

# Fordhouses Medical Centre

## 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

### Overall rating for this service

Good



Are services safe?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	5
Areas for improvement	6

### Detailed findings from this inspection

Our inspection team	7
Background to Fordhouses Medical Centre	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	9

## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Fordhouses Medical Centre on 13 July 2016. A total of two breaches of legal requirements were found. After the comprehensive inspection, the practice was rated as requires improvement.

We issued requirement notices in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Safe care and treatment.
- Regulation 17 HSCA (RA) Regulations 2014 Good Governance

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Fordhouses Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 10 April 2017 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 at our previous inspection on 13 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was a lack of detail in records to confirm discussions that had taken place.
- Risks to patients were assessed and well managed. The practice had improved its procedures to ensure appropriate recruitment checks had been completed, DBS checks had been carried out.
- Staff training records had been updated and staff appraisals, competency checks and supervision completed.
- Procedures had been reviewed and systems introduced to ensure the safe management of medicine safety alerts.
- A full legionella risk assessment had been completed and any recommendations made acted on.
- Complaint leaflets were appropriately placed to ensure patients had easy access.

# Summary of findings

- The practice had looked at ways to pro-actively identify carers and establish what support they need. This included ensuring information was readily available and checking with patients when they attended appointments.

At this inspection we found that the practice had addressed all the concerns raised and is now rated as good for providing safe and well-led services.

There were areas of practice where the provider should still make improvements:

- Ensure national guidelines for children who do not attend for hospital events are followed at all times.
- Ensure that records detailing significant events are fully completed to confirm the proactive and ongoing review of all events and include details of who the learning from events were shared with.

**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 service is rated as good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns and to report incidents and near misses.
- Formal systems had been implemented to monitor significant events, incidents and accidents. However records did not clearly demonstrate how learning was shared with staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- Arrangements had been put in place to ensure that all risks to patients were assessed. Recruitment procedures and staff records had been reviewed and updated. The management of safety alerts, which includes medicine alerts and a full legionella risk assessment, had been completed.
- The practice had ensured that all staff attended training to update their knowledge and skills relevant to their role.
- The practice had carried out competency checks and supervision on staff to ensure they were competent to carry out their role.

### Are services well-led?

The service is rated as good for providing well-led services.

Good



- Governance for processes designed to keep patients, staff and visitors safe had improved.
- The practice had followed its procedures and processes for the employment of staff and to ensure safe recruitment practices.
- The recruitment training and supervision of staff had been reviewed.
- A full legionella risk assessment had been completed.
- All staff had received an up to date appraisal. Competency checks had been carried out and the clinical scope of practice was documented and clearly defined for the role of the healthcare assistant.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People with long term conditions

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Families, children and young people

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### Working age people (including those recently retired and students)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People whose circumstances may make them vulnerable

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



### People experiencing poor mental health (including people with dementia)

The provider had resolved the concerns for providing safe and well-led services identified at our inspection on 13 July 2016 which applied to everyone using this practice, including this population group. The population group ratings have been updated to reflect this.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

There were areas of practice where the provider should still make improvements:

- Ensure national guidelines for children who do not attend for hospital events are followed at all times.
- Ensure that records detailing significant events are fully completed to confirm the proactive and ongoing review of all events and include details of who the learning from events were shared with.

# Fordhouses Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector. The team included a GP specialist advisor.

## Background to Fordhouses Medical Centre

Fordhouses Medical Centre is located in a residential area of Wolverhampton. The practice provides medical services to approximately 3,424 patients over two sites. The main practice is based at 68 Marsh Lane, Wolverhampton WV10 6RU and the branch practice is located at Pendeford Health Centre, Whitburn Close, Pendeford, Wolverhampton WV9 5NJ. There is level access and services are provided to patients on the ground floor of the premises. Although the practice is small, all areas on the ground floor are accessible by patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams.

The staff team at the practice consists of one lead GP (female), who is full time and works ten sessions across the two practices. Two regular locum GPs, both female have recently been appointed to work part time. A nurse practitioner and a health care assistant who both work part time support the GPs. The clinical staff are supported by a business manager, an administrative manager, and five receptionist/administration staff. In total there are 12 staff employed part time and the lead GP works full time.

The main practice is open Monday and Friday between 8am and 6.30pm. The branch practice is open Monday, Tuesday, Wednesday, and Friday from 9am to 6pm and

Thursday from 9am to 1pm. The practice does not provide an out of hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by Vocare via the NHS 111 service.

The practice has a General Medical Services contract with NHS England to provide medical services. It provides Directed Enhanced Services, such as minor surgery, baby checks, childhood immunisations and care of patients with chronic diseases.

The practice has a significantly higher young population compared to the average across England. There is a high number of female patients aged four and below and 54 years and male patients aged four and below and 29 years. The practice is located in one of the most deprived areas of Wolverhampton. People living in more deprived areas tend to have a greater need for health services. There is a higher practice value for income deprivation affecting children and older people in comparison to the practice average across England. The level of income deprivation affecting children of 29% is higher than the national average of 20%. The level of income deprivation affecting older people is higher than the local and England average (Local average 25% and England average 16%).

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Fordhouses Medical Practice on 13 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Overall the practice was rated as requires improvement. The full comprehensive report following the inspection on 13 July 2016 can be found by selecting the 'all reports' link for Fordhouses Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a follow up focused inspection of Fordhouses Medical Centre on 10 April 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a focused inspection of Fordhouses Medical Centre on 10 April 2017. This involved reviewing evidence that:

- Full recruitment checks were carried out.
- Staff undertaking chaperone duties had received a satisfactory DBS check or had been risk assessed in the absence of a DBS check.
- A system was in place to demonstrate the action taken in relation to medicine alerts.
- Staff performing clinical tasks, who are not professionally registered, were assessed as competent and had appropriate supervision and support.
- A Legionella risk assessment had been carried out.
- Arrangements were in place to minimise the risks to patients and staff from infection.
- The ongoing monitoring of significant events, incidents, near misses and sharing safety alerts with staff had been reviewed.
- Staff training needs had been reviewed to ensure that all staff had the appropriate training and skills to carry out their role.
- Processes were in place to ensure that staff received regular assessment of their performance and development needs.
- Patients had ease of access to complaint leaflets.
- Systems had been introduced to pro-actively identify carers and establish what support they need.
- Recorded minutes of meetings demonstrated staff involvement in decisions made.

During our visit we:

- Spoke with the lead GP and practice manager and practice nurse.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Visited the main practice location
- Looked at information the practice used to deliver care and treatment plans.
- Looked at other relevant documentation.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.



# Are services safe?

## Our findings

During our previous inspection in July 2016, we found that care and treatment was not being provided in a safe way. This was because:

- Employment checks were not completed for all staff prior to employment.
- The arrangements for ensuring staff were supervised, appropriately trained and had performance assessments completed were not adequate.
- Checks were not in place to ensure that staff who were not professionally qualified but carried out clinical tasks, were competent and had appropriate supervision and support.
- A full Legionella risk assessment of the main practice premises had not been carried out.

This resulted in the practice being rated as requires improvement for providing safe services.

The visit in July 2016 also identified:

- Appropriate systems were not in place for the ongoing monitoring of significant events, incidents, near misses and sharing safety alerts with staff.

These arrangements had significantly improved when we undertook a follow up inspection on 10 April 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our inspection in July 2016 we saw that agenda items included significant events, such as incidents and complaints. However, there was no evidence in the minutes of the practice meetings, to show that these items had been discussed and that lessons learnt had been shared with the wider practice team of staff. There was also no evidence of an ongoing review of significant events to ensure that any changes made were appropriate. At this inspection we found that the documentation of records had improved but the forms were not fully completed to clearly show the learning, follow up and ongoing monitoring of significant events described to us by practice staff at the inspection. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw evidence that when things went wrong with care and

treatment, patients were informed of the incident, received reasonable support, relevant information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Significant event recording forms showed that incidents were discussed with the lead GP, administration manager, member of staff involved and patient where appropriate.

Records we looked at showed that seven significant events had occurred since our last inspection. One of the events reported identified concerns with a local pharmacy when issuing repeat prescriptions. The incident was discussed and resolved with the GP, pharmacy representative and the local Clinical Commissioning Group (CCG). Changes were made to ensure systems were put in place to monitor the issuing of prescriptions. We saw minutes where significant events were recorded. The minutes lacked information to demonstrate how events were shared with staff for example, the minutes did not show who attended the meetings and discussions and observations were not fully described.

At the inspection in July 2016 we found that the practice did not have a system in place to demonstrate the action taken in relation to medicine alerts. At this inspection the GP was able to tell us about recent safety alerts received and we found that improvements had been made to provide evidence that alerts were acted on. Following the inspection the GP also sent us details of a recorded system that demonstrated a systematic and proactive approach had been taken to identify and review patients who may be affected by the safety alerts. The records showed that an updated review of past medicine and equipment safety alerts had been carried out.

### Overview of safety systems and processes

The practice had systems in place to keep patients safe and safeguarded from the risk of abuse. The GP was the lead for safeguarding vulnerable adults and children. Staff were aware of who they should speak to if they had a safeguarding concern. Training records we examined showed that all staff had received safeguarding training related to children and vulnerable adults at the level appropriate to their role. We found that staff were knowledgeable about safeguarding and knew how to recognise signs of abuse in children and vulnerable adults. Staff knew where to find contact details for the relevant agencies. Safeguarding policies were in place that reflected

## Are services safe?

relevant legislation and local requirements and policies were accessible to all staff. We found that the practice had not consistently followed up children who did not attend hospital appointments.

A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. At the inspection in July 2016 we found that not all staff that carried out this role had a Disclosure and Barring service (DBS) check completed to confirm that they were suitable and safe to undertake this role. (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). At this inspection we found that all staff had been reviewed and had an up to date DBS check completed.

The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There were cleaning schedules in place and cleaning records were kept. There was an infection control protocol and staff had received training. Treatment and consulting rooms in use had the necessary hand washing facilities and personal protective equipment which included disposable gloves and aprons. Clinical staff had received occupational health checks for example, hepatitis B status.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. All repeat prescriptions were authorised by the GP who was also responsible for checking or arranging blood tests where appropriate. We looked at examples of the practice performance with the management of high risk medicines. For example, we looked at the management of a medicine called Methotrexate; a medicine used to treat certain types of cancer, treat severe psoriasis and rheumatoid arthritis. We saw that all patients on this medicine had up to date tests completed before they were issued repeat prescriptions. There were shared care agreements in place with a local hospital for some patients, prescribed high risk medicines that needed to be monitored. We found that most high risk medicines were appropriately monitored. However, there were some areas where the monitoring of high risk

medicines was not fully effective. For example we identified that two of 20 patients taking medicines to treat high blood pressure and/or heart failure had no recorded hospital test results. At the inspection the GP and practice manager took action to address these. The GP told us that they did not have access to the hospital test results system and were unable to download the results. We were told us that there were local plans to implement the electronic system needed to access the hospital patient results records.

Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.

We reviewed the staff files for five staff employed at the practice. At the inspection in July 2016 we found that these were not consistently complete to confirm that appropriate recruitment checks which had been undertaken prior to employment for all staff. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Evidence was available to confirm that all staff had DBS checks completed. We found at this inspection that the practice had followed its policy to complete all employment checks for the GP locums and evidence was in place to confirm their suitability to work safely with patients. We found that the practice did not have a system in place to explain and record their decision following the receipt of criminal records checks with negative information.

### Monitoring risks to patients

The practice had procedures in place to manage and monitor risks to patients, staff and visitors to the practice. A health and safety policy was available and a poster was displayed. Regular fire drills had been carried out. Evidence showed that fire risk assessments had been carried out and checks made on fire extinguishers, fire signs, panic alarms and smoke detectors. At the inspection in July 2016 we found that a full legionella (a bacterium that can grow in contaminated water and can be potentially fatal) risk assessment had not been carried out. At this inspection we found that an assessment had been completed and action

## Are services safe?

taken to address any recommendations made. All electrical equipment had been checked to ensure the equipment was safe and clinical equipment had been calibrated to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted

staff to any emergency. All staff had received recent annual update training in basic life support. The practice had a defibrillator (this provides an electric shock to stabilise a life threatening heart rhythm) available on the premises and oxygen with adult and children's' masks. Systems were in place to ensure emergency equipment and medicines were regularly checked. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date. The practice had a business continuity plan in place for responding to emergencies such as loss of premises, power failure or loss of access to medical records. A copy of the plan was kept of site.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

During our previous inspection in June 2016, we found that the arrangements for ensuring systems or processes to support a well-led service were not adequate. This was because:

- Systems to demonstrate appropriate action was taken to address medicine safety alerts was not in place.
- Arrangements to minimise the risks to patients and staff in all areas were not completed.

This resulted in the practice being rated as requires improvement for providing well-led services.

The visit in July 2016 also identified:

- The minutes of meetings did not evidence staff involvement in decisions on the operation of the practice.

These arrangements had significantly improved when we undertook a follow up inspection on 10 April 2017. The practice is now rated as good for providing well-led services.

### Vision and strategy

The practice had a vision to provide high quality care with compassion, empathy and through innovation promote good outcomes for patients. Staff and patients felt that they were kept informed about any future plans for the practice. Staff told us that the practice vision was shared and discussed at staff appraisals.

### Governance arrangements

At this inspection we saw improvements in the governance arrangements within the practice which supported the delivery of the practices strategy for good quality care. This outlined the structures and procedures in place and ensured that:

- Systems to demonstrate appropriate action was taken to address medicine safety alerts were not in place.
- The arrangements for identifying, recording and managing risks and implementing mitigating actions had improved. For example:
  - A legionella risk assessment had been completed and recommendations acted on.

- Procedures to demonstrate that appropriate employment checks would be completed had been reviewed and implemented.
- We saw that the practice had reviewed its arrangements for managing significant events, which included implementing an appropriate form for recording incidents. However we found that the level of detail recorded in the forms did not clearly show what information was shared and which staff the learning outcomes were shared with. The records did not fully reflect the information shared by staff at the inspection.
- The practice had arrangements in place to ensure staff were supported to attend training relevant to their role and competency and supervision checks had been completed for relevant staff.

### Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP and the management team encouraged a culture of openness and honesty. There were systems in place to ensure that when things went wrong with care and treatment affected patients received reasonable support, relevant information and a verbal and written apology.

There was a clear leadership structure in place and staff told us that they felt supported.

The patient participation group was active and staff felt supported by the management team. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We found although the recording of the minutes of meetings had improved there remained gaps to show what staff had attended the meetings, clearly describe the agenda items discussed and how the minutes were shared with the wider practice team.

### Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

service. The practice continued to gather feedback from patients through the patient participation group (PPG) and through surveys, which included the outcome of friends and family surveys and complaints received.

The practice had gathered feedback from staff through appraisals and informal discussions. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice had acted on the issues identified at the last inspection to support improvements for example, effective changes were made to ensure staff had competency checks and supervision completed. Staff were provided with opportunities to attend training relevant to the work they carried out and update their skills. The practice had

completed reviews of significant events and other incidents. We saw records to confirm this. The practice had improved the documentation for recording significant events.

The practice is one of the 26 General Practitioners who have joined together to provide Primary and Extended Primary Care to 47,000 patients through 8 Practices. The group is called 'Wolverhampton Total Health Care (WTHC)' and the model of care called the Primary Care Home model. The group planned to provide care at the most appropriate place for the patient. The group planned to work with patients, community organisations, pharmacies, fire service, social care and secondary care teams, and the Clinical Commissioning Group.

The practice was in the process of changing its electronic patient information system, which would improve sharing and accessibility of patient information across other health services.