

Anchor Medical Practice

Inspection report

Netherton Health Centre
Halesowen Road, Netherton
Dudley
DY2 9PU
Tel: 01384884030

Date of inspection visit: 4 October 2023

Date of publication: 30/10/2023

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 to people's needs?

Good



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Anchor Medical Centre on 4 October 2023. Overall, the practice is rated as requires improvement.

Safe – requires improvement

Effective - good

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 13 January 2015, the practice was rated good overall and for all key questions. The full reports for previous inspections can be found by selecting the ‘all reports’ link for Anchor Medical Centre on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

This was a comprehensive inspection to review the following domains:

- Safe
- Effective
- Caring
- Responsive
- Well-led

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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 found that:

- There was safeguarding processes to keep people safe and safeguarded from abuse, however not all staff were trained to the appropriate levels for their role.
- There was an absence of appropriate staff recruitment checks to ensure safety and checks of staff immunisation status or appropriate risk assessments had not been completed for all staff.
- Patients' needs were assessed and care and treatment was delivered in line with current standards and evidence-based guidance.
- The practice learned from incidents, events and complaints and ensured learning was shared amongst the staff team.
- We found the premises were well maintained, appeared clean and tidy and had appropriate infection prevention and control arrangements in place.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- There were governance systems in place, however they did not always work effectively, in particular the oversight of recruitment checks for staff employed.
- There was evidence to demonstrate that the practice involved patients, staff or stakeholders in shaping the service.
- The practice culture supported high quality sustainable care.

We found a breach of regulation. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.

Whilst we found a breach of regulation, the provider **should**:

- Take action to complete mandatory training for staff employed at the practice.
- Take action to ensure staff are trained to the appropriate safeguarding levels.
- Take action to complete sepsis training.
- Take action to complete a risk assessment in line with health and safety.
- Take action to complete audits for non-medical prescribers.
- Take action to increase the uptake of carers registered at the practice.
- Take action to review the coding of patients with a misdiagnosis.

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a second inspector. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Anchor Medical Practice

Anchor Medical Centre is located in Netherton:

Netherton Health Centre
Halesowen Road, Netherton
Dudley
DY2 9PU

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 and surgical procedures.

The practice is situated within the Black Country Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 8,090. This is part of a contract held with NHS England.

Information published by Public Health England shows that deprivation within the practice population group is ranked as level 3, with one being the most deprived and 10 being the least deprived. According to the latest available data, the ethnic make-up of the practice area is 85% White, 15% Black, Asian, Mixed and Other.

The practice is run by two GP partners (male) and the clinical team includes an advanced nurse practitioner, two practice nurses and two health care assistants. The clinicians are supported by a practice manager, an office manager, an IT lead and a team of reception/administration staff.

The practice is open between 8.30am to 6.30pm Monday, Wednesday, Thursday and Friday and from 8.30am until 8pm on Tuesdays. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Evening appointments are available as part of the primary care network. Out of hours services are provided by NHS111.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment and others. In particular:</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider was not able to evidence Disclosure and Barring Checks (DBS) were in place for all staff. Risk assessments had not been completed to determine the frequency of when Disclosure and Barring Service (DBS) checks should be repeated and for staff that were awaiting the result of their DBS check.• The provider did not have a system in place to safely manage staff immunisations and certified immunity and risk assessments had not been completed for staff that had not received vaccinations in line with UK Health and Security Agency guidance or for clinical staff that had not acquired immunity to hepatitis B following immunisation. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>