green Health Centre and the branch is located at Wood Road Health Centre. For this inspection a visit was made to the main practice site. The practice and branch have good transport links for patients. The practice is a single storey building providing level access for patients and all areas are easily accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The practice has a General Medical Services contract with NHS England to provide medical services to approximately 12,000 patients over the two sites. It provides Directed Enhanced Services, such as childhood vaccinations and immunisations, minor surgery and extended hours.

The practice team consists of five GP partners, four male and one female. All the GPs work nine sessions each per week. Other clinical staff include three practice nurses, one works full time and the other two part time and a health care assistant works part time. Clinical staff are supported by a practice manager, an assistant practice manager and 17 administration / receptionist staff. In total there are 28

staff employed either full or part time hours to meet the needs of patients across both sites. The practice also uses a regular female locum GP to support the practice and meet the needs of patients when the female GP is on holiday.

The main practice, Tettenhall Medical Practice is open Monday 8am to 8pm and Tuesday to Friday between 8am and 6.30pm. The branch is open Monday, Tuesday and Thursday 8am to 6.30pm and Wednesday and Friday 8am to 1pm. Appointments at the main practice are offered Monday to Friday 8.30am to 10.30am, 3.30pm to 7.30pm Monday and 3.30pm to 5.30pm Tuesday to Friday. Appointments at the branch site are available between 8.30am to 10.30am Monday to Friday and 3.30pm to 5.30pm Monday, Tuesday and Thursday. The branch practice is closed Wednesday and Friday afternoons. The practice offers pre-booked extended hours appointments on Monday Evenings at the main practice. 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.

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

Why we carried out this inspection

We undertook a comprehensive inspection of Tettenhall Medical Practice on 9 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe and well-led services.

Detailed findings

The full comprehensive report following the inspection on 9 May 2017 can be found by selecting the 'all reports' link for Tettenhall Medical Practice on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Tettenhall Medical Practice on 20 December 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.

Are services safe?

Our findings

At our previous inspection on 9 May 2017, we rated the practice as requires improvement for providing safe services. This was because:

Care and treatment was not being provided in a safe way to patients in particular:

- Evidence that national guidelines for children who do not attend for hospital events were followed at all times was not available.
- Systems were not in place for the proper and safe management of medicines to ensure the safe management of high risk medicines; blank computer prescription forms and Patient Group Directions (PGDs).
- The minutes of meetings were not sufficiently detailed to demonstrate that any changes made following significant events were appropriate and prevented further occurrences.

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

Safety systems and processes

Appropriate arrangements were in place for the proper and safe management:

- At the last inspection the practice had not ensured national guidelines for children who did not attend for hospital events were followed. At this inspection we saw that systems to check that all children who did not attend hospital events were reviewed and followed up had been implemented. We saw that a protocol provided staff with guidance on the action to be taken to monitor and review these children. A monthly audit was carried out by the practice manager / assistant practice manager to ensure the GPs were aware of children who had not attended hospital events and had taken the required action. Records we looked at showed that the policy had been adhered to by staff and all children had been followed up and referred to the relevant professionals where appropriate.
- Systems were in place to ensure medicine related safety alerts received from the Medicines and Healthcare

products Regulatory Agency (MHRA) were acted on. For example, specifically designed leaflets were issued to women following a MHRA alert for a medication to control epilepsy not to be used in pregnancy.

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Safe and appropriate use of medicines

- At the last inspection the practice did not have systems in place for the safe management of high risk medicines. We found at this inspection that improvements had been made. All patients prescribed high risk medicines had been identified and their treatment effectively managed. Protocols had been developed to support the effective management of high risk medicines.
- The practice had reviewed the security of blank computer prescription forms. A formal system had been put in place following the last inspection to ensure that all prescription forms were securely stored when the practice was closed.
- Patient Group Directions Patient Group Directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. At the last inspection we found that they had not all been signed. At this inspection we found that this was still the case. This was addressed on the day of the inspection and confirmation forwarded to us following the inspection to confirm that systems had been put in place to ensure the signing of PGDs would be routinely carried out and monitored.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- At the inspection in May 2017 we found that the practice had not ensured that the minutes of meetings were sufficiently detailed to demonstrate that any changes made following significant events were appropriate and prevented further occurrences. At this inspection we found that improvements had been made.
- There was a system for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near

Are services safe?

misses and felt supported by the management team to do so. We spoke with members of staff who could clearly describe the procedures they followed to report significant events. 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). Most records contained sufficient detailed records of the events that had occurred.

- Records we looked at showed that four significant events had occurred since the last inspection. The practice could evidence a safe track record over time. We reviewed records of events that had occurred during the last 12 months. The records showed that significant events had been shared at practice meetings and also with individual staff and other agencies where appropriate. An example included the follow up of a patient who had a fall in the grounds of the practice. This incident was followed up by the practice and other stakeholders involved.

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 9 May 2017, we rated the practice as requires improvement for providing well-led services. This was because:

Care and treatment was not being provided in a safe way to patients in particular:

- A consistent method of providing appraisals to all staff employed at the practice was not in place.
- Employment checks were not completed for all staff employed and the required information in respect of persons employed by the practice was not held.
- The practice had not ensured that all staff had received training related to health and safety.

We issued a requirement notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 20 December 2017. The practice is now rated as good for providing well-led services.

Managing risks, issues and performance

- At the last inspection information available showed that most staff had last received an appraisal in 2014 and 2015. At this inspection staff records we looked at showed that all five staff had received an annual appraisal and development plans were in place.
- At the inspection in May 2017 we found that not all recruitment checks had been undertaken prior to

employment. For example, files did not contain evidence of employment history and some of the files did not contain references. We reviewed the personnel files for five staff. We found the files had been updated and contained evidence of qualifications and current registration with the appropriate professional body had been confirmed. We found that checks had been completed through the Disclosure and Barring Service (DBS) for four of the five staff. This was for clinical staff who should have a DBS check carried out because of their direct contact with all patients. (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). Following the inspection the check was carried out and evidence that this had been completed was provided by the practice.

- At the inspection in May 2017 we found that there were gaps in staff files and training records to confirm that all staff had completed training requirements. Records we looked at showed that not all staff had received ongoing and up to date training in areas such as safeguarding, infection control, mental capacity and information governance. At this inspection we found that staff training requirements had been reviewed and the practice had ensured that training needs had been met and completed by staff. A training matrix, staff files and conversations with staff confirmed this.