

Alderwood Medical Practice

Inspection report

Longford Road
Cannock
Staffordshire
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www.alderwoodmedicalpractice.co.uk

Date of inspection visit: 28/05/2019
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced focused inspection at Alderwood Medical Practice on 28 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 previously carried out a focused inspection at Alderwood Medical Practice on 31 January 2018. The overall rating remained good with requiring improvement in providing safe services.

A breach of legal requirement was found, and requirement notice was served in relation to safe care and treatment. We also made four good practice recommendations. The report on the January 2018 inspection can be found by selecting the 'all reports' link for Alderwood Medical Practice on our website at www.cqc.org.uk

At the last inspection in January 2018, we rated the practice as requires improvement for providing safe services because:

- The practice had not carried out a risk assessment to reflect the emergency medicines required in the practice for the range of treatments offered and the conditions treated.
- The practice had not fully assessed the environmental risks or control measures.

At this inspection, we found that the provider had satisfactorily addressed these areas.

We have rated this practice as requires improvement overall and good for all population groups.

The practice is rated as requires improvement for providing safe services because:

- One of the staff recruitment files we reviewed did not contain satisfactory evidence of conduct in previous employment.
- Not all staff had received up-to-date essential training to include certified fire safety, and safeguarding children.

- There was not an effective system in place for receiving and acting on safety alerts.
- The practice did not have a vulnerable adult register or formal arrangements in place for sharing safeguarding information with external agencies to include the health visiting team or out of hours services.
- An incident we identified had not been considered as a significant event. There was no regular analysis of significant events to identify common trends and improve the quality of patient care from lessons learnt.
- A system to track prescription stationary throughout the practice was not in place.

We rated the practice good for providing effective services because:

- The practice understood the needs of its population and tailored services in response to those needs. The practice had reviewed their skill set and recruited an additional advanced nurse practitioner (ANP) in addition to hosting a physician associate training programme in conjunction with a local university.
- A pictorial booklet had been developed and easy read booklets obtained to help prepare and support patients with a learning disability during their appointments and health reviews. The health care assistant supported these patients.
- Staff were consistent and proactive in helping patients to live healthier lives.
- 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.
- Clinical audits demonstrated quality improvement.

We rated the practice requires improvement for providing a well-led service because:

- The practice was in the process of implementing leadership changes. Staff felt supported by the management team, proud to work at the practice and comfortable to raise concerns. However, arrangements for clinical leadership and overall governance structures required further development and changes fully embedded to improve patient care.
- Staff were supported in their roles and with their professional development.
- There was a lack of structured formal meetings to communicate and share information.

Overall summary

- The practice had a number of policies and procedures to govern activity. However, not all policies were available or comprehensive.
- The practice did not have an established patient participation group to proactively seek feedback from patients.
- A higher percentage of respondents to the GP patient survey 2018 responded positively to the overall experience of their GP practice compared to local and national averages.

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

- Ensure care and treatment is provided in a consistent safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

(Please see the specific details on action required at the end of this report).

The areas where the provider should make improvements are:

- Ensure all staff complete outstanding essential training.
- Provide the fire marshal with training.
- Improve the awareness and uptake of the patient participation group.
- Develop and improve governance structures.
- Carry out a regular analysis of significant events to identify any common trends, maximise learning and help mitigate further errors.
- Develop a practice vision and values.
- Establish a comprehensive log of policies and procedures to govern practice.

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

Dr Rosie Benneyworth BM BS BMedSci MRCGPChief
Inspector of General Practice

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 advisor and a practice manager advisor.

Background to Alderwood Medical Practice

Alderwood Medical Practice is registered with the Care Quality Commission (CQC) as a partnership GP provider operating a GP practice in Cannock, Staffordshire. The practice is part of the NHS Cannock Chase Clinical Commissioning Group and holds a General Medical Services (GMS) contract with NHS England. A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract.

The practice operates from Longford Road, Cannock, Staffordshire, WS11 1QN and provides regulated activities from this location only. The practice area is one of lower overall deprivation when compared with the national averages. At the time of the inspection the practice had 6,453 registered patients. Half of the practice population are aged between 20 to 60 years with an equal male to female ratio. The percentage of patients with a long-standing health condition is 58% which is the same as the CCG average and higher than the national averages of 51%. The patient population is mainly White British. The practice is a training practice for undergraduate medical students. However, no students were currently working at the practice.

The practice is open between 8am and 6.30pm Monday to Friday and closed on a Saturday and Sunday. The practice does not provide an out-of-hours service to their

own patients but patients are directed to the out-of-hours service, Staffordshire Doctors Urgent Care when the practice is closed via the 111 service. The appointment system is a book on the day system and there are a limited number of appointments with GPs and nurses that can be booked in advance. Routine appointments can be booked in person, by telephone or on-line. Home visits are available to patients with complex needs or who are unable to attend the practice. Patients can also access an extended hour's service provided by Cannock Chase Clinical Alliance during evenings, weekends and bank holidays.

The practice staffing currently consists of:

- Three GP partners
- Two advanced nurse practitioners
- A practice nurse
- A health care assistant
- A physician associate
- A practice manager
- A team of eight administrative and reception staff

The practice is currently an accredited centre in Staffordshire for patients within the county who have been classed as violent. However, the provider advised they would be ceasing to provide this service shortly.

Further details about the practice can be found by
accessing the practice's website at
www.alderwoodmedicalpractice.co.uk

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• One of the staff recruitment files we reviewed did not contain satisfactory evidence of conduct in previous employment.• Not all staff had received up-to-date essential training to include fire safety and safeguarding children.• There was not an effective system in place for receiving and acting on safety alerts.• The practice did not have a vulnerable adult register or formal arrangements in place for sharing safeguarding information with external agencies to include the health visiting team or out of hours services.• An incident had not been considered as a significant event. There was no regular analysis of significant events to identify common trends and improve the quality of patient care from lessons learnt.• A system to track prescription stationary throughout the practice was not in place.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p>

This section is primarily information for the provider

Requirement notices

- The provider did not have a comprehensive set of policies and procedures in place to govern activity.
- There was no documented evidence to show significant events had been discussed and shared practice wide to improve quality. A regular analysis of significant events had not been undertaken to identify any common trends, maximise learning and help mitigate further errors.
- The practice did not have a documented vision and set of values or a business plan.
- Governance structures and systems were not fully embedded.
- Staff recruitment files did not contain all the required information.