

All Saints and Rosevillas Medical Practice

Quality Report

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Date of inspection visit: 16 March 2017
Date of publication: 16/05/2017

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 effective?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

This was a desk-based focussed review of All Saints and Rosevillas Medical Practice carried out on 16 March 2017. During our previous inspection on 19 January 2016 we found that the practice performance related to the care of people experiencing poor mental health (including people with dementia) was significantly lower than the local Clinical Commissioning Group (CCG) and National averages. After this desk-top review we found the practice had made improvements for this population group. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for All Saints and Rosevillas Medical Practice on our website at www.cqc.org.uk.

- The practice was rated as requires improvement for the population group 'People experiencing poor mental health (including people with dementia)'

This inspection was a desk-based review carried out on 16 March 2017 to confirm that the practice had implemented its plan to improve its performance in meeting the care needs of people experiencing poor mental health (including people with dementia). 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:

- The practice performance for the care and treatment of patients experiencing poor mental health (including patients with dementia) had improved over the past two years. The practice had put systems in place to ensure ongoing improvements and monitoring of its performance.

During our previous inspection in January 2016, we found that there were areas that the practice should make improvements. For this review the practice provided information to demonstrate the action they had, and were continuing to take to address these areas. This included:

- At the inspection in January we found that a Legionella risk assessment had been carried out but the practice had not acted on the recommendations made in the assessment report, which included the need to flush taps and check water temperatures to monitor and control the risk of legionella. Information provided by the practice manager for this desk-top review showed that the practice had addressed these concerns. Information and documents we received showed that the practice had worked with a health and safety team and had repeated a legionella risk assessment. The outcome

Summary of findings

showed that the level of risk at the practice was low and appropriate health and safety risk assessments were in place to ensure the safety of patients, visitors and staff. The cleaning company used by the practice flushed the water system within the practice, and reported any problems to the practice manager. A named group of staff were responsible for recording the water temperatures. These staff carried out these tasks on a rota basis to ensure that the monitoring continued during annual leave or staff sickness. Staff had also received training to ensure that they knew how to use the equipment and record accurate data. This data was recorded on a monthly basis to ensure the safety of staff, visits and patients.

- At the inspection in January 2016 we found some gaps in training for both clinical and non-clinical staff. A staff training matrix showed that some staff had received training in basic life support, infection control, fire safety and safeguarding. Information we received for the desktop review showed that

To improve communication with all staff a practice wide meeting was introduced every first Thursday of the month. This included, administration staff, reception staff, practice nurses, healthcare assistant and GPs. Guest speakers were also invited to attend these meetings. An example of the minutes for meeting held in 2017 showed that the topics discussed included operational changes at both sites, significant events, infection prevention, health & safety, complaints and the training needs of staff.

- During our previous inspection in January 2016, we found that the practice had plans in place to encourage more structured and regular feedback from patients. This included actively advertising and encouraging patients to form a patient participation

group (PPG) to work with the practice and be involved in its future plans for development. Information provided by the practice for this review showed that progress had been made to encourage patients to be involved in the running of the practice. The practice manager and one of the GP partners told us that although the PPG had been slow to build and gain momentum, meetings had been held. Five patients had attended the last PPG meeting. The practice found that patients were reluctant to take on the responsibility of chairing the meetings but were keen to listen and make comments and suggestions. Minutes of these meetings were completed and copies were seen for meetings held in May 2016 and January 2017. The practice was looking at other ways to encourage the growth of the PPG, which included an open day to showcase the work of the PPG.

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

- Ensure that records are up to date to accurately demonstrate all relevant training undertaken by all staff.

At our previous inspection on 19 January 2016, we rated the practice as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice had acted on the concerns and as a consequence ratings for the practice in this population group has been updated to reflect our most recent findings. The practice is now rated as good for this population group.

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 effective?

The practice is rated as good for providing effective services. The practice had improved its performance over the past two years for the care of patients experiencing poor mental health (including patients with dementia). Overall performance data showed significant improvements for the care of patients with severe poor mental health. Performance had increased from 43% for the year 2014/15 to 76% in 2015/16. Performance for dementia related indicators also showed significant improvements from 44% in 2014/15 to 100% in 2015/16. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Summary of findings

The six population groups and what we found

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

People experiencing poor mental health (including people with dementia)

At a comprehensive inspection we always inspect the quality of care for these six population groups:

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

For this desk-top review we only looked at the quality of care for people experiencing poor mental health (including people with dementia). This was because we rated the practice as requires improvement for this population group at the inspection in January 2016.

The provider had addressed the concerns identified and improved their performance for the care of people experiencing poor mental health including people with dementia. This population group rating has been updated to reflect this. The practice is now rated as good for 'People experiencing poor mental health (including people with dementia)'.

- Performance for poor mental health indicators although still lower than the local and national averages, showed improvements. For example, the percentage of patients with severe poor mental health that had a recent comprehensive care plan in place for the 2015/16 QOF year had increased from 53% to 70%. (CCG and England averages 89%). The clinical exception report rate was lower 5.7% compared with the CCG average of 7.6% and the England average of 12.7%.
- Performance for dementia related indicators showed significant improvements and was overall higher than the local CCG and national averages. For example, patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 87%, which was higher than the local CCG and national averages of 84%. The practice clinical exception rate of 0% was lower than the local CCG average of 6.1% and the England average of 6.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

Areas for improvement

Action the service SHOULD take to improve

Ensure that records are up to date to accurately demonstrate all relevant training undertaken by all staff.

All Saints and Rosevillas Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector.

Background to All Saints and Rosevillas Medical Practice

All Saints and Rosevillas Medical Practice is registered with the Care Quality Commission (CQC) as a partnership and provides services over two sites within the Wolverhampton area. The practice is easily accessible by varied public transport links or car. The practice has access for patients who use a wheelchair and parents using push chairs.

The practice has a registered list size of approximately 6000 patients. The population served is younger than the national average. The practice is located in one of the most deprived areas in the country. The practice is part of the NHS Wolverhampton Clinical Commissioning Group. The practice has a contract to provide General Medical Services (GMS) for patients. This is a contract for the practice to deliver general medical services to the local community or communities. The practice provided Directed Enhanced Services, such as the childhood vaccination and immunisation scheme and minor surgery. The practice provides a number of clinics for example long-term condition management including asthma, diabetes and high blood pressure.

The practice team consists of two GP partners and one salaried GP, (one male and two female), who provide

services which equate to two whole time equivalent GPs. The practice also use regular GP locums to support the clinicians and meet the needs of patients at the practice. The clinical practice team includes a practice manager, an advanced nurse practitioner who is also a prescriber, a practice nurse and two healthcare assistants. There are nine practice support staff, seven receptionists/administration staff, two secretaries, an administration apprentice and a cleaner. In total there are 12 staff employed either full or part time hours.

The practice is open between 8am to 6.30pm Monday to Friday. Appointments are from 8.30am to 11.00am and 3.30pm to 6pm Monday to Friday. Extended surgery hours are from 6pm to 7.20pm on Tuesdays. 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 Vocare via the NHS 111 service.

Why we carried out this inspection

We undertook a comprehensive inspection of All Saints and Rosevillas Medical Practice on 19 January 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement in the care of People experiencing poor mental health (including people with dementia). The full comprehensive report following the inspection in January 2016 can be found by selecting the 'all reports' link for All Saints and Rosevillas Medical Practice on our website at www.cqc.org.uk.

Detailed findings

We undertook a follow up desk-based focused inspection of All Saints and Rosevillas Medical Practice on 16 March 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 desktop based review of All Saints and Rosevillas Medical Practice on 16 March 2017. This involved reviewing evidence that:

- Improvements had been made in the care and treatment of patients experiencing poor mental health (including patients with dementia).

- A system that demonstrated staff were up to date with relevant training had been implemented.
- The actions identified in the legionella risk assessment were regularly undertaken.
- The process of setting up a Patient Participation Group had been had been completed.

For this review we:

- Spoke with one of the GP partners
- Spoke with the practice manager
- Looked at information and records provided by the practice

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 effective?

(for example, treatment is effective)

Our findings

Management, monitoring and improving outcomes for people

During our previous inspection in January 2016, we found that the practice performance for care and treatment was not provided in an effective way for all patients. This was because:

- The practice performance for the effective care and treatment for the population group 'People experiencing poor mental health (including people with dementia)' was significantly below the local and national averages. This resulted in the practice being rated as requires improvement for this population group.

The practice performance had significantly improved when we undertook a desktop review on 16 March 2017. The practice is now rated as good for providing effective care and treatment for people experiencing poor mental health and people with dementia.

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. We found at the inspection in January 2016 that the practice was performing much lower in comparison to the local and national averages in the care and treatment of patients experiencing poor mental health (including patients with dementia). The QOF data from 2014/15 included in the January 2016 report showed that the practice performance for mental health assessment and care was 53.33% compared to the national average of 88.47%. The dementia diagnosis rate was 50% compared to the national average of 84.01%. Information we received from the practice showed that the following improvements had been made for this population group:

- Performance for poor mental health indicators although still lower than the local and national averages, showed improvements. For example, the percentage of patients with severe poor mental health that had a recent comprehensive care plan in place for the 2015/16 QOF year had increased from 53% to 70%. (CCG and England averages 89%). The clinical exception report rate was lower 5.7% compared with the CCG average of 7.6% and England average of 12.7%. Further information received

from the practice showed that its performance for this group of patients for 2016/17 had further improved to 100%. Data for the 2016/17 QOF year had not yet been validated.

The practice had put systems in place to ensure that all patients needing checks for Lithium (A medicine used to treat patients with mood disorders) were recalled. The practice health care assistant was responsible for coordinating this. There was also a recall system for all patients on the practice mental health register to ensure that all patients received a regular review. The practice had also implemented a policy to ensure that patients diagnosed with depression were only issued a month supply of medicines, and received a review before any further medications were re-issued.

- Performance for dementia related indicators showed significant improvements and was overall higher than the local CCG and national averages. For example, patients diagnosed with dementia who received a face-to-face review in the preceding 12 months was 87%, which was higher than the local CCG and national averages of 84%. The practice clinical exception rate of 0% was lower than the local CCG average of 6.1% and the England average of 6.8%. Further information received from the practice showed that its performance for this group of patients for 2016/17 had further improved to 100%. Data for the 2016/17 QOF year had not yet been validated.

The practice had ensured systems were in place to provide patients with access to dementia screening if required. Regular clinical searches were made to ensure that the dementia register was up to date.

Effective staffing

At the inspection in January 2016 we found some gaps in training for both clinical and non-clinical staff. A staff training matrix showed that some staff had received training in basic life support, infection control, fire safety and safeguarding.

Information we received for this desktop review showed that all staff were given the opportunity to enhance their own personal development needs, and update their mandatory skills. All staff had a personalised training log. Staff were given protected time on Thursday afternoons to support their learning. Staff were actively encouraged to update their skills and knowledge. Resources provided to

Are services effective?

(for example, treatment is effective)

support staff included webinars, online training, and updated policies. Staff progress was discussed at annual appraisals and details of training included in the minutes of staff meetings. The staff training matrix we received showed that the number of staff that had received training

in topics such as safeguarding and fire safety had increased. However the matrix was not complete and up to date to confirm that staff had attended all of the required training.