

# Drs Bryan, Hadley, Jones & Chan

## Quality Report

Dale Medical Practice  
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Website: [www.dalemedicalpractice-wombourne.nhs.uk](http://www.dalemedicalpractice-wombourne.nhs.uk) Date of publication: 14/06/2017

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 safe?

Good



# Summary of findings

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Drs Bryan, Hadley, Jones & Chan	5
Why we carried out this inspection	5
How we carried out this inspection	5
Detailed findings	7

## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Drs Bryan, Hadley, Jones and Chan on 21 March 2016.

We found that there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed:

- The provider could not evidence that the appropriate recruitment checks had been completed on all staff employed.

A requirement notice was served on the practice in respect of the breach of regulations. The practice subsequently sent us an action plan to say what they would do to meet legal requirements.

The overall rating for the practice at the original inspection was good and the full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Drs Bryan, Hadley, Jones and Chan on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced focused inspection on 25 May 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 in our

March 2016 inspection. We visited the practice to review the improvements made. This report only covers our findings in relation to those requirements and additional improvements made since our last inspection. The legal requirements had been met and the rating in the safe key question changed from requires improvement to good.

Our key findings were as follows:

- The practice had completed a disclosure and barring service (DBS) check or risk assessment for all staff employed.
- The practice had identified and planned training needs for practice staff. Training had been completed or planned.
- Staff had received an annual appraisal.
- There was a risk log and completed risk assessments for each risk identified.
- Monitoring checks mentioned in the legionella risk assessment had been completed (Legionella is a bacterium which can contaminate water systems in buildings).
- There was an effective recall system for patients with learning disabilities to have annual health checks completed.
- Learning from complaints was seen to have been shared with staff.

# Summary of findings

**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



- The practice had completed a disclosure and barring service (DBS) check or risk assessment for all staff employed.
- The practice had implemented a system that identified and planned training needs for all practice staff. Training had been completed or planned.
- Staff had received appraisals and personal development plans had been produced.
- There was a risk log and completed risk assessments for each risk identified.
- Monitoring checks mentioned in the legionella risk assessment had been completed in accordance with the recommended frequency (Legionella is a bacterium which can contaminate water systems in buildings).
- There was an effective recall system for patients with learning disabilities to have annual health checks completed. The practice held a register and we saw that each of the 31 patients on the register was regularly monitored.
- Learning from complaints was seen to have been shared with staff through informal discussion, practice meeting and an internal newsletter.

# Drs Bryan, Hadley, Jones & Chan

## Detailed findings

### Our inspection team

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

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

## Background to Drs Bryan, Hadley, Jones & Chan

Drs Bryan, Hadley, Jones and Chan are the GP partners at Dale Medical Practice. This is a semi-rural practice located in the village of Wombourne. The practice is situated in a building converted in 2001 from previously being a public house. The practice population has low deprivation and low unemployment when compared to national averages. Life expectancy is in line with the national average. The practice has a patient list size of 6,575 of which a higher percentage are elderly patients; 25% are 65 and over compared to the national average of 17%.

The practice has four GP partners whose combined number of clinics is equal to three point two five whole time equivalents. The partners are assisted by a clinical team consisting of a practice nurse and a second nurse working on a sessional basis of approximately three hours per week. The administration team consists of a practice manager, a senior administrator, and seven supporting staff.

The practice is open from 8am Monday to Friday. Extended hours appointments are offered on a Monday and Thursday when the practice is open until 7.15pm and on a Tuesday when the practice is open until 7.30pm. On

Wednesdays and Fridays the practice closes at 6.30 pm. Appointment times are from 8.30am until 11am in the morning and from 3.30pm to 6pm in the afternoon. Extended hours appointments are available until 7pm on a Monday and a Thursday, and until 7.15pm on a Tuesday.

When the practice is closed the telephone lines are diverted to the NHS 111 service and there is an out of hours service provided by Malling Health. The nearest hospitals with A&E units are situated at Dudley and New Cross Hospital, Wolverhampton. There are minor injury units at Dudley and Wolverhampton.

## Why we carried out this inspection

We undertook a follow up focused inspection of Drs Bryan, Hadley, Jones and Chan on 25 May 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 21 March 2016 had been made. The full comprehensive report following the March 2016 inspection can be found by selecting the 'all reports' link for Drs Bryan, Hadley, Jones and Chan on our website at [www.cqc.org.uk](http://www.cqc.org.uk). The practice was rated as good overall but we found that the service was not meeting some legal requirements.

# Detailed findings

## How we carried out this inspection

Before our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an announced focused inspection on 25 May 2017. During our inspection we:

- Spoke with the practice manager.
- Reviewed protocols and looked at information the practice used to deliver care and treatment.

# Are services safe?

## Our findings

During our previous inspection on 21 March 2016, we found that the practice had not protected patients and staff against the risk of receiving unsafe care and treatment. This was because:

- The practice had not completed a disclosure and barring service (DBS) check or risk assessment for all staff employed.
- The practice had not identified and planned training needs for practice staff.
- Not all staff had received regular appraisals.
- There was no risk log and completed risk assessments for each risk identified.
- Monitoring checks mentioned in the legionella risk assessment had not been completed (Legionella is a bacterium which can contaminate water systems in buildings).
- There was no effective recall system for patients with learning disabilities to have annual health checks completed.
- Learning from complaints was not always seen to have been shared with staff.

During our inspection on 25 May 2017 we found that the legal requirements had been met:

- The practice had completed a disclosure and barring service (DBS) check on all staff employed. An online system was used to carry out the checks and there was a protocol in place to repeat the checks every three years. We reviewed a report on checks completed that showed these had all been carried out in 2016 following our last inspection. A feature of the system notified the practice manager of any change in the records of staff who had been checked.
- The practice had introduced online training software that provided access for staff to complete training, individual training requirements that included the frequency of any refresher training and management reports on the status of individual's training programmes. We saw that there was a structured programme for all staff, and all identified training had been completed or planned. In addition, the practice supplemented the online training with informal sessions and provided face to face sessions for basic life support training. We saw that since our last inspection, the

nurses had been included with the GPs in some of the protected learning time events used to complete training for clinicians. For example, a recent event on safeguarding had been attended by the nursing team.

- We reviewed personnel files to find that all staff had received annual appraisals. Each appraisal included a preparation form, a report form and a training and development plan. We saw evidence that areas had been identified and action taken as a result of appraisals having been carried out. For example, the partners had agreed to support the practice manager's workload with the appointment of an assistant. The appraisals had identified skills among the workforce that could be utilised, for example, one member of staff had skills in audio-typing gained in previous employment. These skills had started to be utilised to develop the individual and enhance their role to incorporate medical secretarial duties. A second member of staff had been identified through the appraisal process as having the ideal profile to work with a new initiative that supported GPs with the handling of written correspondence from other healthcare providers.
- A comprehensive risk log and had been compiled used guidelines from the Health and Safety Executive (HSE). This consisted of a written record of all risks identified and an assessment to minimise the risk of occurrence. This had been completed in July 2016 and there was a protocol to review annually. Assessment completed included handling specimens, lone working (including home visits), gas appliances, fire safety and the use of visual display units (VDUs). The practice could demonstrate how the assessments had been used to further promote safe working. For example, a home visit procedure introduced included a record of all staff that carried out visits, noting the time they had left and where they were going.
- There were documented records of checks completed on the water system as identified in the legionella risk assessment. Taps were run monthly and a shower unit was run weekly.
- The practice was able to demonstrate that the register of 31 patients with learning disabilities was well managed. There had been 14 annual health checks completed in the last 12 months and no patients exception reported (exception reporting allows

## Are services safe?

practices not to be penalised, where, for example, patients do not attend a review, or where a full health check cannot be carried out). There were four residential homes local to the practices that housed patients with learning disabilities, many of whom were severely disabled. The practice was able to evidence that these patients were monitored regularly, and wherever possible, a full health check had been completed.

- The practice had implemented an internal newsletter to inform staff of any complaints received. We saw that since the last inspection, there had been five complaints, each of which was included in a newsletter. In addition, complaints were shared between staff informally and raised at practice meetings.