

Forrester Street Medical Centre

Inspection report

1 Forrester Street Walsall West Midlands WS2 9PL Tel: 01922603084

Date of inspection visit: 29 October 2019 Date of publication: 24/12/2019

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.

Overall summary

We previously carried out an announced comprehensive inspection at Forrester Street Medical Centre on 11 July 2019 as part of our inspection programme. The practice was rated inadequate, placed into special measures and warning notices in relation to safe care and treatment and good governance were issued. The full comprehensive report on the July 2019 inspection can be found by selecting the 'all reports' link for Forrester Street Medical Centre on our website at www.cqc.org.uk.

We carried out an announced focused inspection at Forrester Street Medical Centre on 29 October 2019 to ensure that the issues identified in the warning notices had been addressed. **This report only covers our findings in relation to the warning notice.**

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

At this inspection, we found that the provider had satisfactorily addressed the issues identified in the warning notices. We specifically found that:

- The management and leadership of the practice had been improved by the introduction of a lead GP and experienced practice manager.
- Staff morale had improved. Staff told us that the introduction of the GP partner and practice manager had brought about improvements at the practice. Staff told us that they were approachable and provided support when required.
- Governance structures and systems were being used effectively and were embedding within the practice.
- Communication had improved through the introduction of structured meetings, including the daily huddle and weekly clinical meetings.
- Processes for managing risks, issues and performance had been set and showed initial signs they were embedded. The performance of clinical staff, including

locum GPs and the allied health professional, was being assessed by the lead GP. However, this was only formally documented for the allied health professional and not the locum GPs.

- Improvements had been made around safeguarding children and vulnerable adults. Staff were appropriately trained and aware of the safeguarding lead. Systems were in place to follow up children who failed to attend for appointments, and regular discussion took place with the health visitors.
- A programme of clinical and internal audit had been introduced. A number of audits had been introduced which demonstrated improvements for patients.
- The practice manager had oversight of staff training, and staff were up to date with their essential training.
- Outstanding risk assessments had been completed, although data products sheets were not available for substances hazardous to health.
- The provider had reviewed non-clinical staffing levels and re-organised administrative and reception work. Staff were clear about their roles and responsibilities on a daily basis. The re-organisation of the work on the reception desk had resulted in patients being attended to more quickly and a calmer waiting area.
- The practice appointed additional clinical staff in allied health care roles, resulting in additional appointments for patients.

Whilst we found no breaches of regulations, the provider **should**:

- Document clinical supervision between the lead GP and clinicians.
- Obtain the data product sheets for all substances hazardous to health in use.

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 Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a Practice Manager advisor.

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) contact 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 10,191 patients of various ages registered and cared for at the practice. Forty-nine and a half 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:

- A lead GP, three long term locums (two male and one female).
- Two practice nurses and two health care assistants.
- A clinical pharmacist and allied health care professional.
- 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