

# Northway Medical Centre

## Quality Report

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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

Are services safe?

**Good**



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection visit of Northway Medical Centre, in April 2016. As a result of our comprehensive inspection a breach of legal requirements were found and the practice was rated as requires improvements for providing safe services. This was because we identified an area where the provider must make improvement and some areas where the provider should improve.

We carried out a focussed desk based inspection of Northway Medical Centre on 9 March 2017 to check that the provider had made improvements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Northway Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Our key findings across all the areas we inspected were as follows:

- As part of our desk based inspection we noted improvements in the practices recruitment procedures, risk management and record keeping.
- For example, during our previous inspection in April 2016 we identified gaps in evidence to assure us that appropriate recruitment checks were undertaken prior to employment.

- As part of our desk based inspection we saw evidence to demonstrate that staff members had disclosure and barring checks (DBS) checks in place; this included clinical and non-clinical staff. We also saw that appropriate recruitment and induction processes were followed staff members such as locum GPs and members of the non-clinical team.
- During our inspection in April 2016 we found that the practice did not have a system in place to track and monitor the use of the prescription pads used for home visits. As part of our desk based inspection we saw that the practice had improved their prescription monitoring process to include prescription stationary used during home visits and we saw records to support this.
- When we inspected the practice in April 2016 we saw that the actions identified within the practices legionella risk assessment had not been completed, such as weekly temperature checks. As part of our desk based inspection we saw that the actions identified within the legionella risk assessment were completed in line with recommendations and records were kept to support this.

### 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



- During our previous inspection in April 2016 we identified gaps in the practices recruitment procedures and there were gaps in evidence to assure us that appropriate recruitment checks were undertaken prior to employment.
- As part of our desk based inspection we saw evidence to demonstrate that staff members had DBS checks in place; this included clinical and non-clinical staff. We also saw evidence demonstrating that appropriate recruitment and induction processes were followed for their locum GPs and for other staff members, including a member of the non-clinical team that recently joined the practice.
- During our inspection in April 2016 we found that the practice did not have a system in place to track and monitor the use of the prescription pads used for home visits. As part of our desk based inspection we saw that the practice had improved their prescription monitoring process to include prescription stationary used during home visits and we saw a sample of records to support this.
- When we inspected the practice in April 2016 we saw that the actions identified within the practices legionella risk assessment had not been completed, such as weekly temperature checks. As part of our desk based inspection we saw records to demonstrate that the actions identified within the legionella risk assessment were completed in line with recommendations and records were kept to support this.

# Northway Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to Northway Medical Centre

Northway Medical Centre is a long established practice located in the Sedgley area of Dudley in the West Midlands. There are approximately 5740 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes two GP partners (male and female), a male salaried GP, a nurse practitioner and three health care assistants. The GP partners, practice manager

and assistant practice manager form the practice management team and they are supported by a team of 12 staff members who cover reception, secretarial, data analysis and administration roles.

The practice is open for appointments between 8am and 6:30pm during weekdays. The practice offers extended hours on Mondays between 6:30pm and 7:30pm.

## Why we carried out this inspection

We carried out a focussed desk based inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider had made improvements identified during the comprehensive inspection carried out in April 2016.

## How we carried out this inspection

We undertook a focussed desk based inspection on 9 March 2017. This involved the review of relevant documentation we had asked the practice to submit to ensure improvements were made.

# Are services safe?

## Our findings

### Overview of safety systems and processes

When we inspected the practice in April 2016 we found that there were no records of disclosure and barring checks (DBS checks) for all members of the clinical team. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

- We found that the practice had signed up to a group scheme in relation to this and that they were in the early stages of having staff members DBS checked. As part of our desk based inspection we saw evidence to demonstrate that staff members had DBS checks in place; this included clinical and non-clinical staff.

During our previous inspection in April 2016 we identified some gaps in the recruitment records for the locum GPs who occasionally supported the practice. For instance there were no records of references and registration with the appropriate professional body in place.

- As part of our desk based inspection the practice confirmed that they had used one locum GP since we previously inspected the practice.
- A range of evidence was submitted to demonstrate that an appropriate recruitment and induction process was followed for their locum GPs. Evidence viewed during our desk based inspection highlighted improvements.
- For example, we saw that recruitment and induction check lists were utilised by the practice to ensure they received appropriate documentation prior to staff commencing employment. This included proof of identity, references, qualifications and registration with the appropriate professional body and Disclosure and Barring Service (DBS) checks. We also saw evidence of completed records to support this as part of our desk based inspection.

Additionally, as part of our desk based inspection the practice submitted records to demonstrate that an appropriate recruitment and induction process was in place for other staff members, including a member of the non-clinical team that recently joined the practice. The practice also submitted a copy of their current recruitment policy. We saw that the recruitment policy contained appropriate recruitment specifications and induction requirements. Furthermore, we saw records of a comprehensive practice welcome manual; this included useful information for staff regarding induction, the practice team, key policy information and important contact numbers.

During our inspection in April 2016 we noted that although prescription stationery was securely stored, the practice did not have a system in place to track and monitor the use of the prescription pads used for home visits. As part of our desk based inspection we saw that the practice had adapted and improved their prescription monitoring process to include prescription stationery used during home visits and we saw a sample of monitoring records between November 2016 and February 2017 to support this.

### Monitoring risks to patients

When we inspected the practice in April 2016 we saw formal risk assessments in place which covered risks associated with health and safety, fire and infection control (including legionella). However, we saw that the actions identified within the legionella risk assessment had not been completed, for instance weekly temperature checks. As part of our desk based inspection we saw records to demonstrate that the actions identified within the legionella risk assessment were completed in line with recommendations and records were kept to support this. For example, we saw records to demonstrate that weekly temperature checks were conducted and recorded.