

Griffiths Drive Medical Practice

Inspection report

75 Griffiths Drive
Wolverhampton
WV11 2JN
Tel: 01902731250
www.griffithspractice.co.uk

Date of inspection visit: 20 September 2022
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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 safe? Good 

Are services effective? Good 

Are services caring? Good 

Are services responsive to people's needs? Good 

Are services well-led? Good 

Overall summary

We carried out an announced comprehensive inspection at Griffiths Drive Medical Practice on 20 September 2022. Overall, the practice is rated as good.

Safe - good

Effective - good

Caring - good

Responsive - good

Well-led - good

This is the first inspection of Griffiths Drive Medical Practice following its registration in June 2021 and includes the safe, effective, caring, responsive and well-led key questions.

Why we carried out this inspection

We carried out this inspection as part of our regulatory inspection process.

How we carried out the inspection:

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.

Our findings

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 found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Staff demonstrated awareness of actions required if they suspected safeguarding concerns.
- Staff files were not all organised so that relevant documents were readily and easily accessible in one place.
- We found that the immunisation status of all staff was not consistently available to demonstrate any immunisation that was incomplete.
- The practice had a system for recording and disseminating actions carried out as a result of significant events to support learning and improvement.

Overall summary

- The practice had taken appropriate action to support and protect patients identified as at risk from harm.
- Patients received effective care and treatment that met their needs.
- There were some gaps in the documentation of a patients review to show clearly details of the review and its outcome.
- There was a below average uptake by patients of preventative treatments in particular, childhood immunisations and cervical screening.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The results of the National GP Patients survey identified that patients had a positive experience of the practice and felt there was access to timely care and treatment.
- The provider had updated its telephone system to improve patient access to the practice.
- The practice had management oversight of staff qualifications and training.
- Staff were clear and knowledgeable about their lead roles and responsibilities.
- Effective governance arrangements had been implemented to mitigate risks and ensure patients were kept safe.
- The way the practice was led and managed promoted an inclusive culture where people could speak openly and be involved in the delivery of high-quality, person-centred care.

Whilst we found no breaches of regulations, the provider **should**:

- Continue to develop and improve the recruitment processes and standard of staff documentation held.
- Provide evidence that staff vaccination and immunity for potential health care acquired infections are recorded or risk assessed for all staff.
- Introduce processes for the ongoing review and follow up of safety alerts to demonstrate that any changes or action taken in response to the alert is maintained.
- Improve the uptake of childhood immunisations and cervical cancer screening.
- Continue to proactively identify carers so that they can be supported to access services available to them.

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

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Griffiths Drive Medical Practice

Griffiths Drive Medical Practice is located in Wednesfield, Wolverhampton. The registered address for the practice is at:

75 Griffiths Drive

Wednesfield

Wolverhampton

WV11 2JN

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

The practice is situated within the Black Country Integrated Care Board (ICB) Integrated Care System (ICS) and provides services to patients under the terms of a general medical services (GMS) contract. This is a contract between general practices as independent contractors and NHS England to provide general medical services to its patient population of approximately 3,950.

The practice is part of a wider primary care network (PCN) of GP practices called Unity East Network. A PCN is a wider network of GP practices that work together to address local priorities in patient care.

Information published by Public Health England shows that deprivation within the practice population group is in the third decile (one of 10). The lower the decile, the more deprived the practice population is relative to others. According to the latest available data, the ethnic make-up of the practice area is 89.5% White, 4.8% Asian and 2.8% Mixed. The remaining 2.9% are of Black and other ethnicity. The age distribution of the practice population is mainly made up of working age. There is a similar number of male patients and female patients registered at the practice.

The provider is a partnership who registered with the CQC in June 2021. The practice clinical team consists of two GP partners, both male, two salaried GPs one of whom is female. The clinical team also includes an advanced nurse practitioner, two practice nurses and a healthcare assistant. The practice has recently been provided with the support of a clinical pharmacist through the primary care network. The clinical staff are supported by a practice manager, and administration, secretarial and reception staff. Staff are employed either full or part time hours to meet the needs of patients.

The practice is open between 8am and 6.30pm Monday to Friday. When the practice is closed extended hours access is provided locally through the PCN local hub arrangements, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111.