

# Alderwood Medical 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?

Requires improvement



# Summary of findings

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## Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Alderwood Medical Practice, previously registered as Dr A Verma & Dr TM Campbell, on 12 January 2017. The overall rating for the practice was Good with Requires Improvement for providing safe services. The full comprehensive report on the 12 January 2017 inspection can be found by selecting the 'all reports' link for Alderwood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 31 January 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breach in regulations that we identified in our previous inspection on 12 January 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

At this inspection we found that the practice had not addressed all of the concerns previously identified and therefore continues to be rated as Requires Improvement for providing safe services.

Our key findings were as follows:

- There were systems in place to mitigate risks to patients prescribed high risk medicines.
- Health and safety policies and protocols to identify, assess and minimise risk to patients and staff had been developed but required further improvement.

- The process for documenting the action taken in response to external alerts that may affect patient safety had improved.
- The healthcare assistant was now working under patient specific directions, a written instruction signed by a prescriber for medicines to be administered to a named patient after the prescriber has assessed the patient on an individual basis.
- The practice had reviewed and updated their policy for the safeguarding of vulnerable adults but this required additional information.
- The practice had implemented processes to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of their role.
- An effective prescription tracking system to had been implemented to help minimise the risk of fraud.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure care and treatment is provided in a safe way to patients. In particular, review and complete a formal risk assessment to demonstrate how risks to

# Summary of findings

patients will be mitigated in the absence of suggested emergency medicines held at the practice and further develop the health and safety risk assessments.

The provider should:

- Date all policies to ensure they are reviewed and updated within an appropriate time frame.
- Review and update the practice's safeguarding vulnerable adult's policy to reflect the latest guidance.

- Document actions taken in response to external medicine safety alerts and ensure they are fully documented in patients' records.
- Submit an application to CQC in relation to the change in GP partnership.

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

# Alderwood 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.

## Background to Alderwood Medical Practice

Alderwood Medical Practice is registered with the Care Quality Commission (CQC) as a partnership GP provider operating a GP practice in Cannock, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group and 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 operates from Longford Road, Cannock, Staffordshire, WS11 1QN and provides regulated activities from this location only. Since the last inspection the name of the service provider has changed from Dr A Verma & Dr T M Campbell to Alderwood Medical Practice following Dr Verma's retirement in 2014 and a practice merger with Bideford Way in 2015 forming Alderwood Medical Practice. An application has yet to be submitted to CQC in relation to the change in GP partnership.

The practice area is one of lower overall deprivation when compared with the national averages. At the time of the inspection the practice had 6,414 registered patients. The practice age distribution is similar to the Clinical Commissioning Group and national averages. The

percentage of patients with a long-standing health condition is 59% compared with the CCG average of 57% and the national averages of 54%. The patient population is mainly White British.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are usually provided between 8.10am and 12.30pm and between 1.30pm and 5.50pm Monday to Friday. The appointment system is a book on the day system and there are a limited number of appointments with GPs and nurses that can be booked up to three weeks in advance. Patients who require ongoing monitoring are given advance appointments authorised by a clinician.

The practice staffing consists of:

- Four GP partners
- An advanced nurse practitioner
- A practice nurse
- A health care assistant
- A practice manager
- A team of eight administrative and reception staff

The practice does not provide an out-of-hours service to their own patients but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed via the 111 service.

The practice provides a range of services. For example long term condition management including asthma, diabetes and high blood pressure, child health development checks, immunisations and NHS health checks.

The practice is an accredited centre in Staffordshire for patients within the county who have been classed as violent.

# Detailed findings

Further details about the practice can be found by accessing the practice's website at [www.alderwoodmedicalpractice.co.uk](http://www.alderwoodmedicalpractice.co.uk)

## Why we carried out this inspection

We undertook a comprehensive inspection of Alderwood Medical Practice on 12 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as Good with

requiring improvement in providing safe services. The full comprehensive report following the inspection on 12 January 2017 can be found by selecting the 'all reports' link for Alderwood Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Alderwood Medical Practice on 31 January 2018. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm whether the practice had implemented the required improvements.

# Are services safe?

## Our findings

At our previous inspection on 12 January 2017, we rated the practice as requires improvement for providing safe services. This was because:

- Systems to mitigate risks to patients who took high risk medicines were in place but not fully effective.
- The process for documenting the action taken in response to external alerts that may affect patient safety was not effective.
- Health and safety arrangements to minimise risk to patients and staff did not cover all areas of the practice and there was no appointed lead.
- A health care assistant had been trained to administer vaccines and medicines but there was no advance patient specific direction from a prescriber.
- Prescription pads and forms were stored securely but there was no effective system to monitor their use.
- The practice did not have a policy in place for the safeguarding of vulnerable adults.
- The practice had not implemented processes to demonstrate that the physical and mental health of newly appointed staff had been considered to ensure they were suitable to carry out the requirements of their role.

Not all of these arrangements had seen sufficient improvement when we undertook a follow up inspection on 31 January 2018. Therefore, the practice continues to be rated as requires improvement for providing safe services.

### Safety systems and processes

- Staff we spoke with confirmed they had received safeguarding training, knew how to identify and report safeguarding concerns and most were aware of the designated safeguarding lead for the practice. We saw contact details for external safeguarding agencies were accessible for staff. We saw staff now had access to the safeguarding of vulnerable adults policy and this was available on the practice computer system, in addition to a hard copy held in a policies and procedures file.

However, the vulnerable adults safeguarding policy did not reflect updated categories or definitions of the types of abuse such as modern slavery or female genital mutilation (FGM).

- We reviewed the recruitment file for the most recently appointed member of staff. We saw the practice had developed and implemented a confidential medical questionnaire relating to any physical or mental health condition that new staff completed to confirm they were suitable to carry out the requirements of their role.
- Discussions held and a review of records showed the practice had implemented a formal system for a prescriber to authorise the healthcare assistant to administer specific vaccinations under a patient specific direction (PSD). The practice had developed a PSD template for use in patients receiving influenza and B12 vaccinations and these were signed and dated by a GP in advance of any immunisation being administered. The healthcare assistant confirmed that they had received training to administer vaccines and medicines appropriate to their role.

### Track record on safety

- Since the last inspection the practice had reviewed and developed a range of risk assessments to monitor the safety of the premises. The practice had obtained a risk assessment toolkit to record the findings of any risks identified and to detail the corrective measures and the timescales for implementing any changes, corrective or preventative measures. We saw these were accessible to staff and hard copies were maintained in a file. However, there was no definition of the severity of the risks identified and the control measures in place were limited in detail. The risk assessment for emergency care did not include the date of review and there was no risk assessment in place for moving and handling or for the loop cord window blinds. We saw a health and safety policy was in place but this was not dated. The practice manager and staff we spoke with told us that they had received on-line health and safety training within the last 18 months.
- Although a designated health and safety lead had been appointed, the name of the lead was not detailed on the health and safety poster displayed, but this was rectified at the time of the inspection.

### Safe and appropriate use of medicines

## Are services safe?

- At the previous inspection we saw the practice had a clear monitoring protocol in place that defined how and when computer searches of patients receiving high risk medicines should be carried out but we identified this did not govern practice. During the follow up inspection in January 2018 we saw one of the GPs had presented a module on prescribing high risk medicines during a partners' meeting held in September 2017. During the inspection we carried out a computer search and found patients prescribed a specific high risk medicine were now receiving appropriate monitoring before their medicines were prescribed. We saw alerts had been placed on the electronic records for patients prescribed high risk medicines and a note directing the clinician to an electronic requesting software system, if the result was not visible in the GP record. This system allowed GPs to view all results online, such as blood tests to ensure the patient has had the appropriate monitoring before prescribing their medicine. The practice had initiated a new text reminder system to ensure patients were reminded to attend for their blood tests. Of the patient records we reviewed, we saw one patient was overdue a blood test by one month and the practice had taken action and sent a written reminder.
- The practice had reviewed and improved their procedure for the monitoring of prescription stationary and ensured an audit trail was in now place to monitor the usage of controlled stationary.
- Emergency medicines were held to treat a range of sudden illnesses that may occur within a general practice and staff we spoke with knew of their location. At the previous inspection we found the practice did not have an anticonvulsant medicine (used to treat epilepsy) available. Following the inspection we saw the practice had considered obtaining this medicine during

a partners' meeting held in June 2017, and concluded that they had not previously encountered the need to use this medicine. However, a risk assessment to demonstrate how risks to patients would be mitigated in the absence of this medicine had not been completed. The range of suggested emergency medicines that GP practices need for use in acute situations was last updated in October 2017. The practice was not aware that additional medicines had been added and therefore had not obtained all of the suggested medicines to include a medicine used to treat croup in children and an anti-inflammatory medicine used for treating pain.

### Lessons learned and improvements made

- The practice had reviewed their system for acting on alerts that may affect patient safety, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). A safety alerts folder and written protocol had been developed in addition to a safety alert templates used when circulating incoming external alerts. We reviewed a selection of these and saw clinicians had signed and dated incoming alerts received and the templates detailed any required action. However, the templates did not include the completed action taken, by whom and were not signed or dated. The practice agreed to review this and include the additional information on the templates. We carried out a search on the practice clinical system in relation to alerts received and saw evidence that the practice had carried out a system search and had identified patients that may be affected by a particular medicine. The practice had taken action and had written to the patients identified outlining the possible risk. However, the action taken by the practice had not always been fully documented in patients' records.

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	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider was failing to ensure that care and treatment was provided in a safe way for patients. In particular:</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. In particular: The practice had not carried out a risk assessment to reflect the emergency medicines required in the practice for the range of treatments offered and the conditions treated or fully assessed the environmental risks or control measures.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>