

Erdington GP Health and Wellbeing WIC

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

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services well-led?

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 at Erdington GP Health and Wellbeing Walk in Centre on 19 January 2017. The overall rating for the practice was requires improvement. Breaches were identified in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Erdington GP Health and Wellbeing Walk in Centre on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 4 October 2017 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. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection on 19 January 2017.

Overall the practice is now rated as good.

Our key findings were as follows:

- The practice had made significant progress in relation to the concerns raised at our previous inspection in January 2017.
- The practice had reviewed its systems to manage risks and keep patients safe. For example, improvements had been made to the monitoring of the premises, staff recruitment and prescription safety.
- Systems had been put in place to monitor the quality of services, including GP consultations and a rolling programme of clinical audit had been introduced.
- Systems had been put in place to monitor staff compliance with the provider's core training requirement.
- Policies and procedures previously containing out of date information had been reviewed and updated.
- Governance arrangements had been strengthened with clearer leadership and input from senior medical staff.

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 provider is rated as good for providing safe services.

- The provider had addressed all the concerns identified at our previous inspection in January 2017 relating to the provision of safe services.
- Systems were in place for the safe monitoring of prescription stationery.
- Recruitment checks were completed prior to staff commencing employment and there were systems in place to monitor this.
- Systems were in place to ensure risks identified relating to the premises were monitored and acted on.

Good



Are services effective?

The provider is rated as good for providing effective services.

- The provider had addressed all the concerns identified at our previous inspection in January 2017 relating to the provision of effective services.
- The provider had introduced a system of audits to monitor the quality of GP consultations and identify any learning needs.
- The provider had also introduced a rolling programme of clinical audits to support quality improvement within the service. These had only recently been implemented and full audit cycles had yet to be completed in order to demonstrate improvement.
- Systems had been introduced to monitor staff training against the provider's core training requirements.

Good



Are services well-led?

The provider is rated as good for being well-led.

- The provider had addressed all the concerns identified at our previous inspection in January 2017 relating to the provision of services that are well-led.
- Policies and procedures seen that were previously out of date had been reviewed and updated including the business continuity plan, prescription management and locum induction packs.
- Governance arrangements had been strengthened in relation to the management of risks.
- There was clearer senior medical input into the performance management of medical staff.

Good



Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection.

We received 29 comment cards which were very positive about the standard of care received. Patients described all staff as friendly, caring and helpful and said that they were treated with dignity and respect.

Erdington GP Health and Wellbeing WIC

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of a CQC Lead Inspector and a GP specialist adviser.

Background to Erdington GP Health and Wellbeing WIC

Erdington GP Health and Wellbeing Walk in Centre originally opened in 2010 as a GP practice and walk in centre to meet the needs of the local population and a lower proportion of GPs in the area. However, due to lack of demand the contract for the GP practice was terminated after two years but the walk in centre remained.

The provider organisation is Badger Midlands Medical Ltd. Badger Midlands Medical Ltd is a joint venture between two organisations Badger (an out of hours provider) and Midlands Medical Partnership (a large GP partnership of 11 GP practices). Badger take responsibility for the finance and human resource element of the service and Midlands Medical Partnership the day to day running of the service.

The provider holds a contract with Birmingham Cross City CCG. Any person entitled to NHS care in the UK can access the service. No appointments are required. Patients access the service in person and wait to be seen.

The walk in centre is open 8am to 8pm daily, 365 days a year (including all bank holidays). The service receives on average approximately 7500 visits per quarter.

Between Monday and Friday staffing typically consists of a GP, an Advanced Nurse Practitioner (ANP) and two Health Care Support Workers (HCSW). During times of high demand for example during winter pressures this is increased to two ANPs. At weekends, typical staffing consists of one GP, three ANPs and two HCSWs. The majority of staff including GPs work on a sessional basis.

The centre is managed on a day to day basis by the Clinical Nurse Manager whose time is split between management and clinical duties and a Centre Manager. They are supported by a senior medical lead and Operational Manager who are not based at the service but visit weekly to meet with the Clinical Nurse Manager.

Why we carried out this inspection

We carried out a comprehensive inspection of Erdington GP Health and Wellbeing Walk in Centre on 19 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The provider was rated as requires improvement for providing services that were safe, effective and well led.

We undertook a follow up focused inspection of Erdington GP Health and Wellbeing Walk in Centre on 4 October 2017. This inspection was carried out to review in detail the actions taken by the provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

Detailed findings

How we carried out this inspection

We carried out a focused inspection of Erdington GP Health and Wellbeing Walk in Centre on 4 October 2017. This involved reviewing evidence that:

- Risks were being appropriately managed in relation to the premises.
- Recruitment checks were fully completed prior to new staff commencing employment with the service.
- Relevant staff had completed and were up to date with core training.
- Systems were in place to monitor the quality of services provided.
- Policies and procedures had been updated.

- There was senior medical input in the service.

During our visit we:

- Spoke with a range of staff (including the medical lead for the service, a sessional GP, HR Manager, Walk in Centre Manager and Centre Co-ordinator for NHS Property Services).
- Reviewed documentation made available to us in relation to the running of the services.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Please note that when referring to information throughout this report this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements for managing risks in relation to the premises, recruitment processes, and management of prescription stationery were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing safe services.

Overview of safety systems and process

- At this inspection we saw cleaning schedules were in place which detailed the cleaning tasks undertaken by the cleaning staff and the frequency of those tasks. Daily room checks were carried out by walk in centre staff who advised the Clinical Services Manager of any concerns or issues arising in relation to cleaning so that they could be escalated. We saw examples of these daily checks.
- At our previous inspection in January 2017 we found no records of immunisation status or risk assessments in place for non-clinical staff involved in cleaning bodily fluid spills. At this inspection staff told us that non-clinical staff were not expected to clear bodily fluid spills that there were always clinical staff on duty for this. We were told that this had been communicated with them. We spoke with a member of reception staff who confirmed they were not expected to clear away any bodily fluid spills but would if needed because they had received immunisations through other employment.
- We found the provider had reviewed its systems and processes for ensuring recruitment checks had been

fully completed before a new member of staff undertook any shifts. The provider maintained a spreadsheet which enabled them to easily identify checks had been carried out, as well as ensuring registration with professional bodies and medical indemnity remained up to date. We checked three recruitment files and found appropriate checks were in place.

- We saw monitoring arrangements in place which provided a clear audit trail of prescriptions used. Prescriptions issued were signed in and out by the individual clinicians on duty. The provider had a clear protocol in place for prescription management so that staff were aware of their roles and responsibilities with this.

Monitoring risks to patients

Monitoring arrangements had been improved to ensure the recording of monthly checks undertaken on the premises for example, those relating to fire and legionella safety. Any defects requiring action were recorded separately and signed off once completed. This provided clearer oversight of actions needed. COSHH safety information was readily available for products used if needed in an emergency. The premises was managed by NHS Property Services who used contractors to maintain the premises.

Arrangements to deal with emergencies and major incidents

At our previous inspection in January 2017 we found the business continuity plan for use in the case of emergency or major incident did not contain staff contacts. At this inspection we saw the business continuity plan had been updated containing this information. Staff told us copies were also kept off site should the premises become inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing effective services as the arrangements in respect of monitoring and improving the quality and safety of the service needed improving.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing effective services.

Management, monitoring and improving outcomes for people

Consultation audits were now taking place for all clinical staff working at the walk in centre including GPs. The GP audits looked at the quality of consultations across several areas including diagnosis, examination, prescriptions and treatment including specific safety net advice. The audits were carried out by a clinician from BADGER (one of the partner organisations). At the time of this inspection the audits had only recently been implemented but were anticipated to take place on a quarterly basis. Formal feedback to individual clinicians for the first wave of GP consultation audits had yet to take place but were planned for October 2017.

Progress had been made to incorporate clinical audit within the walk in centre setting. The walk in centre was now included within the wider BADGER (out of hours) audit programme. It was felt that these audits were more relevant than those carried out within a general practice setting. The audits in which the walk in centre was currently involved in included an audit reviewing the appropriate use of 999 calls, the management of sepsis in children under two years old and the management of urinary tract infections. As the rolling annual audit programme had just started at the walk in centre the audits were currently in their first cycle and as yet were unable to provide any improvements or learning.

Effective staffing

At our previous inspection in January 2017 we found there was a lack of systems in place to ensure staff remained up to date with core training. The locum induction pack also contained information that was out of date. At this inspection we saw there was now a system in place for monitoring staff training against the provider's core training requirements. The system in place provided alerts when refresher training was due. Over the last few months the provider had been working to get the spreadsheet up to date. The locum induction pack had also been updated to ensure that the information for staff new to the service was current.

Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

At our previous inspection on 19 January 2017, we rated the practice as requires improvement for providing well-led services as there was a lack of senior medical input to support performance management of medical staff and arrangements for managing risks were not always effectively monitored to ensure action was taken.

These arrangements had improved when we undertook a follow up inspection on 4 October 2017. The practice is now rated as good for providing services that are well-led.

Governance arrangements

At our previous inspection in January 2017 we found weaknesses within the governance arrangements. At this inspection we found that the provider had taken action to address this. In particular:

- Policies and procedures that had previously been in need of review had been updated.

- The provider had instigated a system of audits for monitoring the quality of consultations undertaken by sessional GPs. The provider was also participating in several clinical audits to assess the quality of service provision and identify areas for improvement.
- In January 2017 we found the arrangements for managing risks did not ensure action was always taken. At this inspection we saw improvements had been made to the systems in place for monitoring risks relating to the premises, staff training and recruitment and prescription use.

Leadership and culture

At our previous inspection in January 2017 we found a lack of senior medical support for taking forward issues relating to the GPs, such as complaints and concerns raised. At this inspection there was clearer medical input and leadership in the running of the practice. The medical lead had oversight of the GP consultation audits and was responsible for feeding back on any concerns and issues identified. The medical lead also regularly attended the staff meetings and supported in the management of complaints and significant events.