

Bean Road Medical Practice

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

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Bean Road Medical Practice on 16 October 2017. Overall the practice was rated as good with requires improvement for providing well-led services. The full comprehensive report on the October 2017 inspection can be found by selecting the 'all reports' link for Bean Road Medical Practice on our website at .

This inspection was a desk-based review carried out on 16 October 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 16 October 2017. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice remains rated as good.

Our key findings were as follows:

- The practice had improved systems to highlight vulnerable adults to staff.
- The practice had strengthened its medicines management arrangements. The 'prescribing and medication review policy' had been updated to include at least annual reviews for all patients on repeat medicines and there was a programme of reviews underway that prioritised those on the most medicines.

- A physical and mental health check questionnaire had been completed by all staff.
- The provider had updated its cold chain policy to include clear guidelines for transportation and administration of vaccines to patients in their home.
- The national GP patient survey scores showed satisfaction rates remained below the national and local averages.
- A structured programme of clinical and internal audit had been implemented.
- Screening rates continue to be below national averages and although actions had been planned, although it was too early to see an impact since the last inspection.

There were areas where the practice should make improvements:

- Continue to carry out regular medication reviews on all patients on repeat medication.
- Continue to review the systems and processes in place to improve the uptake of cancer screening for patients.
- Carry out regular reviews to explore how patient satisfaction rates regarding quality of care and access can be improved.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Population group ratings

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector.

Background to Bean Road Medical Practice

Bean Road Medical Practice is located in the town of Dudley and provides primary care services for patients in the town and the surrounding area. Bean Road Medical Practice is registered with the Care Quality Commission (CQC) as a single-handed provider. 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 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 increased range of services provided included offering extended hours, phlebotomy (taking of blood samples) and minor surgical procedures such as joint injections.

The practice area is one of high deprivation when compared with the national and local Clinical Commissioning Group (CCG) area. At the time of our inspection the practice had around 3,500 patients, an increase of approximately 1,500 patients from the July 2015 inspection. Demographically the practice has a higher than average young population with 29% under 18 years compared with CCG average of 20% and national average of 21%. Ten per cent of the practice population is above 65 years which is lower than the CCG average of

20% and the national average of 17%. The percentage of patients with a long-standing health condition is 56% which is comparable with the local CCG average of 56% and national average of 53%.

The practice staffing comprises of:

- A lead GP (male) 0.2 whole time equivalent (WTE)
- Two long term locum GPs (both female) one WTE
- A practice nurse 0.8 WTE and a health care assistant 0.3 WTE
- A practice manager
- Five members of administrative staff working a range of hours.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 8.30am to midday and 2.30pm to 6pm dependent on the day of the week. Telephone consultations are available at various times throughout the day. Extended practice hours to see a GP are offered between 6.30pm and 8.30pm on a Tuesday evening. Pre-bookable appointments can be booked up to four weeks in advance and urgent appointments are available for those that need them. The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Malling Health, patients access this service by calling NHS 111.

Are services well-led?

At our previous inspection on 16 October 2017, we rated the practice as requires improvement for providing well-led services. This was because governance arrangements needed strengthening, in particular:

- Vulnerable adults were not always highlighted on the clinical system.
- The processes for managing repeat medications needed strengthening to minimise any risk to patient safety.
- Employment checks did not include satisfactory information about any physical or mental health conditions relevant to a person's ability to carry out their role.
- The cold chain policy did not provide clear guidance to staff on the safe transportation and administration of vaccines to patients in their own homes.
- There was no plan in place to improve uptake rates for bowel and breast cancer screening could be improved. The practice had not explored ways in which the patient satisfaction scores could be improved for GP consultations, telephone access and availability of appointments.

These arrangements had improved sufficiently when we undertook a follow up inspection on 16 October 2018. The practice is now rated as good for providing well-led services.

Governance arrangements

At our October 2017 inspection in October we found that some patients who had been identified as vulnerable adults were not highlighted on the system. The practice had identified a number of vulnerable adults on the clinical system using minutes of meetings where vulnerable patients were discussed to cross check that an alert was on the clinical system. These adults have since been coded as "vulnerable" so that an automated electronic message alerts staff when accessing their records. At a clinical meeting, clinicians were reminded that any patients they felt had a safeguarding issue must be coded and highlight to the clinical coding staff for an alert to be added.

At our October 2017 inspection we found that medicines management arrangements required strengthening. This was because we found uncollected prescriptions that were two to three months beyond their date of issue, a patient without a medication review for over two years and a patient who had stopped taking a high-risk medicine which

had not been removed from their record. The provider had updated the 'uncollected prescription policy' to increase the frequency of checks to weekly. Patients were contacted to establish the reason for non-collection of prescriptions. A GP was informed of any uncollected prescriptions and added a note to the patient record. All patients on high risk medicines were now reviewed every three months or sooner if required. A pharmacist deployed to the practice from Dudley Clinical Commissioning Group (CCG) confirmed that since the October 2017 inspection, all 157 patients on four or more repeat medicines had been reviewed by a GP or pharmacist. The 'prescribing and medication review policy' had been updated to include at least annual reviews for all patient on repeat medicines and when a review was overdue, to prescribe a maximum of 28 day's supply of medication.

Recruitment checks now included a physical and mental health check questionnaire that the provider told us had been completed by all staff.

The provider had updated its cold chain policy to include clear guidelines provided by the manufacturer of the Flu Vaccine for transportation and administration of vaccines to patients in their home.

The national GP survey scores for the practice remained below the national and local averages. The provider was in the process of completing an in-house patient survey focussed on satisfaction rates with quality of care and access; at the time of the inspection, 22 patients had completed the questionnaire and results highlighted improvement, most notably in telephone access where 15 of 22 patients had rated the ability to access by telephone as 'very good' or 'good'. The provider planned to continue the survey and review outcomes monthly. The practice had been proactive in encouraging patients to register to use the on-line services to help with access issues with 58% of patients now registered.

A structured programme of clinical and internal audit had been implemented. The practice confirmed that several audits have been completed since the October 2017 inspection. These included a pre-diabetes audit to identify and proactively manage patients at risk of developing diabetes. A repeat of this audit was planned every six months.