

The Spires Health Centre

Inspection 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

Overall rating for this location

Good 

Are services safe?

Good 

Overall summary

This practice is rated as Good overall. (Previous inspection June 2017 – Good overall, with requires improvement rating for providing Safe services).

The key question is rated as:

Are services safe? – Good

We carried out a focused inspection at The Spires Health Centre on 1 June 2018. This inspection was in response to previous comprehensive inspection at the practice in June 2017, where breaches of the Health and Social Care Act 2008 were identified. You can read the report from our last comprehensive inspection on 29 June 2017; by selecting the 'all reports' link for The Spires Health Centre on our website at www.cqc.org.uk.

At this inspection we found:

The practice had reviewed their system for receiving and managing alerts including those from the Medical and Healthcare products Regulatory Agency (MHRA) and had strengthened their processes to ensure alerts were managed and actioned appropriately.

The practice had clear systems to manage risk so that safety incidents were less likely to happen. Since the last inspection the practice had completed a range of risk assessments to identify and manage risks appropriately. When incidents did happen, the practice learned from them and improved their processes.

- The practice had established processes to increase the identification of carers in order to provide further support where needed. This included staff training.
- A review of the induction programme had been completed to ensure new staff received training on infection prevention and control.
- A review of the complaints process had been completed to ensure verbal complaints were logged and discussed

with the team and to monitor any trends through analysis. The practice also shared relevant complaints through a reporting incident web tool to the clinical commissioning group.

- The practice continued to try and encourage patients to join the patient participation group and had seen a small increase in patients expressing an interest. The practice had asked the CCG for advice on how to improve patient uptake and notices were on display in the waiting room encouraging patients to join and the date of the next meeting.
- The practice's outcomes for national screening programmes continued to be low in comparison to national averages, however the practice was able to demonstrate how they monitored patients' attendance for screening and the systems they had in place to follow up patients who did not attend.
- Since the last inspection the practice had reviewed their governance arrangements to ensure they were embedded within the team.
- The practice had implemented a prescription logging system to ensure all blank prescription pads were recorded before being used for home visits. The practice had also updated their prescription security protocol.

The areas where the provider **should** make improvements are:

- Continue to encourage patients to attend screening programmes.
- Continue to review the process to increase interest in patient participation group.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Population group ratings

Our inspection team

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

Background to The Spires Health Centre

The Spires Health Centre is located in Wednesbury, an area of the West Midlands. The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to ensure practices provide essential services for people who are sick as well as, for example, chronic disease management and end of life care.

The practice provides primary medical services to approximately 4,900 patients in the local community. The practice is located in a temporary purpose built building and is in an area with high levels of social and economic deprivation, compared to England as a whole. Based on data available from Public Health England, the practice deprivation level is ranked as two out of 10, with 10 being the least deprived. Many of the people in the practice area are of white ethnicity, with 79.7% of the practice population being within this group.

The practice staffing comprises of two GP partners (1 male and 1 female) and one long term locum GP (male). The nursing team consists of one practice nurse. The non-clinical team consists of a practice manager, administrative and reception staff.

The practice is open between 8am and 8pm on Mondays and 8am to 6.30pm Tuesday to Friday. Extended opening hours are provided by the practice on Monday evenings from 6.30pm to 8pm and Tuesday and Wednesday morning from 7.30am to 8am. The practice is part of a local federation and patients are able to access appointments through the 'hub' from 6.30pm to 8pm Monday to Friday and at weekends. Emergency appointments are available daily and telephone consultations are also available for those who need advice. Home visits are available to those patients who are unable to attend the practice. When the practice is closed the out of hours service is provided by Primecare and the NHS 111 service.

Are services safe?

At our previous inspection on 29 June 2017, we rated the practice requires improvement for providing safe services as the provider did not have effective systems in place to monitor and mitigate risks to patient and staff safety. This included the actioning of safety alerts and insufficient quantities of emergency medicines to ensure the safety of service users.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 1 June 2018. The details of these can be found by selecting the 'all reports' link for The Spires Health Centre on our website at www.cqc.org.uk.

At this inspection we found that the improvements the practice had made were sustained and we rated the practice as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring (DBS) check. (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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Since the last inspection, the practice had reviewed their system for receiving and managing alerts including those from the Medical and Healthcare products Regulatory Agency (MHRA) and had strengthened their processes to ensure alerts were managed and actioned appropriately.
- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

Are services safe?

- Staff prescribed medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The practice was in line for antibiotic prescribing with local and national averages.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.
- The practice had implemented a prescription logging system to ensure all blank prescription pads were recorded before being used for home visits. The practice had also updated their prescription security protocol.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues. Since the last inspection, the practice had completed a range of risk assessments to identify and manage risks appropriately.

- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons; identified themes and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Table for further information.