

# Tri-Links 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?

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 Tri Links Medical Centre on 27 July 2016. The overall rating for the practice was good with requires improvement for providing a safe service. The full comprehensive report on the 27 July 2016 inspection can be found by selecting the 'all reports' link for Tri Links Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 6 and 14 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 27 July 2016. This report covers our findings in relation to those requirements.

#### Our key findings were as follows:

- Appropriate recruitment checks were completed on all staff employed including locum staff.
- A system had been implemented to ensure alerts were communicated to appropriate staff and appropriate actions taken.

- Learning outcomes from significant events were seen to have been shared with the wider practice team.
- The emergency medicines held at the practice had been risk assessed.
- The business continuity plan was kept off site so that access was possible should access to the building be restricted.

Further improvements included:

- Appropriate training and annual appraisals were provided for all staff.
- The provider had implemented procedures aimed at improving the uptake rates of cancer screening.
- The practice had taken steps to proactively identify more patients who also acted as carers.
- The complaints procedure had been revised to advise patients of their options should they not be satisfied with the response from the practice.

### 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.

- There was a system in place for reporting and recording significant events. Follow up monitoring to promote safety was evident through minutes of meetings held with all staff.
- The provider had an effective system to receive and act on alerts.
- The practice had completed appropriate recruitment checks for permanent staff and locum clinicians prior to employment and held proof of registration with professional bodies when required.
- The practice had suitable equipment and medicines to respond to an emergency and had risk assessed medicines required to be held at the practice to deal with an emergency.
- Copies of the practice business continuity plan were kept off site should they be required due to restricted access to the building.

Good



# Tri-Links Medical 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 Tri-Links Medical Practice

Tri Links Medical Centre is registered with the Care Quality Commission as a two partner provider. The provider holds a General Medical Services (GMS) contract with NHS England, an agreement for the practice to deliver General Medical Services to the local community or communities. At the time of our inspection 6,162 patients were registered at the practice. The practice has a lower proportion of patients aged 65 years and over when compared with the practice average across the Clinical Commissioning Group (CCG) and nationally. For example, the percentage of patients aged 65 and above at the practice is 8%; the local CCG practice average is 21% and the national practice average, 17%. The practice population has a higher percentage of patients aged 18 years and under. The percentage of patients aged 18 years and under at the practice is 27%; the local CCG practice average is 20% and the national practice average 21%.

Tri Links Medical Centre has three sites on the outskirts of Tamworth in Amington, Belgrave and Wilnecote. As well as range of primary medical services, the practice provides additional services including:

- Childhood vaccination and immunisation.
- Venepuncture (blood sample taking).
- Minor surgery and procedures.

The buildings at Amington and Belgrave are purpose built and owned by the GP partners. The premises at Wilnecote is owned by NHS Properties and shared with another GP practice and members of the community health team including health visitors and community nurses.

The sites open each weekday from 8am to 6.30pm. Extended hours are provided between 6.30pm and 8pm on a Tuesday at the Amington branch. The practice has opted out of providing cover to patients outside of normal working hours. The Belgrave site closes on a Thursday but patients are able to visit alternative sites. The out-of-hours services are provided by Staffordshire Doctors Urgent Care.

Staffing at the practice includes five GPs (two male, three female), a part time clinical pharmacist and two practice nurses (equivalent to 1.8 whole time equivalent). The practice administration team includes a practice manager, a practice administrator and six reception/administration staff. There are 15 staff in total, working a mixture of full and part time hours equivalent to three point one whole time equivalent GPs and four point five whole time equivalent reception/administration staff.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Tri Links Medical Centre on 27 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 27 July 2016 can be found by selecting the 'all reports' link for Tri Links Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Tri Links Medical Centre on 6 and 14 July 2017. This inspection was

# Detailed findings

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:

- Spoke with a GP partner, the practice pharmacist and the practice manager.
- Reviewed samples of the personal care or treatment records of patients.
- Checked documents that contained records of safety checks carried out.

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

- Appropriate recruitment checks had not been completed on all staff employed including locum staff.
- There was no systematic approach to ensure alerts were communicated to appropriate staff and appropriate actions taken.
- Significant events, although discussed, had not always been acted on to minimise the risk of reoccurrence.
- The provider had not risk assessed the requirements for emergency medicines held at the practice.
- The only copy of the business continuity plan was kept in the building and could have been inaccessible should access to the building be restricted.

We issued two requirement notices in respect of the procedure for responding to patient safety alerts and for the employment checks that were not consistently applied in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found arrangements had significantly improved when we undertook a follow up inspection of the service on 6 and 14 July 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and processes

During the July 2016 inspection we found recruitment checks had been undertaken on all staff employed but not on a GP locum. We reviewed the file for a locum GP who had worked at the practice in the last three months and found that the appropriate checks had been undertaken. These included medical indemnity, references, a criminal record check through the disclosure and barring system (DBS) and safeguarding training.

The provider had implemented a new system for the management of safety alerts. There was an allocated

individual responsible for managing any alert received by the practice. Each alert was documented in a log sheet, and this included alerts that did not require any action. We sampled three recent alerts and found that when required, appropriate action had been taken, and when not required, the alert had been added to the log sheet. For example, we looked at an alert for a particular medicine used for epilepsy or mental illness that cause periods of variation in elevated mood and found that five patients had been identified and each had documented records that stated advice had been given.

Significant events were seen to have been shared with all staff at regular practice meetings. The practice had added significant events as a standing agenda item. Reviews were recorded on a shared electronic drive accessible by all staff.

The provider had reviewed the medicines held for use in an emergency. As a result, a medicine used to treat a patient for a slow heart rate had been added to the emergency medicines list.

An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure. The plan had been reviewed in November 2016. Copies of the plan were kept off site by the practice manager and the GP partner.

In addition to the areas identified at the July 2016 inspection, the provider had made further changes to promote a safe working culture:

Staff were made aware of children with safeguarding concerns by computerised alerts on their records and the practice had implemented a system that identified vulnerable adults and the siblings and parents of children with child protection plans in place. Each consulting, treatment and reception area had access to the appropriate safeguarding contact details.

The monitoring checks had been carried out in accordance with the legionella risk assessment.