

Claverley Medical Practice

Inspection report

Spicers Close
Claverley
Wolverhampton
WV5 7BY

Tel: 01746710223

www.claverleymedicalpractice.co.uk

Date of inspection visit: 6 April 2022

Date of publication: 13/05/2022

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

Requires Improvement



Are services safe?

Requires Improvement



Are services effective?

Requires Improvement



Are services caring?

Requires Improvement



Are services responsive to people's needs?

Requires Improvement



Are services well-led?

Requires Improvement



Overall summary

We carried out an announced comprehensive inspection at Claverley Medical Practice on 6 April 2022. Overall, the practice is rated as requires improvement. We rated the key questions:

Safe: Requires improvement

Effective: Requires improvement

Caring: Requires improvement

Responsive Requires improvement

Well-led: Requires improvement

At a previous inspection on 12 November 2015, the practice was rated good overall and requires improvement for providing safe services. Breaches in two regulations were identified in relation to safe care and treatment and fit and proper persons employed. We carried out a follow up inspection on 12 January 2017 to review improvements. The practice was rated good overall and good in providing safe services. No further breaches of regulations were identified.

The full reports for previous inspections can be found by selecting the 'all reports' link for Claverley Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection.

This inspection was a comprehensive inspection following concerns we had received in relation to care and treatment and good governance.

How we carried out the inspection.

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing and on site and a staff questionnaire
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A site visit

Our findings

We based our judgement of the quality of care at this service on a combination of:

Overall summary

- 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.

We have rated this practice as requires improvement overall.

We rated the practice as requires improvement for providing safe care and treatment because:

- Siblings at potential risk within a household were not identified on the clinical system.
- Staff files were well organised but recruitment checks had not always been carried out in accordance with regulations.
- Controlled drugs were not stored in line with legislation.
- A breach in the cold chain had not been immediately acted upon or specialist advice sought in order to ascertain what action, if any, was required to ensure the safety and efficacy of vaccines.
- There were missed opportunities to raise and analyse significant events to allow reflection and learning and improve patient care.
- The oversight and management of vaccines administered under patient group directions (PGDs) was not effective.
- Processes for the safe handling of requests for repeat medicines were not effective as not all patients had received the required monitoring.
- The system to review and act on patient safety alerts was not always effective.

We rated the practice as requires improvement for providing an effective service because:

- Medication reviews were not always structured and failed to identify some patients who were overdue their monitoring.
- Staff received an appraisal of their work but the process required review.
- Further oversight was required for staff working in advanced roles.
- The practice had undertaken some quality improvement activity but this required further development to demonstrate improvement.

We rated the practice as requires improvement for providing a caring service because:

- The National GP Patient Survey 2021 results for the practice were lower than local and national averages in respect of providing caring services.
- Feedback from patients was varied about the way staff treated them.

We rated the practice as requires improvement for providing a responsive service because:

- The National GP Patient Survey 2021 results for the practice were lower than local and national averages in three of the four indicators in respect of providing responsive services.
- The practice had not always been responsive to the needs of their patients.
- Complaints were not always managed effectively. Opportunities to record complaints had been missed to improve the quality of care.

We rated the practice as requires improvement for providing a well-led service because:

- Governance structures, processes and systems were being developed but were not yet embedded into practice.
- Policies were available but systems to ensure accuracy were not always effective.
- There was no overarching system in place to identify trends in complaints or significant events or to review the effectiveness of any possible changes made within the practice.

Overall summary

We found two breaches of regulations. The provider **must**:

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

In addition, the provider **should**:

- Ensure staff employed receive protected time to fulfil their lead roles.
- Develop a quality improvement programme with a formalised improvement plan.
- Ensure siblings at potential risk within a household are identified on the clinical system.
- Ensure all recruitment checks are carried out in accordance with regulations.
- Consider ways of improving patient experience.

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

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit with a member of the CQC's medicine optimisation team. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Claverley Medical Practice

Claverley Medical Practice is located in Wolverhampton at:

Spicers Close

Claverley

Wolverhampton

WV5 7BY

The branch surgery at Pattingham has closed since the last inspection.

The provider is a partnership registered with CQC to deliver the regulated activities; diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

The practice is situated within the NHS South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group (CCG) and delivers General Medical Services (GMS) to a patient population of approximately 3515 people. This is part of a contract held with NHS England. The practice is part of the Seisdon Primary Care Network (PCN), a wider network of GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England reports the deprivation ranking within the practice population group is in the eighth decile (eight out of 10). The higher the decile, the less deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.4% of the registered patients, with estimates of 0.9% mixed, 0.9% Asian and 0.4% black and 0.2% other.

The practice is authorised to dispense medicines to patients who wish to receive them in this way.

The team consists three GPs including a long-term locum GP, one advanced clinical practitioner, one clinical pharmacist, a practice nurse, a healthcare assistant and dispensing staff. The clinical staff are supported by a managing partner, an assistant practice manager and a team of reception and administrative staff and a cleaner. Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, GP appointments are either telephone consultations or face to face.

The practice is open between 08.30am and 6pm Monday to Friday. The practice is closed between 1pm and 2pm for lunch and on the third Wednesday of each month at 1pm for staff training. Any requests for a home visit are entered on a triage list for a GP to make a clinical decision as to whether a home visit is necessary. Out of hours services are provided by Vocare via NHS 111.

Further information about the practice is available via their website at: www.claverleymedicalpractice.co.uk

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The systems or processes in place operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• Systems for management of significant events and complaints.• Systems to ensure that persons employed received appropriate support, clinical supervision, effective probation review and appraisal.• Systems to ensure the accuracy of policies. <p>This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>There was no proper and safe management of medicines.</p> <p>In particular:</p> <ul style="list-style-type: none">• Not all patients had received appropriate blood test monitoring before repeat prescriptions were issued to them.• Not all patients had received an annual medicine review.• There was a lack of oversight and management of vaccines administered under patient group directions (PGDs).• Controlled drugs were not stored in line with legislation.

Requirement notices

- There was no formal monitoring process in place to check the prescribing practices of all non-clinical prescribers.
- The system to review and act on patient safety alerts was not always effective.

The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of patients with long-term conditions receiving care and treatment. In particular:

- Not all patients with diabetes, hypothyroidism and asthma had received the required monitoring.

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