

# Drs Oram, Walton, Hynes & Dutton

## Quality Report

14 Horseley Heath

Tipton

Sandwell

DY4 7QU

Tel: 0121 5572027

Website: [www.hhs-tmc.co.uk](http://www.hhs-tmc.co.uk)

Date of inspection visit: 7 February 2018

Date of publication: 08/03/2018

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

Page

2

### Detailed findings from this inspection

Our inspection team

3

Background to Drs Oram, Walton, Hynes & Dutton

3

Why we carried out this inspection

3

Detailed findings

5

## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Drs Oram, Walton, Hynes & Dutton on 4 October 2016. The overall rating for the practice was Good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Drs Oram, Walton, Hynes & Dutton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 7 February 2018 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 previous inspection on 4 October 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had updated its emergency drugs policy which now specifically stated that a medicine which may be required following coil fitting was to be stocked. We saw the practice had stock of emergency medicines appropriate to the practice.
- The practice had reviewed its policy for processing blood test results. The policy stated that all incoming test results were to be processed within 48 hours. The practice had carried out regular audits to ensure they were adhering to this standard.
- The practice had re-designed its minor surgery consent form which included advice leaflets for specific procedures advising patients of the process and the risks. Records we looked at showed that comprehensive assessment of patients pre-operatively and consent was in place on the three cases sampled. There was comprehensive clinical records and appropriate referral of samples for analysis.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Drs Oram, Walton, Hynes & Dutton

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The team included a CQC lead inspector and a GP specialist advisor.

## Background to Drs Oram, Walton, Hynes & Dutton

Drs Oram, Walton, Hynes and Dutton is located in Horseley Heath, Tipton in the centre of a busy residential area. The large health centre is owned and managed by the partners. There is easy access to the building and facilities are provided for patients with a disability. There is no onsite car park serving except for on the main road. There are approximately 11,400 patients of various ages registered and cared for across the practices and as the practice has one patient list, patients can be seen by staff at both surgery sites. The second practice is Tandon Medical Centre, Kent Street, Dudley. Systems and processes are shared across both sites. During the inspection we visited both locations. As the locations have separate CQC registrations we have produced two reports. However where systems and data reflect both practices the reports will contain the same information.

The practice team consists of eight GPs, three of the GPs are partners (two male and one female) and five salaried GPs, (three female and male). One of the salaried GP is currently on maternity leave. The practice team also

includes two nurse practitioners and three practice nurses (all female) and one health care assistant (HCA). There is a practice manager, an assistant practice manager and a team of administrative staff.

This practice has been accredited as a GP training practice since 1996. It has qualified doctors attached to it who are training to specialise in general practice. It has provided placements for medical students since 2008. Currently there are two GP Registrars attached to the practice (both male).

The practice holds a Personal Medical Services (PMS) contract with NHS England. The practice is part of Sandwell and West Birmingham Clinical Commissioning Group (CCG).

The practice is open between 8am and 7pm Mondays to Fridays. Appointments are available from 8.30am to 12pm and 3.30pm to 7pm on Mondays, 9am to 12pm and 3.30pm to 7pm on Tuesdays to Thursdays. On Fridays appointments are available from 8.15am to 12pm and 3.30pm to 7pm. In addition there are pre-bookable appointments that could be booked up to three weeks in advance and urgent appointments are available for people that needed them.

Patients requiring a GP outside of normal working hours are covered by a rota of GPs from the practice. Between 7pm and 8am patients are advised to call the 111 service. The majority of patients are of white British ethnicity with a number of East European and people from the Indian subcontinent. There are a proportionately high number of elderly patients and high prevalence of patients with a

# Detailed findings

chronic disease. Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to ten, with level one representing the highest level of deprivation.

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Drs. Oram, Walton, Hynes & Dutton 4 October 2016 under Section 60 of the Health and Social Care Act 2008 as part of

our regulatory functions. The overall rating for the practice was rated Good. However, the practice was rated as requires improvement for providing safe services. The full comprehensive report on the October 2016 inspection can be found by selecting the 'all reports' link for Drs Oram, Walton, Hynes & Dutton on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up focused inspection of Drs. Oram, Walton, Hynes & Dutton 7 February 2018. 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.

# Are services safe?

## Our findings

At our previous inspection on 4 October 2016, we rated the practice as requires improvement for providing safe services. The practice did not stock an emergency medicine used for a minor surgery procedure and a risk assessment was not carried out to support the decision making. We also saw a number of test results on the practice computer system which had not been actioned in a timely manner.

These arrangements had significantly improved when we undertook a follow up inspection on 7 February 2018. The practice is now rated as good for providing safe services.

### Information to deliver safe care and treatment

During our previous inspection in October 2016 we saw a number of test results on the practice computer system which had not been actioned in a timely manner.

During this inspection we were shown a revised policy for processing blood test results which stated that all incoming test results were to be processed within 48 hours. The practice had a buddy GP system to ensure that if a GP was on leave then their results were to be processed by the buddy GP. The practice also had an on-call system and if both the GP and their buddy were away then the on-call GP would ensure all test results were processed.

The practice had carried out three separate audits on the timely processing of blood test results. The first audit reviewed 20 randomly selected blood test results processed from 22 March to 26 March 2017 and showed that all results (100%) were actioned within 48 hours.

A second audit reviewing the same number of blood test results processed from 28 August to 01 September 2017 showed 90% achievement to the 48 hour target. We saw two of the test results were actioned within three days instead of the target of two days. The practice discussed this at the practice meeting held in November 2017 and GPs were reminded of the 48 hour target. Those GPs that were on-call were reminded to check blood tests of other GPs that were away.

A third audit of test results processed from 2 November to 8 November 2017 showed that all 20 blood tests were actioned within the practice set target of 48 hours.

On the day of the inspection we looked at the practice's patient record system and saw that there were no blood tests waiting to be actioned.

### Safe and appropriate use of medicines

Following our previous inspection the practice had updated its emergency drugs policy which now specifically stated that a medicine which may be required following coil fitting was to be stocked. We looked at the practice's stock of emergency medicines and found that all emergency medicines were appropriate to the practice were being stocked.