

The Aldergate Medical Practice

Inspection report

The Mount
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Date of inspection visit: 8 May 2019
Date of publication: 05/06/2019

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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at The Aldergate Medical Practice on 8 May 2019. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions: safe, effective and well led. 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

We have rated this practice as good overall and good for all population groups. We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.

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

- The recruitment files we reviewed did not contain all the information required including staff vaccination history.
- The practice could not be assured that staff training was up to date as the staff training matrix was not up to date.
- The practice did not have documented risk assessments in place in relation to medicines for use in the event of an emergency not held at the practice.
- There were gaps in fire drills, patient safety alerts and serial number logs for paper prescription pads.
- There were gaps in the practice system for the repeat prescribing of a particular medicine.
- Significant events and incidents were reported documented and actioned with lessons learnt shared and disseminated. However, the system lacked a route cause analysis and therefore missed opportunities for further learning.

We rated the practice as good for providing effective services because:

- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- The practice understood the needs of its population and tailored services in response to those needs. There was evidence of a number of projects and services the practice had been involved with to ensure patients' needs were met.

We rated the practice as good for providing a well led service because:

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of person-centre care.
- The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider must make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Establish the recruitment system to ensure compliance with Schedule 3 requirements.

The areas where the provider should make improvements are:

- Develop the staff training matrix which enables clear oversight on all staff training.
- Further develop the significant event route cause analysis system.
- Improve the practice complaint leaflet and documentation.
- Improve staff awareness of the practice vision and values and their role in achieving them.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Overall summary

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Aldergate Medical Practice

The Aldergate Medical Practice is situated in Tamworth, Staffordshire. The historic roots of the practice date back 150 years, with the practice occupying the current site since 1990. The building is purpose built and occupies two floors, the majority of treatment areas are on the ground floor. The building has car parking, with allocated spaces for those with a disability. Access to the practice is via a ramp and automatic opening doors, with access to the first floor via stairs or a lift.

The practice holds a General Medical Services contract with NHS England and provides minor surgery and insertion of contraceptive devices services. There are just over 13,300 patients of all ages registered and cared for at the practice.

The practice is a member of the NHS East Staffordshire Clinical Commissioning Group (CCG). The largest ethnic groups of patients registered at the practice are, 97.5% white, 1% Asian and 1% mixed race. The practice deprivation decile is six so is a median area of deprivation. The practice population distribution is broadly in line with local and national averages. The practice is an accredited GP training practice.

The practice team consists of:

- Seven GP partners (male and female)
- Two salaried GPs

- An Advanced Nurse Practitioner (ANP), Nurse Practitioner (NP), nurse manager, deputy nurse manager and practice nurse.
- Two healthcare assistants
- A treatment room administrator
- Two reception team leaders
- A team of secretarial, receptionists and administrators.
- A maintenance person
- Four housekeeping staff members

The practice opening hours are between 8am and 6.30pm Monday, Tuesday and Thursday and between 7am and 6.30pm on a Wednesday and Friday. The practice is closed on a Saturday and Sunday and has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111.

All practices across Tamworth are participating in extended hours access following a National Government initiative from 1st September 2018. Extra appointments are offered across the whole of Tamworth (The New Mercian GP Network), including evening and weekend appointments. Additionally, an on-line digital service is available on Sunday mornings where appointments will be offered with a GP via the Q Doctor App. (This is a video link facility to a doctor).

Additional information about the practice is available on their website:

This section is primarily information for the provider

Requirement notices

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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There were gaps in the practice governance systems and processes to ensure compliance with requirements to demonstrate good governance. In particular:</p> <ul style="list-style-type: none">• There was a lack of a systematic approach for oversight of records of skills, qualifications and training for all staff, including staff vaccination history.• The practice lacked a clear audit trail for patient safety and medicine alerts• There was no system in place to manage and monitor the paper prescription pads. <p>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively.</p> <ul style="list-style-type: none">• The practice did not have documented risk assessments in place in relation to emergency medicines not held at the practice.• The practice had not ensured that the fire drills conducted were documented.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>There were gaps in the practice recruitment systems and processes to ensure compliance with schedule 3 requirements.</p> <p>Personnel records reviewed did not all contain;</p> <ul style="list-style-type: none">• Photographic proof of identity• References• Qualifications• Full employment history