

Walsall Wood Health Centre

Inspection report

77 Lichfield Road
Walsall Wood
Walsall
WS9 9NP
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www.walsallwoodhealthcentre.nhs.uk

Date of inspection visit: 2 September 2022
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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 location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Inadequate	

Overall summary

We carried out an announced comprehensive inspection at Walsall Wood Health Centre on 2 September 2022. Overall, the practice is rated as Requires Improvement.

Safe - Requires improvement

Effective - Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Inadequate

Why we carried out this inspection

We carried out this inspection to as this was a new registration with the CQC.

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:

- 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:

- The practice was unable to demonstrate effective leadership. The lack of adequate processes were putting patients at risk and the provider did not have the capability to lead effectively and drive improvement.
- The governance processes were ineffective to manage risk. For example: we found some patient safety alerts had not been acted on and the process for recording and acting on significant events needed strengthening to ensure learning was shared to mitigate future risk.
- On reviewing the clinical records of patients we found no evidence to demonstrate that appropriate reviews had been completed before medicines were prescribed.

Overall summary

- There were limited emergency medicines available and no risk assessments had been completed in the absence of emergency medicines to determine the level of risk when responding to an emergency situation.
- Infection prevention and control audit had identified improvements that need to be acted on, however, the practice was unable to provide a plan to demonstrate these actions were being addressed.
- On reviewing a sample of staff files, we found limited records of the recommended immunisations required for staff and no risk assessments had been carried out to identify potential risks to patients and staff.
- Recruitment processes were ineffective, and the practice was unable to demonstrate that staff had the appropriate skills and knowledge to carry out their roles. We found limited evidence to show staff received regular reviews and appraisals.
- On reviewing the appointment system, we found the GP did not undertake afternoon clinics twice a week. This was not detailed on the practice website. We were unable to gain assurances that in his absence there was sufficient clinical cover to provide care to patients.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

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 Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

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

Background to Walsall Wood Health Centre

Walsall Wood Health Centre is located in Walsall at:

77 Lichfield Road

Walsall Wood

Walsall

WS9 9NP

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice is commissioned by NHS Black Country Integrated Care Board (ICB) which is situated within the Black Country Integrated Care System (ICS) and delivers General Medical Services (GMS) to a population of about 1800. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices.

Information published by Public Health England shows that deprivation within the practice population group is in the fourth lowest decile (four of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 94.6% White 2.8% Asian, 1.6% Mixed and 1% Black.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is one Principal GP who is supported by an Advanced Nurse Prescriber and a Practice Nurse. One of the reception staff has recently been trained in the role of a Health Care Assistant. The nurses provide nurse led clinics for long-term condition. The GP is supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight.

The practice is open between 8am to 6.30pm Monday, Wednesday and Friday and is open until 7pm on Tuesday and Thursday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by WALDOC, where late evening and weekend appointments are available. Out of hours services are provided by NHS111, however we found no evidence to demonstrate that in the absence of the GP three afternoons a week, clinical provision had been arranged.

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 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

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- There were no risk assessments available to demonstrate all risks had been reviewed in the absence of recommended emergency medicines.
- Medication reviews were not being completed and reviewed regularly before prescriptions were issued.
- The provider was unable to demonstrate that the relevant Patient Safety Alerts were acted on appropriately.

This was in breach of Regulation 12(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

- The provider was unable to demonstrate that there was a comprehensive risk assessment process in place. Actions identified had not been acted on.
- The provider was unable to demonstrate effective leadership to ensure governance processes were monitored and updated regularly.
- The provider was unable to demonstrate systems and processes were in place to assess, monitor and improve the quality of services provided.

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

- There was no effective process in place to ensure all staff had the appropriate recruitment checks in place.
- There was no evidence to demonstrate that all staff had been offered staff vaccinations in line with UK Health and Security Agency (UKHSA) guidance or carried out a risk assessment on staff members who wished to decline the offer in order to mitigate risk

This was in breach of Regulation 18(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.