

Forrester Street Medical Centre

Inspection report

1 Forrester Street

Walsall

West Midlands

WS2 9LP

Tel: 01922 640604

www.modalitypartnership.nhs.uk/your-gp-practice/ Date of inspection visit: 11/07/2019

west-midlands/gp/forrester-street-medical-practice Date of publication: 22/08/2019

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

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



Overall summary

We carried out a short notice announced comprehensive inspection at Forrester Street Medical Centre on 11 July 2019 because of information of concern received about the service.

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.

During the factual accuracy period the provider sent us further information relating to safety concerns we raised. However, the information did not address all of the concerns and did not affect the judgement or rating.

We have rated this practice as inadequate overall.

We rated the practice as **inadequate** for providing safe services because:

- The management of safety systems was not effective particularly in relation to safeguarding, staff training, employment checks and health and safety checks.
- The systems, processes and practice that helped to keep patients safe and safeguarded from abuse were insufficient. The system in place at the practice had not always ensured that all children who did not attend their appointment following referral to secondary care were appropriately monitored and followed up. Not all staff were aware of the practice safeguarding lead.
- The processes for managing information within the practice were not effective. Staff did not have the information they needed to deliver safe care and treatment due to a back log of administrative work.
- The process for monitoring patient's health in relation to the use of medicines prior to prescribing was not always being followed.
- Not all significant events were reported or investigated and any learning that had been identified was not communicated effectively or embedded into practice.
- There was a lack of a systemic approach for ensuring patient safety alerts had been actioned.

We rated the practice as **inadequate** for providing effective services because:

- There was a lack of clinical oversight and structured information sharing.

- There was a lack of quality improvement activity.
- Information was not always shared effectively as it was not always available in a timely manner.
- Some performance data was significantly below local and national averages.

We rated the practice as **inadequate** for providing responsive services because:

- The practice was unable to meet the needs of the practice population.
- Patients were unable to book either same day or pre-bookable appointments when they needed them. Staff were inconsistent with providing advice about alternatives services available to patients.
- Patients found it difficult to get through to the practice on the telephone and often queued to be attended to at the reception desk.
- The premises was not fit for purpose and the planned alterations had not taken place.
- The practice did not document informal comments and complaints and therefore trend analysis and learning could not be derived from these incidents.

We rated the practice as **inadequate** for providing well led services because:

- There was a lack of leadership within the practice at all levels.
- Not all staff felt valued, supported or safe in their roles.
- There were gaps in the practice's governance systems and processes and the overall governance arrangements were ineffective.
- The practice had not implemented a clear and effective process for managing risks, issues and performance.
- We saw little evidence of systems and processes for learning and continuous improvement. Not all incidents were reported and investigated and any learning that had been identified was not communicated effectively or embedded.
- The practice did not document informal complaints and therefore trend analysis and learning could not be derived from these incidents.

These areas affected all population groups so we rated all population groups as **inadequate**.

We rated the practice as **requires improvement** for providing caring services because:

Overall summary

- Patients did not always feel that they were treated with care and concern, involved in decisions about their care or listened to.
- Patients were not provided with information regarding alternative provision when staff were unable to offer appointments.
- The number of identified carers was below one percent.
- Confidentiality was difficult to maintain in the main reception area.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider **should** make improvements are:

- Continue to improve uptake of cervical screening.
- Continue to identify carers to enable this group of patients to access the care and support they need.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a second CQC inspector, a GP specialist adviser and a Practice Manager adviser.

Background to Forrester Street Medical Centre

Forrester Street Medical Centre is part of the Modality Partnership. Modality Partnership is registered with the Care Quality Commission (CQC) as a partnership, with several services throughout England. Forrester Street Medical Centre is located in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease disorder or injury.

The practice holds an Advanced Provider Medical Services (APMS) contract with NHS England. APMS contracts are contracts between NHS England and general practices for delivering general medical services with a number of additional services. The contract is time limited.

The practice operates from Forrester Street Medical Practice, 1 Forrester Street, Walsall, West Midlands, WS2 9LP.

This practice was created following the merger of three practices formally known as Sai Medical Centre, Manor Medical Centre and Wharf Family Practice in October 2018 when the Modality Partnership were awarded the APMS

contract. Sai Medical Centre and Manor Medical Centre were based in the building at Forrester Street. The site used by Wharf Family Practice was closed at the time of the merger and services moved to Forrester Street.

There are approximately 10,335 patients of various ages registered and cared for at the practice. Forty-nine per cent of the people in the practice area are from black and minority ethnic (BME) groups. The practice provides GP services in an area considered to be the most deprived within its locality. Demographically the practice has a higher than average patient population aged under 18 years, with 29.5% falling into this category, compared with the local CCG average of 24% and national average of 21%. Six per cent of the practice population is above 65 years which is considerably lower than the local CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 51% which is in line with the local CCG and national averages. The practice life expectancy for patients is 76 years for males and 81 years for females which is below the national average.

The staffing consists of:

- Three long term locums (two male and one female).
- Two practice nurses and two health care assistants.

- A practice manager supported by a team of reception/administrative staff.

The practice is open between 8am and 6.30pm every day, and from 8am to 12pm on Saturdays. When the practice is closed patients are directed towards the out of hours provider via the NHS 111 service. Patients also have access to the Extended GP Access Service between 6.30pm and 9pm on weekdays, 10am to 3pm on weekends, and 11am to 1.30pm on bank holidays.

The practice does not routinely provide an out of hours to their own patients, but patients are directed to the out of hours service, through the NHS 111 service when the practice closed.

Additional information about the practice is available on their website at www.modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/forrester-street-medical-practice

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Care and treatment must be provided in a safe way for service users.
Maternity and midwifery services	How the regulation was not being met:
Surgical procedures	The provider had failed to ensure that assessments of the risk to the health and safety of service users receiving care or treatment had being carried out. In particular:
Treatment of disease, disorder or injury	<ul style="list-style-type: none">• The provider could not demonstrate the following risk assessments had been had completed: fire, control of substances hazardous to health or health and safety.• The provider had not acted to address the issues identified in the infection control audits.• The provider could not demonstrate that the required actions in the legionella risk assessment had been completed. The provider had failed to do all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: <ul style="list-style-type: none">• The provider did not have an effective system to ensure that children who did not attend their appointments following referral to secondary care were appropriately monitored and followed up.• The provider had not ensured that all staff were aware of the practice safeguarding lead.• The provider could not demonstrate that clinical staff followed best current practice guidelines including the National Institute of Clinical Excellence (NICE) guidelines.• The provider did not have an effective system for monitoring patients' health in relation to the use of medicines including high risk medicines prior to prescribing.

Enforcement actions

- The provider did not have sufficient administrative hours to manage the workload, resulting in a backlog of work which included summarising patient notes, referrals, coding of scanned documents, workflow tasks and laboratory reports.
- The provider was not able to meet the needs of the practice population, as patients were unable to get appointments and staff were inconsistent with signposting patients to alternative services.

The provider had failed to ensure that the assessment of the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated had been completed. In particular:

- The provider could not demonstrate that all relevant staff were immunised in line with current guidance.

This was in breach of Regulation 12 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider did not have effective processes for managing information within the practice. There was a lack of oversight and strategic planning to manage the backlog of work.
- The provider had not assessed and monitored the impact on safety resulting from the backlog of work or prioritised the work.
- The provider could not demonstrate effective governance structures and systems. Communication was ineffective due to the lack of clinical and practice meetings.
- The provider did not have a programme of clinical or internal review and could not demonstrate that the performance of clinical staff was reviewed.

Enforcement actions

- The provider could not demonstrate that clinicians followed good practice guidance or used electronic assessments and care plans appropriately and consistently.
- The provider could not demonstrate any quality improvement activity as the practice.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to health, safety and welfare of service users and others who may be at risk. In particular:

- The provider could not demonstrate that the recruitment procedures operated effectively as not all of the required information was available in staff files.
- The provider could not demonstrate that all staff were up to date with training including: basic life support, fire safety, infection control, sepsis awareness and principles of health and safety.
- The provider could not demonstrate effective oversight of safety alerts, incidents and complaints.
- The provider could not demonstrate that the significant event policy was consistently followed, or that learning from safety incidents took place.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the service provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The provider did not record informal comments or complaints. There was a lack of learning from complaints that had been recorded and investigated, which could have been used to improve care and treatment.
- The provider had not provided feedback to local care home staff and practice staff when they had raised issues.

This was in breach of Regulation 17(1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.