

Norton 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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection visit of Norton Medical Practice in August 2015. As a result of our comprehensive inspection breaches of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified some areas where the provider must make improvements and additional areas where the provider should improve.

We carried out a focussed desk based inspection of Norton Medical Practice on 1 September 2016 to check that the provider had made improvements in line with our recommendations. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Norton Medical Practice on our website at www.cqc.org.uk. Our key findings across all the areas we inspected were as follows:

- We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- There were effective arrangements in place for identifying, recording and managing risks.
- The practice had applied for a DBS check for their health care assistant and we saw that a formal risk assessment had been completed to monitor risk in the meantime.
- There were adequate arrangements in place to respond to emergencies and major incidents.

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.

- The practice shared learning from complaints, incident and significant events with all members of the practice team.
- There were effective arrangements in place to the support processes for identifying, recording and managing risks. This included formal risk assessments in the absence of disclosure and barring (DBS) checks for staff that chaperoned and we saw that risk associated with legionella had been formally assessed.
- The practice had applied for a DBS check for their health care assistant and we saw that a formal risk assessment had been completed to monitor risk in the meantime.
- There were adequate arrangements in place to respond to emergencies and major incidents. We saw that the practice had replaced their defibrillator since our inspection in August 2016 and we saw records to support that the new defibrillator had been serviced.

Good



Norton Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

Background to Norton Medical Practice

Norton Medical Practice is a long established practice located in the Stourbridge area of the West Midlands. There are approximately 5800 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners, a foundation doctor, a nurse prescriber, practice nurse and a health care assistant. Foundation doctors are fully qualified doctors who rotate around various specialties to increase their experience. The GP partners and the practice manager form the practice management team and they are

supported by a team of eight staff members who cover secretarial, administration and reception duties. The practice was also an approved training practice and there is currently one GP in training at the practice.

The practice is open for appointments between 8am and 6:30pm during weekdays except for Thursdays when the practice closes at 1pm. There are arrangements to ensure patients receive urgent medical assistance when the practice is closed, there is a GP on call every Thursday afternoon and there are arrangements to ensure patients receive medical assistance during the out-of-hours period.

Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in August 2015.

How we carried out this inspection

We undertook a focussed desk based inspection on 1 September 2016. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

Are services safe?

Our findings

Safe track record and learning

During our comprehensive inspection in August 2015 we found that although learning from significant events, incidents and complaints was shared during practice meetings, members of the nursing team were not regularly included in the practice meetings. As part of our focussed desk based inspection, the practice shared a range of evidence and supporting documents, this included minutes of monthly practice meetings which were attended by all staff on duty including members of the nursing team. Conversations with the practice manager also highlighted that the practice had protected time for these meetings to ensure staff could attend. We saw that significant events, incidents and complaints were discussed with staff during practice meetings and we saw minutes of meetings which demonstrated this. We saw that learning was shared to ensure action was taken to improve safety in the practice. For example, staff were reminded of data protection principles following a significant event to ensure confidentiality was maintained when working through day to day practice processes, as well as when interacting with patients.

Overview of safety systems and processes

During our comprehensive inspection in August 2015 we found that the practice had not formally assessed the risk in the absence of disclosure and barring (DBS) checks for staff that chaperoned. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Additionally, we found that the practice's long term health care assistant had not received a DBS check.

As part of our focussed desk based inspection the practice shared records of completed risk assessments for staff members who chaperoned. The formal risk assessments highlighted actions to manage risks, for example, the practice ensured that staff were never left alone with patients when chaperoning.

Conversations with the practice manager indicated that the health care assistant's DBS check was applied for in July 2016 after a period of long term leave; therefore prior to July the health care assistant was not actively working in the practice. The practice manager explained that there was a system error when applying for the DBS and therefore a further application was made in August 2016. We saw records of the health care assistant's DBS reference to support this. In the meantime, to monitor risk the practice manager completed a formal risk assessment; this was completed following our comprehensive inspection in August 2015. The risk assessment indicated that the health care assistant would continue to see patients whilst awaiting completion of their DBS check. Records outlined that the risk was assessed as low as the health care assistant had been in post for approximately 16 years with no indication of any concerns or complaints.

Monitoring risks to patients

During our comprehensive inspection in August 2015 we found that the practice had not assessed key risks associated with infection control, such as legionella. As part of our focussed desk based inspection the practice shared records of a completed risk assessment for legionella which was carried out in October 2015.

Arrangements to deal with emergencies and major incidents

During our comprehensive inspection in August 2015 staff informed us that they had requested a manufacturer's check to identify a possible fault with their defibrillator, this had been identified approximately two weeks prior to our comprehensive inspection. We found that the practice did not have a risk assessment in place to cover the risk of not having a working defibrillator during this period. Recent conversations with the practice manager indicated that the practice since replaced their defibrillator and as part of our focussed desk based inspection the practice shared records to support that the new defibrillator had been serviced in April 2016.