

Dr Joseph Fowler

Inspection report

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Date of inspection visit: 10 October 2018
Date of publication: 14/11/2018

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

Good 

Are services safe?

Good 

Are services caring?

Good 

Overall summary

At our previous inspection on 22 November 2018, the overall rating for the practice was good with requires improvement for providing safe services. The full comprehensive report on the November 2018 inspection can be found by selecting the 'all reports' link for Dr Joseph Fowler on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 10 October 2018 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 in our previous inspection on 22 November 2018. This report covers our findings in relation to those requirements and any additional improvements made since our last inspection.

Overall the practice is now rated as good.

At this inspection we found:

- Systems were in place for the safe management of high risk medicines.
- A system to track blank prescription pads and forms used in printers throughout the practice had been introduced.
- The practice had introduced a consistent approach to the documentation of significant events so that the sequence of events, analysis, investigation, follow up and learning was clearly identified.
- The practice had reviewed its approach to identifying carers.
- The results of the July 2018 national GP patient survey showed that patients were very satisfied with the service they received from the practice. The practice had scored higher than the clinical commissioning group (CCG) averages in all questions.
- Reception staff had received varied training to ensure they were aware of 'red flag' sepsis symptoms that might be reported by patients and how they should respond.
- Appropriate systems in line with NICE guidance had been implemented for the assessment of patients with presumed sepsis.
- Despite patients' reluctance, the practice continued to actively encourage patients to form a patient participation group (PPG). The practice ensured that patients were kept up to date through other media which included detailed quarterly newsletters, posters and impromptu conversations in the waiting room.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection was carried out by a CQC inspector

Background to Dr Joseph Fowler

Dr. Joseph Fowler is registered with the Care Quality Commission as an individual GP provider. The practice is part of the NHS Wolverhampton Clinical Commissioning Group. 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.

The practice operates from 470 Stafford Road, Wolverhampton, WV10 6AR. The practice provides a number of clinics such as long-term condition management including asthma, diabetes and high blood pressure. It also offers child immunisations and travel health as well as minor surgery. Patients have access to a psychologist for counselling and support each Thursday following a GP referral.

The total practice patient population is approximately 1,996. The practice is in an area considered as a third most deprived when compared nationally. People living in more deprived areas tend to have greater need for health services. The practice has a higher proportion of patients aged 65 years and above (37.6%) than the expected England average (27%).

The clinical staff team currently comprises of a male full time GP working 10 sessions a week and an advanced nurse practitioner who works part time hours, equivalent to three sessions per week. Clinical staff are supported by a practice manager and three reception staff, employed either full or part time hours.

Dr Joseph Fowler practice opening times are Monday to Friday (except Tuesdays), 9am to 12.30pm and 5pm to 6.30pm. Tuesday opening times are 9am to 12.30pm and 4pm to 6.30pm. A GP telephone advice service is available each day after the morning surgery normally between 12.30pm and 2.30pm.

The practice does not provide an out-of-hours service to its own patients but has alternative arrangements for patients to be seen when the practice is closed through the NHS 111 telephone service where telephone calls are directed to Vocare, the out of hours service.

We undertook a comprehensive inspection of Dr Joseph Fowler on 22 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good overall with requires improvement for providing safe services. The full comprehensive report following the inspection on November 2018 can be found by selecting the 'all reports' link for Dr Joseph Fowler on our website at www.cqc.org.uk.

We undertook a follow up focused inspection of Dr Joseph Fowler on 10 October 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 that the practice was now meeting legal requirements.

Are services safe?

At our previous inspection we rated the practice as requires improvement for providing safe services.

This was because:

- Systems were not in place for the safe management of high risk medicines.
- Systems for tracking and ensuring the security of blank prescription pads and forms were not in place.
- The documentation of significant events did not clearly identify the sequence of events, analysis, investigation, follow up and learning.
- Reception staff were not up to date on 'red flag' sepsis symptoms that might be reported by patients and how they should respond.
- Systems in line with NICE guidance had not been implemented to support the appropriate assessment of patients with presumed sepsis.

These arrangements had improved when we undertook a follow up inspection on 10 October 2018.

The practice is now rated as good for providing safe services.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- At our previous inspection in November 2017 we saw that the practice had arrangements in place to manage emergencies. However, reception staff were not up to date on 'red flag' sepsis symptoms that might be reported by patients. At this inspection we found that staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. The advanced nurse practitioner had trained receptionists and administrative staff to recognise the symptoms of severe infection and knew when to alert medical staff when concerns were identified. Some staff had completed this training online. The practice manager had reviewed the practice policy and procedures for managing severe infections and all staff had access to these. Receptionists and administration staff had access to 'red flag' alerts, which included an awareness of sepsis symptoms that might be reported by patients and how they should respond. Patient information on sepsis was displayed and easily accessible to patients in consulting and waiting rooms.

- We also found at the inspection in November that systems in line with NICE guidance had not been implemented to support the appropriate assessment of patients with presumed sepsis. The GP and the advanced nurse practitioner were aware of the correspondence and guidance from NHS England that related to sepsis. At this inspection we found that systems had been put in place to ensure an appropriate assessment of patients with presumed sepsis could be completed in line with NICE guidance. For example, the practice patient information system showed alerts when certain information was entered to alert the GPs to consider sepsis. All staff were involved in discussions to ensure they were all aware of the systems in place to recognise and safely manage patients who may present with possible sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

We found that the practice staff had the information they needed to deliver safe care and treatment.

- At the inspection in November 2018 we found that effective systems for sharing information with the out of hours were not in place. The GP took immediate action to address this at the time of the inspection and following the inspection, we received information to confirm that this was now in place. At this inspection we were able to confirm that an active system was in place for sharing information with staff and other agencies.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling and disposal).
- At the inspection in November 2018 we found areas where the monitoring of high risk medicines was not fully effective. For example, we identified that 40 patients taking medicines to treat high blood pressure and/or heart failure had no recorded hospital test results. At this inspection the GP and advanced nurse practitioner had taken action to address this. The medicine review policy was updated to include details of a monthly audit of patients taking high risk medicines

Are services safe?

and those on repeat prescriptions. We saw the policy and copies of the audits to confirm this. The GP had ensured that the hospital results portal was accessible so that patient blood tests results could be easily obtained and updated patients records with results available.

- At the inspection in November, we found that the practice could not confirm that the computer prescription forms were appropriately secured during the evening and at night when the practice was closed. At this inspection we saw that a complete review had been carried out. Arrangements had been put in place to confirm blank prescription forms and pads were securely stored in a lockable cupboard and there were written records in place to monitor their use.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- At the inspection in November 2017 we found that the documenting of significant events had improved but some gaps remained. At this inspection we saw that the documentation had improved and contained more detailed information. The practice showed us evidence of a completed form which contained an in-depth analysis of a previous event that had occurred.
- There were adequate systems for reviewing and investigating when things went wrong. The practice had not identified any significant events since the inspection in November 2017. However, we saw there were appropriate arrangements in place to ensure the practice learned and shared lessons, identified themes and acted to improve safety at the practice.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. The GP was responsible for disseminating safety alerts and there were systems in place to ensure they were acted on.

Are services caring?

At our previous inspection we rated the practice, and all of the population groups, as good for caring.

At this inspection the practice remained rated as good.

- Results from the July 2018 national GP patient survey showed that the practice had scored higher than the clinical commissioning group (CCG) averages in all questions.
- We found that the practice had improved the number of carers identified.

Kindness, respect and compassion

Results from the July 2018 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. A total of 295 surveys were sent out and 97 were returned. This represented about 5% of the practice population. The practice had scored higher than the clinical commissioning group (CCG) averages in all questions. For example:

- 100% of patients who responded said they had confidence and trust in the healthcare professional they saw or spoke to during their last GP appointment compared with the CCG average of 93% and the national average of 96%.
- 96% of patients who responded said the healthcare professional they saw during their last GP appointment was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 96% of patients who responded said the healthcare professional they saw during their last GP appointment gave them enough time compared with the CCG average of 83% and the national average of 87%.
- 96% of patients who responded said the healthcare professional they saw or spoke to during their last GP appointment was good at treating them with care and concern compared with the CCG average of 83% and the national average of 87%.

- 99% of patients who responded said they found the receptionists at the practice helpful compared with the CCG average of 87% and national average of 90%.
- 98% of patients who responded described their overall experience of the practice as good compared with the CCG average of 79% and national average of 84%.

Involvement in decisions about care and treatment

At the inspection in November 2017, we found that the practice held a register of 18 patients who were carers (0.9% of the practice list). At this inspection we found the practice had reviewed its approach to identifying carers. The number of patients who were carers had increased to 28 (approximately 1.5% of the practice list).

- Patients were routinely asked at registration if they had any caring responsibilities or were being cared for. The computer system alerted staff if a patient also had caring responsibilities. Reception staff ensured that patient records were updated with any changes. Notices in the patient waiting room and on the practice website signposted patients and their carers to support services available to them. Carers were provided with relevant information on the support available to them and the person they cared for. Staff helped patients and their carers access community and advocacy services.
- Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages:
- 99% of patients who responded said were involved as much as they wanted to be in decisions about their care and treatment during their last appointment at the GP practice compared to the CCG average of 90% and the national average of 93%.
- 98% of patients who responded said their needs were met during their last appointment at the GP practice compared to the CCG average of 93% and the national average of 95%.