

Drs Askey and Partners

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 a focused inspection at Drs Askey and Partners also known as St John Medical Centre on 10 August 2016. The practice had previously been inspected in November 2015 and was rated as good overall and requires improvement for providing safe services.

At this previous inspection we found that the provider did not operate effective recruitment procedures that ensured the information required under current legislation was available in respect of all staff employed to work at the practice, including a Disclosure and Barring Service (DBS) check for clinical staff. The practice were issued with a requirement notice for improvement for this issue.

Following the inspection the practice sent us an action plan detailing the action they were going to take to improve. They are as follows;

- Members of staff who undertake a chaperone role should develop the competencies required for the role.
- Ensure a clear audit trail is kept for paper prescriptions taken for home visits

- Consider how they effectively monitor and record staff training and recruitment information so that information is easily accessible and can be acted on.

We then carried out a focused inspection to ensure that the practice had actioned the area for improvement. Evidence provided during the inspection showed that the practice had made the required improvements; therefore the practice is rated as good for providing safe services.

Our key findings across the area we inspected were as follows:

- The practice had established systems, processes and practices to keep patients safe and safeguarded by carrying out appropriate recruitment checks.
- Risks to patients were assessed and well managed. For example the practice established a system for tracking the use of prescriptions stationery within the practice.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. There were systems in place to alert the practice when training updates were required.
- Members of staff who undertake chaperone duties received sufficient training required for this role.

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 was able to demonstrate that they had made sufficient changes to improve the safety of their services. Specifically:

- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. For example staff who carried out chaperoning had the required competencies to carry out this role. The practice carried out risk assessments in the absence of a Disclosure and Barring Service (DBS) checks for non-clinical staff members carrying out chaperone duties.
- Risks to patients were assessed and well managed, for example the practice had well established tracking systems in place to monitor prescription stationery within the practice.
- There were systems in place to monitor and record staff training; information such as training certificates were easily accessible.
- The practice reviewed their recruitment policy and the practice carried out pre-employment checks and stored copies of references'. The practice viewed staff identification (ID) and there was a log of passport numbers being recorded for Smartcard applications (used for secure access to confidential information).

Good



Drs Askey and Partners

Detailed findings

Our inspection team

Our inspection team was led by:

The focused inspection was carried out by a CQC Lead Inspector.

Background to Drs Askey and Partners

Drs Askey and Partners also known as St John Medical Centre is located in Walsall, West Midlands situated in a multipurpose modern built NHS building, providing NHS services to the local community. Based on data available from Public Health England, the levels of deprivation (Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial) in the area served by Drs Askey and Partners is comparable to the national average, ranked at six out of 10, with 10 being the least deprived. The practice serves a higher than average patient population aged 65 and over.

The patient list is approximately 10,350 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery 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 practice is an 'Any qualified provider' (AQP) for diabetes, anti-coagulation and minor surgery services. This enabled both patients registered at the practice and patients registered elsewhere to receive these services at the practice.

Parking is available for cyclists and patients who display a disabled blue badge. Entrance doors are accessible to patients using a wheelchair.

The practice staffing comprises of five partners and one salaried GP, three male and three female, four practice nurses, one being an independent prescriber, Two Health Care Assistant (HCA), one locum practice pharmacist, one Practice Manager, one reception manager, two administrators, two secretaries and eight receptionists.

The practice is open between 8.30am and 6pm on Mondays, Thursdays and Fridays; 7.15am to 6pm on Tuesdays and 8.30am to 8pm on Wednesdays.

GP consulting hours are from 8.30am to 11am and 3pm to 6pm on Mondays, Thursdays and Fridays. Tuesday consulting times are 7.15am to 11am and 3pm to 6pm; Wednesdays 8.30am to 11am and 3pm to 8pm. The practice offers appointments with a duty doctor and a second doctor, for acute and urgent conditions, which are released on the day. Extended consulting hours are offered on Tuesdays from 7.15am and GPs offers an 8pm appointment on Wednesdays.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. When the surgery is closed during normal opening hours or between 8am to 8.30am and 6am – 6.30pm services is provided by WALDOC.

Detailed findings

Why we carried out this inspection

We carried out a focussed 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look whether the provider had made improvements identified during the comprehensive inspection carried out in November 2015 under the Care Act 2014.

How we carried out this inspection

We undertook a focused inspection on 10 August 2016. This involved speaking to staff members and the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

Are services safe?

Our findings

Overview of safety systems and processes

During this inspection the practice demonstrated that they had addressed the gaps which had been identified during their previous inspection carried out in November 2015.

During this focused inspection the practice demonstrated that they had clear defined and embedded systems, processes and practices in place, for example:

During our visit to the practice in November 2015 we reviewed seven personnel files and found that appropriate recruitment checks had been undertaken with the exception of a Disclosure and Barring Service (DBS) check where we saw inconsistencies. (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).

- During this inspection we reviewed the recruitment file of two staff members recruited since our first visit in November 2015 and found that in one file a DBS had been carried out by a previous NHS employer. The practice provided evidence of how they assured themselves that checks were satisfactory. For example the practice carried out an appropriate risk assessment and a copy of the Nursing Medical Council (NMC) registration had been obtained and stored in the file. We reviewed a non-clinical staff member's recruitment file and found that the practice carried out a risk assessment to ascertain if a DBS check was necessary.
- When we first inspected the practice we found that they had a recruitment policy however this lacked detail, for example it did not state what checks would be undertaken prior to employment. During this visit we saw that the practice had reviewed their policy in February 2016. The policy stated that DBS checks would be renewed every three years. It also stated that all pre-employment checks would be carried out prior to offering a position. We saw detailed induction checklists for newly appointed staff, they also received a staff handbook and we saw signed copies of their contract of employment. Although we were told that the practice viewed staff identification (ID) and we saw a log of

passport numbers being recorded and a log of ID viewed for Smartcard applications (use for secure access to confidential information) the practice were not storing copies of ID provided in staff files.

- During our first visit we found that nurses would act as chaperones although they had not received any formal training to undertake this role. At this visit we were told that nurses had received internal training from GPs and a previous practice nurse who was a qualified trainer. We saw that formal training from an external provider was booked for all staff members in September 2016. Staff we spoke with clearly demonstrated their understanding of the role and how to carry out their duties in line with published guidance. We were also told that once non-clinical staff received chaperone training there were plans in place to carry out a DBS check before staff were able to carry out this role.

When we first visited the practice we saw that the practice did not have clear systems for monitoring prescription stationery such as those taken for home visits. Not all GPs spoken with were aware of the practice process for recording serial numbers. During this inspection we were told that the practice had a high use of electronic prescription (enables prescribers such as GPs to send prescriptions electronically to pharmacies). We also saw an established system in place for tracking prescriptions; for example:

- The practice maintained a record of all blank prescriptions delivered to the practice. We were told that all GPs signed out prescriptions taken on home visits; this included a record of serial numbers. There were systems in place for tracking blank prescriptions used to prescribe controlled drugs. Staff we spoke to provided evidence for their audit trail.

During our first visit we saw that the systems for recording staff training were not well maintained. We saw that training records were in place but had not been updated to reflect all training that staff had received and not all training certificates were readily available. During this inspection we saw that the practice had a training matrix which identified completed, scheduled and training to be arranged. We tracked five staff members and saw that the practice recorded training completion dates; where training had been missed due to unforeseen circumstances' for example conflict resolution we saw that the practice made a record of this and there were attempting to secure

Are services safe?

alternative dates. We saw that training certificates were stored in staff files; staff we spoke with told us that all staff members were required to provide a copy of their certificates following all completed training.