

Chapel Street Medical Centre

Inspection report

87 Chapel Street
Lye
Stourbridge
West Midlands
DY9 8BT
Tel: 01384897668
www.chapelstreetsurgery.nhs.uk

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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?

Requires improvement



Are services effective?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

We carried out an inspection at Chapel Street Medical Centre on 4 March 2020 due to the length of time since the last inspection. Following our review of the information available to us, including information provided by the practice, we focused our inspection on the following key questions: Safe, Effective and Well-led.

Because of the assurance received from our review of information we carried forward the ratings for the following key questions: Caring and Responsive.

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 and
- information from the provider, patients, the public and other organisations.

We have rated this practice as requires improvement overall and requires improvement for the safe, effective and well-led domains.

All the population groups have been rated as good with the exception of families, children and young people and working age people (including those recently retired and students) which are rated as requires improvement.

Overall we found that:

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way
- The way the practice was led and managed promoted the delivery of person-centred care.

We rated the practice as requires improvement for **safe** because:

- Not all the recruitment documents required under current legislation were available for all members of

staff employed by the practice. Appropriate checks or risk assessments to mitigate potential risks had not been completed for clinical and non-clinical staff who carried out their role or who chaperoned.

- The process for managing high risk medicines needed strengthening.
- The practice did not have all medicines to cover emergencies that may occur.
- Significant events needed further embedding as opportunities to raise significant events had been missed.

We rated the practice as requires improvement for **effective** because:

- The practice had not met the minimum 90% target for all four childhood immunisation uptake indicators. The uptake of the immunisation for the percentage of children aged one who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b was significantly below target.
- Screening rates for breast cancer and bowel cancer were below local and national averages.
- Cervical screening rates were significantly below the national target.
- We found gaps in high risk medicines and some patients had not had appropriate monitoring before the medicine was prescribed.

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

- Actions to address challenges were not always clearly identified and implemented.
- There was no clear strategy that identified priorities or consistent action to achieve them.
- The overall governance arrangements were not consistently effective.
- Arrangements for identifying, managing and mitigating risks were not always effective.
- Systems and processes for learning and improvement were not consistently effective.

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

- Ensure care and treatment is provided in a safe way to patients.

Overall summary

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Develop an effective system to review and monitor infection control.
- Continue work to increase the uptake for cervical, breast and bowel screening.
- Continue work to increase the child immunisation rates.
- Develop a process of delegation in the absence of the practice manager.

- Further review and embed the process for significant events.
- Review arrangements for appraisals and support mechanisms for staff to ensure that learning and development needs are addressed.

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

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

Our inspection team

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

Background to Chapel Street Medical Centre

Chapel Street Medical Centre is located in Stourbridge, West Midlands and operates from a converted house. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services, family planning, and treatment of disease, disorder or injury and surgical procedures.

Chapel Street Medical Practice is situated within the Dudley Clinical Commissioning Group (CCG) and provides services to 2,267 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

There is a small car park which is not currently in use and parking is available off-site. A chaperone service is available for patients who request the service. This is advertised throughout the practice.

The clinical team includes two GP partners (one male and one female) a newly appointed part time locum nurse (female). They are supported by a part time practice manager and three receptionists.

The practice is open between 8am and 7pm Monday to Friday with the exception of Wednesday when it is open 8am and 6.30pm. Home visits are available for patients who are too ill to attend the practice for appointments.

There are higher than average number of patients registered under the age of 18 years. The National General Practice Profile states that 72% of the practice population is from a white ethnic background with a further 28% of the population originating from black, Asian, mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as two, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice does not provide out of hours services to their own patients. When the practice is closed patients are directed to contact West Midlands Ambulance Service via 111.

The practice website can be viewed at:
www.chapelstreetsurgery.nhs.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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment must be provided in a safe way for service users</p> <p>In particular:</p> <ul style="list-style-type: none">• The provider could not demonstrate they operated a safe system regarding security checks. No updated Disclosure and Barring service (DBS) checks or risk assessments had been completed for staff.• The provider did not ensure there was a clear system in place to monitor patients on high-risk medicines. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were ineffective to ensure regulatory compliance and demonstrate good governance</p> <p>How the regulation was not being met:</p> <p>In particular we found:</p> <ul style="list-style-type: none">• There was no regular schedule of appraisals.• There was no documented business plan and strategy to support the practice's aim to deliver high quality care and promote good outcomes for patients.

This section is primarily information for the provider

Requirement notices

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular, the management of emergency medicines, the monitoring of high risk medicines and chaperoning.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.