

Sycamore House 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

Are services safe?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection visit of Sycamore House Medical Centre in March 2016. As a result of our comprehensive inspection the practice was rated as requires improvement for providing safe services and good for effective, caring, responsive and well-led. At this time we identified a breach of regulation around safe care and treatment. This was because the provider, in the absence of checks with the disclosure and barring service (DBS) did not ensure that appropriate risk assessments were carried out or ensure the completion of appropriate training for staff who acted as chaperones. As a result we identified areas where the provider must make improvement and some areas where the provider should improve.

Following the inspection the practice sent us an action plan detailing the actions they were going to take to improve.

We carried out this focussed desk based inspection of Sycamore House Medical Centre on 15 December 2016 to check that the provider had made improvements in line with our recommendations and to ensure regulations were now being met. 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 Sycamore House Medical Centre on our website at www.cqc.org.uk. Our key findings across all the areas we inspected were as follows:

- Since our comprehensive inspection which took place in March 2016, systems were now in place to ensure risks to patients were assessed and well managed. As part of our desk based inspection the management team provided evidence to demonstrate that appropriate checks with the disclosure and barring service had been carried out for staff. (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). The practice had included oxygen along with adult and child masks to their equipment used to respond to a medical emergency.
- During our previous inspection staff who carried out chaperoning were not all trained for the role and were unable to demonstrate how they would carry out the role effectively. Staff had now received appropriate training and members of the nursing team were able to provide in-house training.
- When we inspected the practice in March 2016 we saw that the practice carers list was below 2%. The practice had now implemented a number of measures to improve the identification and support of carers. The practice now incorporated questions in the new patient registration form to help increase identification

Summary of findings

of carers and used social media to encourage patients to inform the practice if they were carers. As a result of the practice drive to identify carers' data provided by the practice as part of our desk based inspection showed that the practice held a register of 19 carers; this equated to 0.44% of the patient population which was an increase of 0.25% since the previous inspection. The practice explained that they were continuing with efforts to ensure they identified and supported all carers registered as patients at the practice.

- For example, we were told that the lead GP carried out ward rounds at the local children's hospice and provided information to raise awareness of various support services available within the community.
- The practice manager explained that eligible carers had access to annual health checks, flu vaccinations and a stress levels review. Data provided by the practice showed that 90% of patients who were carers had been offered a flu vaccination although some had declined or received this from an alternative healthcare provider; and 95% had a health review in the last 12 months.
- When we first inspected the practice we saw that the practice patient participation group (PPG) had a low number of members and information promoting the PPG was limited. The chair we spoke with as part of the previous inspection explained that the practice were exploring ways to increase patient engagement.

- Evidence provided as part of the desk based inspection showed that the practice launched a Facebook page, updated their web site where patients were able to access minutes from previous meetings. The web site also included a PPG expression of interest form to increase PPG members.
- As a result of actions taken by the practice there were nine active PPG members and the practice was working with the PPG chair and Clinical Commissioning Group with a view of signing up to the national association for patient participation (NAAP).
- Members of the management team provided examples of where the PPG have been involved in decisions about future development opportunities. For example, meeting minutes' provided as part of the desk based inspection demonstrated that the practice was actively involving patients in the merger with Umbrella medical group by asking patients to comment on any concerns they had about merger. We also saw that the practice responded to patients request for information on the staffing structure by developing a flow chart of staff and their clinical skills to enable patients to become more aware of staff roles and responsibilities.

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?

Good



- During our previous inspection we found that in the absence of appropriate checks through the Disclosure and Barring Service (DBS) the practice did not ensure that appropriate risk assessments were carried out for staff who acted as chaperones. Evidence provided as part of our desk based inspection showed that appropriate checks had since been carried out.
- Staff who carried out chaperoning duties had previously not received training to carry out this role effectively. During the desk based inspection we spoke with members of the management team who confirmed that staff have now received training from members of the nursing team.
- When we previously inspected the practice we found that adequate risk assessments to ensure arrangements were in place to respond to medical emergencies had not been carried out. As a result the practice assessed the risks and introduced further arrangements to respond to a medical emergency such as ensuring oxygen with adult and children's masks were available on the premises.

Sycamore House Medical 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 Sycamore House Medical Centre

Sycamore House Medical Centre is located in Walsall, West Midlands situated in a multipurpose NHS building, providing NHS services to the local community.

Based on data available from Public Health England, the levels of deprivation in the area served by Sycamore House Medical Centre are above the national average, ranked at seven out of 10, with 10 being the least deprived. Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The practice serves a higher than average patient population aged 65 and above.

The patient list is approximately 4,320 of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The surgery 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 surgery is situated on the ground floor of a multipurpose building. Parking is available for cyclists and patients who display a disabled blue badge. The surgery has automatic entrance doors and is accessible to patients using a wheelchair.

The practice merged with Umbrella Medical Group in August 2016. Umbrella Medical Group is a Walsall based super-partnership which comprises of four GP practices providing GMS and Alternative Provider Medical Services (APMS) contract with the Clinical Commissioning Group (CCG) for approximately 21,000 patients. The partnership comprises of seven GP partners; five male and two female. As a result of the merger the practice management were in the process of adding Sycamore House under the provider name of Umbrella Medical.

Sycamore House Medical Centre staffing comprises of one male GP, one male long term sessional locum GP; as part of the merger with Umbrella Medical Group the practice were discussing the option of accessing female GPs located at other practices within the group. There are two practice nurses, one advanced nurse practitioner, one nurse practitioner and a health care assistant. There is a practice manager; a locality practice manager and a team of administrative staff. The practice is also an approved training practice and provides training to medical students from the University of Birmingham. There are two Foundation Year two Doctors (FY2s).

Detailed findings

The practice is open between 8am and 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. Thursday opening times are between 8am and 1pm. Extended opening hours are available from 7.30am to 8am on Mondays, Thursdays and Fridays.

GP consulting hours are from 8am to 6.30pm on Mondays, Tuesdays, Wednesdays and Fridays. Thursday opening times are between 8am and 1pm. Extended opening hours are available from 7.30am to 8am on Mondays, Thursdays and Fridays. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery.

The practice has opted out of providing cover to patients in their out of hours period. During this time services are provided by NHS 111. During in service closure times services are provided by WALDOC (Walsall doctors on call).

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Are services safe?

Our findings

Overview of safety systems and processes

When we inspected the practice in March 2016 we found that in the absence of appropriate checks through the Disclosure and Barring Service (DBS) the practice did not ensure that appropriate risk assessments were carried out for staff who acted as chaperones. (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).

As part of our desk based inspection we saw records to demonstrate that the practice had carried out the appropriate checks through the Disclosure and Barring Service in line with the practice policy and procedures.

Previously staff were carrying out chaperoning duties; however, had not received appropriate training and were unable to demonstrate the procedures they would follow in order to carry out this role effectively. During the desk based inspection we spoke with members of the management team who confirmed that staff have now received chaperoning training from members of the nursing team who were qualified trainers.

Arrangements to deal with emergencies and major incidents

During our inspection in March 2016 we found the availability of equipment to respond to a medical emergency within the practice was limited. For example the practice did not have access to oxygen or children and adult face masks and did not carry out a risk assessment to mitigate risks. The practice had since carried out a risk assessment and reviewed the availability of equipment to enable the practice to respond effectively to a medical emergency. As a result of their risk assessment the practice introduced the following:

- The practice had oxygen with adult and children's masks available on the premises.
- A control of substances hazardous to health (COSHH) risk assessment for the compressed medical oxygen tank had been completed in the last 12 months.
- Regular checks of oxygen levels were incorporated in the check list for emergency equipment.