

# Quinton Practice

## 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 of Quinton Practice on 6 July 2016. The overall rating for the practice was good with requires improvement for providing a safe service. The full comprehensive report on the 6 July 2016 inspection can be found by selecting the 'all reports' link for Quinton Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 17 July 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations identified at our previous inspection on 6 July 2016. This report covers our findings in relation to those requirements.

#### Our key findings were as follows:

- Discussion and learning outcomes from significant events were seen to have been shared with the wider practice team.

- Risks had been identified and assessments carried out to minimise and mitigate the risks to the health, safety and welfare of service users and staff.
- All staff had received a criminal record check through the disclosure and barring system (DBS).
- Systems had been implemented to track the use and manage the non-collection of prescriptions.

Further improvements included:

- The practice had taken steps to proactively identify more patients who also acted as carers.
- A poster had been placed by the reception desk to inform patients that a translation service was available.
- Staffing levels had been increased with the addition of a healthcare assistant and a receptionist.

### 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 was a system in place for reporting and recording significant events. Discussion and follow up monitoring to promote safety was evident through minutes of meetings held with all staff.
- The practice had completed appropriate criminal record checks for all staff.
- The practice had made the required improvements to its health and safety policy and procedures.
- The practice had implemented a system to track the use of prescriptions and a process to manage non-collected prescriptions.
- Infection prevention control (IPC) training had been completed by staff and this included role specific training for the IPC lead.

# Quinton Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

## Background to Quinton Practice

Quinton Practice is registered with the Care Quality Commission (CQC) as a GP partnership provider in Great Wyrley, Cannock. 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 area is one of lower deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had 5,390 patients. The practice merged with another local GP practice based in the same building on 1 April 2016. This increased the patient list size by approximately 1,900 patients.

The practice staffing comprises of:

- Three GP partners (two male and one female).
- One practice nurse.
- A Healthcare assistant
- A practice manager, senior administrator and reception staff.

The practice is open between 8am and 6.30pm Monday to Thursday, and between 7am and 1pm on Friday. Appointments are available from 9am until 11.20am and 2pm until 5.50pm Monday to Thursday and 7am until 11am

on Fridays. Nurse appointments are available between 8.30am and 12.30pm Monday to Thursday, 2pm and 6pm Monday, Tuesday and Thursday and between 7am and 11am on Friday. Extended consultation hours are offered on Friday mornings between 7am and 8am. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care via NHS 111.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Quinton Practice on 6 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement in providing a safe service. The full comprehensive report following the inspection on 6 July 2016 can be found by selecting the 'all reports' link for Quinton Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Quinton Practice on 17 July 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 meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection we reviewed a range of information we held about the practice.

During our inspection we:

## Detailed findings

- Spoke with the practice manager.
- Checked documents that contained records of safety checks carried out.
- Checked personnel records.
- Reviewed minutes of meetings.

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 6 July 2016, we rated the practice as requires improvement for providing safe services. This was because:

- Significant events, although discussed, had not always been shared with the wider practice team.
- Staff who acted as chaperones had not always had a criminal record check through the disclosure and barring system (DBS) and had not been risk assessed.
- The provider had not carried out risk assessments for the areas of the building used by the practice.

We issued a requirement notice in respect of the procedures to monitor, minimise and mitigate the risks to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activities. We found arrangements had significantly improved when we undertook a follow up inspection of the service on 17 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

At the July 2016 inspection we found that significant events were recorded but not reviewed and shared with the wider practice team. The practice had significant events as a standing agenda item for practice meetings but the minutes did not include details of the discussion and lessons learnt. The provider had reviewed and improved the process for managing significant events. Reviews of individual events had been recorded on a shared electronic drive accessible by all staff. However, the provider found that although staff had access, not all were using the facility. The procedure was changed to include details of the discussion and learning outcomes from significant events within the minutes of the practice meetings (held quarterly). There had been seven events recorded since the July 2016 inspection, each had been included in the

minutes of practice meetings. We saw that a summary of discussions held and learning outcomes were included in the minutes. The minutes had been signed as read by all staff.

The provider had revised its policy for carrying out DBS checks on non-clinical staff. The revised policy stated that all staff should be checked. On this inspection, we checked the personnel records of all five reception staff and found that a DBS check had been carried out on each individual.

Health and safety improvements had been made to meet the requirement notice. The provider had implemented a risk log that was reviewed six monthly. Each room was assessed for risks and this included the shared areas within the building (entrance hall and patient waiting area). The provider had initiated checks being carried out by the landlord and kept their own records. For example, the fire alarms were tested weekly, the emergency lighting was tested monthly and the cladding of the building had been checked by the fire officer. When risks had been identified, appropriate action was seen to have been taken. For example, the automatic entrance door did not have safety rails and this had been reported to the landlord and followed up to find that the work had been planned.

Training records evidenced that all staff had completed online training in infection prevention and control (IPC). There was an appointed IPC lead and role specific training had been completed by this individual.

A system had been implemented to track the use of blank prescriptions to minimise the risk of fraud. We viewed records that showed blank prescriptions were issued by clinician and the serial numbers recorded. We were told that each clinician would secure unused prescriptions at the end of each day. There was a process for managing any non-collected prescriptions. A monthly check was carried out and the patient contacted for any non-collected prescriptions. When confirmation was gained that the item or items were no longer required, or if the patient could not be contacted, the prescription was destroyed and recorded on the patient's records.