

# Saddlers Health 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

Are services safe?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection visit of Saddlers Health Centre, in December 2015. As a result of our comprehensive inspection a breach of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified an area where the provider must make improvement and an area where the provider should improve.

We carried out a focussed desk based inspection of Saddlers Health Centre on 22 February 2017 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Saddlers Health Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Our key findings across all the areas we inspected were as follows:

- As part of our desk based inspection we noted improvements in the practices recruitment procedures, risk management and record keeping.
- For example, during our previous inspection in December 2015 we identified gaps in evidence to assure us that appropriate recruitment checks were undertaken prior to employment.

- Shortly after our inspection took place we received assurance and evidence to demonstrate that some checks had been completed such as Disclosure and Barring Service (DBS) checks. Furthermore, as part of our desk based inspection we saw that the practice had a comprehensive recruitment policy in place and in addition to this we saw evidence to demonstrate that appropriate recruitment checks were in place for practice staff.
- During our previous inspection we found that the practices policy on lone working was not effective enough to meet current practice requirements for staff that worked alone. We also saw that risks associated with lone working were not formally assessed. Shortly after our inspection we saw that the practice reviewed their lone worker policy and implemented a programme of formal risk assessments to support lone working in the practice.
- As part of our desk based inspection we saw copies of a formal risk assessment for staff that worked alone, records supported that risk was managed and continually monitored with effective control measures in place.

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

Good



- During our previous inspection in December 2015 we identified gaps in the practices recruitment procedures and there were gaps in evidence to assure us that appropriate recruitment checks were undertaken prior to employment. Shortly after our inspection took place we received assurance and evidence to demonstrate that some checks had been completed such as Disclosure and Barring Service (DBS) checks.
- As part of our desk based inspection we saw that the practice had a comprehensive recruitment policy in place and in addition to this we saw evidence to demonstrate that appropriate recruitment checks were in place for staff.
- During our previous inspection we found that the practices policy on lone working was out of date and not effective enough to meet current practice requirements for staff that worked alone. We also saw that risks associated with lone working were not formally assessed.
- Shortly after our inspection we saw that the practice reviewed their lone worker policy and implemented a programme of formal risk assessments to support lone working in the practice. Additionally, we saw copies of a formal risk assessment for staff that worked alone as part of our desk based inspection. Evidence supported that risk was managed and continually monitored with effective control measures in place.

# Saddlers Health Centre

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to Saddlers Health Centre

Saddlers Health Centre is a long established practice located in the Walsall area of the West Midlands. There are approximately 3270 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. 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 clinical team includes a male and a female GP partner, two practice nurses and two health care assistants. The GP partners and the practice manager form the practice management team and they are supported by a team of five staff members who cover reception, secretarial and administration roles.

The practice is open for appointments between 8am and 6:30pm during weekdays, except for Fridays when the practice closes at 1pm. The practice offers extended hours on Wednesdays between 6:30pm and 7:30pm.

Patients are directed to the Waldoc urgent care provider after 1pm on Friday, if contacting the practice for primary medical care during the afternoon. There are also arrangements to ensure patients receive medical assistance during the out-of-hours period.

## Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in December 2015.

## How we carried out this inspection

We undertook a focussed desk based inspection on 22 February 2017. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

### Overview of safety systems and processes

When we inspected the practice in December 2015 we saw that an infection control policy was in place, however not all staff had received infection control training. For example, reception staff had only received training in hand washing techniques. As part of our desk based inspection the practice shared records of a staff training programme which ensured that staff continually attended mandatory and essential training. We saw that staff had completed training in infection control principles and with training updates booked in also.

During our previous inspection in December 2015 we reviewed three personnel files and found that there were some gaps in recruitment checks being undertaken prior to employment. For instance references were only available in one of the three personnel files. We also found that risk had not been formally assessed in the absence of Disclosure and Barring Service (DBS) checks for two staff members to determine if DBS checks were necessary. 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.

Shortly after our inspection took place we received further evidence to demonstrate that all staff members had DBS checks in place. Additionally, as part of our desk based inspection the practice submitted a copy of their current recruitment policy and supporting evidence.

We saw that the recruitment policy contained appropriate recruitment specifications and induction requirements, for example:

- There were embedded checklists in place to ensure that the practice requested relevant recruitment records from new starters, including two references and various forms of identification.
- There was also a requirement for staff members to complete confidentiality agreements and to provide evidence of employment history information, qualifications and evidence of registration with the appropriate professional body for clinical staff.

- The practices recruitment policy highlighted a requirement for all new starters to complete DBS checks; this included clinical and non-clinical staff.

As part of our desk based inspection we saw three samples of supporting records to demonstrate that appropriate recruitment checks were in place for staff. This reflected one of the practices GPs, a practice nurse and a non-clinical staff member. Two of these staff members had joined the practice since our previous inspection in December 2015. The practice also reiterated that all staff currently had DBS checks in place, this included staff who chaperoned and staff were only able to chaperone once they had completed chaperone training. We also saw that this was included in the practices chaperoning policy.

### Monitoring risks to patients

When we inspected the practice in December 2015 we saw records to support that electrical equipment was checked for safety of use and clinical equipment was checked to ensure it was working properly. At the time of our previous inspection we noted that recent testing records highlighted that the spirometer failed its test and during the inspection we found that the item was not repaired or replaced. A spirometer measures lung function including the volume and speed of air that can be exhaled and inhaled and is a method of assessing lung function. We did however receive assurance from the practice shortly after the inspection to confirm that the equipment was repaired. Furthermore, as part of our desk based inspection the practice shared calibration records from November 2016 and electrical equipment testing records from October 2016 to ensure that clinical and electrical equipment was checked and working properly.

During our previous inspection we found that the practices policy on lone working was out of date and not effective enough to meet current practice requirements for staff that worked alone. We also saw that risks associated with lone working were not formally assessed. Shortly after our inspection we saw that the practice reviewed their lone worker policy and implemented a programme of formal risk assessments to support lone working in the practice. As part of our desk based inspection we saw further evidence of the practices lone worker policy which was reviewed at the beginning of February 2017. We also saw copies of a formal risk assessment for staff that worked alone and noted that risk was managed and continually monitored with effective control measures in place.

## Are services safe?

When we inspected the practice in December 2015 we found that the emergency call system in the disabled toilet was out of order and that no one had reported this. As part of our desk based inspection we spoke with a member of the management team who confirmed that the emergency call system had been repaired and was currently working.

During our previous inspection we found that the practice was having difficulty in retaining administration staff and had seen a large turnover of staff during the past twelve months which was causing pressure on the existing staff and affecting staff morale. Discussions with a member of the management team and supporting evidence reviewed as part of our desk based inspection highlighted that the

practice had been through a recruitment drive with many new staff members that had joined the team since our inspection took place in December 2015. This included a new practice manager, newly recruited receptionists and most recently, new members of the nursing team.

During our desk based inspection we spoke with the practice manager who confirmed that staff were actively supported and encouraged to openly report concerns. Staff could do this either one to one, during monthly practice meetings or as part of their personal appraisals. The practice was also focussing on staff morale by offering staff incentives for areas such as good attendance.