

# Pinfold Medical

## Inspection 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 location

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



# Overall summary

We previously carried out an announced comprehensive inspection at Pinfold Medical (previously known as All Saints Surgery) in January 2019 as part of our inspection programme. The practice was rated requires improvement. The report on the January 2019 inspection can be found by selecting the 'all reports' link for Pinfold Medical on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced focused inspection at Pinfold Medical on 3 and 6 March 2020. At this inspection we followed up on breaches of regulations identified at the previous comprehensive inspection in January 2019.

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected.
- information from our ongoing monitoring of data about services.
- information from the provider, patients and other organisations.

We rated this practice as requires improvement overall and in well-led and effective, we rated safe as good. We rated each population group as good except for people with long-term conditions and working age people, which we rated as requires improvement in the effective domain. This was because the quality indicators were below average and target for cervical cancer screening had not been met. Because of the assurance received from our review of information we carried forward the ratings for providing caring and responsive services.

We rated the practice as **good** in providing safe services because:

- The practice had taken appropriate action to meet the requirements of the regulation 17 breach.
- The practice had made improvements in many areas and had sought additional managerial support on a consultancy basis.
- We found that the practice had an up to date log and identified actual events and near misses which they recorded as learning events. There was documented evidence that events were discussed and learning shared. The investigative process did not identify all contributory causes, but the practice had already identified this for themselves and were in the process of deciding which root cause analysis would work for them.

- Staff employed in advanced roles had their clinical decisions reviewed formally and were supported with informal supervision when required.
- The practice had a comprehensive alert system which recorded the alert, who was contacted, action taken, and the practice had plans to ensure it showed when ongoing or repeated audit would be required.
- Emergency medicines were either stocked as required or had a comprehensive risk assessment in place to explain why they were not in stock.

We rated the practice as **requires improvement** in providing effective services because:

- The quality indicators were below average people with long term conditions had not received an annual review.
- Cervical cancer screening rates were significantly below the national target.

We rated the practice as **requires improvement** in providing well-led services because:

- the practice had not developed an effective quality improvement programme.

The areas where the provider **must** make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Take formal action to ensure that the practice looks like one practice.
- Improve the signage to promote ease of access for patients.
- Continue to develop their significant event process with a clear root cause analysis process.
- Take action to categorise significant events as events not near misses.
- Formalise records of clinical audit and quality improvement activity.
- Review and improve the call and recall policy for people with long term conditions.

# Overall summary

**Details of our findings and the evidence supporting our ratings are set out in the evidence tables.**

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Good</b> 
<b>People with long-term conditions</b>	<b>Requires improvement</b> 
<b>Families, children and young people</b>	<b>Good</b> 
<b>Working age people (including those recently retired and students)</b>	<b>Requires improvement</b> 
<b>People whose circumstances may make them vulnerable</b>	<b>Good</b> 
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Good</b> 

## Our inspection team

Our inspection team was led by a CQC lead inspector.  
The team included a GP specialist advisor.

## Background to Pinfold Medical

Pinfold Medical is registered with the Care Quality Commission (CQC) as a partnership provider in Bloxwich, Walsall, West Midlands. The practice is a member of the NHS Walsall Clinical Commissioning Group (CCG).

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

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 and is the commonest form of GP contract.

The practice operates from two sites within Pinfold Health Centre, Field Road, Bloxwich, Walsall, WS33JP. All Saints Surgery and Field Road Surgery merged in April 2018 and are now known as Pinfold Medical.

There are approximately 9,100 patients of various ages registered and cared for at the practice. The practice provides GP services in an area considered as one of the most deprived within its locality. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial.

Income deprivation affecting children is 30%, which is higher than the national average of 20%. Income deprivation affecting older people is 29%, which is the same as the CCG average of 29% and lower than the national average of 20%. Life expectancy at the practice for patients is 77 years for males and 82 years for females which is below the national average.

The practice has two registered GP partners (two male), and six GPs some of whom are long term locums (two male / three female), one female advanced nurse practitioner, one female practice nurse, two female healthcare assistants, an advanced clinical pharmacist, a practice manager and a team of administrative and reception staff.

The practice is open between 7.30am and 6.30pm from Monday to Friday. When the practice is closed patients are directed to the out of hours provider via the NHS 111 service.

Patients also have access to the Extended GP Access Service between 6.30 pm and 9pm on weekdays, 10am to 3pm on weekends, and 11 am to 1.30pm on bank holidays.

Additional information about the practice is available on their website at: [www.pinfoldmedicalsolutions.co.uk](http://www.pinfoldmedicalsolutions.co.uk)

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to health and safety of service users receiving care and treatment.</p> <p>In particular: Assessments of the risks to the health and safety of service users receiving care or treatment were not being carried out.</p> <p>Specifically:</p> <ul style="list-style-type: none"><li>• People with long term conditions had not received an annual review.</li><li>• Cervical screening rates were below national targets.</li></ul>
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Choose regulation from this dropdown</p> <p><b>How the regulation was not being met...</b></p> <p>There was a lack of systems and processes established and operated effectively to ensure compliance with requirements to demonstrate good governance.</p> <p>In particular we found:</p> <ul style="list-style-type: none"><li>• The practice was not able to demonstrate a programme of quality improvement.</li></ul>