

# Quinton Practice

## Inspection report

Great Wyrley Health Centre  
Wardles Lane, Great Wyrley  
Walsall  
WS6 6EW  
Tel: 01922415515  
[www.quintonpractice.nhs.uk](http://www.quintonpractice.nhs.uk)

Date of inspection visit: 9 October 2023  
Date of publication: 27/11/2023

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 to people's needs?

Good



Are services well-led?

Requires Improvement



# Overall summary

We carried out an announced comprehensive inspection at Quinton Practice on 9 October 2023. Overall, the practice is rated requires improvement. We rated the key questions:

Safe - requires improvement

Effective - good

Caring - good

Responsive - good

Well-led – requires improvement

Following our previous inspection on 17 July 2017 the practice was rated Good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Quinton Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection

We carried out this inspection due to the age of previous rating and in line with our current inspection priorities.

Our focus included:

- Safe, effective, caring, responsive and well led key questions.

## How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A site visit.
- Feedback from external stakeholders.
- Conducting an interview with a representative of the patient participation group (PPG).

## Our findings

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.

# Overall summary

We found that:

- Safeguarding systems were in place and staff demonstrated a clear understanding of the reporting and recording processes. However not all staff were up to date with their safeguarding training or achieved the level required for their role.
- Staff recruitment checks had not been carried out in accordance with regulations.
- Most health and safety risk assessments had been carried out and appropriate actions taken to mitigate identified safety risks for patients and staff.
- There were effective systems in place to monitor the prescribing of medicines that required monitoring.
- Most staff were up to date with essential training requirements and were provided with opportunities for learning and development.
- The practice had a good uptake rate for childhood immunisations and had exceeded the national target for cervical screening uptake.
- Staff dealt with patients with kindness and respect and communicated in a way that helped patients to understand their care, treatment and condition.
- Patients had timely access to appointments. The National GP Patient Survey 2023 results showed the practice had exceeded all 4 indicators for providing responsive services compared with local and national averages.
- Complaints were listened and responded to but not always reflected upon to improve the quality of care.
- Staff felt supported in their work and found leaders approachable, supportive and visible.
- Structures, processes, and systems to support good governance were in place but not fully embedded into practice.
- Processes for managing risks, issues and performance were in place but were not always effective.

We found a breach of regulations. The provider **must**:

Ensure care and treatment is provided in a safe way to patients.

In addition, the provider **should**:

- Take action to improve the quality of medicine reviews and the management of patients with long-term conditions including an effective system for post exacerbation asthma recalls.
- Take action to ensure that the risk of potential missed diagnosis of diabetes is reduced.
- Implement a programme of targeted quality improvement.
- Consider undertaking a trend analysis for complaints and significant events to allow reflection and improve learning.
- Take action to ensure policies are updated to inform practice.
- Continue to review and monitor the legionella control measures put in place.
- Take action to ensure risks associated with portable fans and window blinds fitted with looped cords are mitigated.

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

**Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA**

Chief Inspector of Health Care

## Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

## Background to Quinton Practice

Quinton Practice is located in Walsall at:

Great Wyrley Health Centre  
Wardles Lane

Great Wyrley  
Walsall  
WS6 6EW

The practice is located within a large health owned by the landlord Midlands Partnership NHS Foundation Trust (MPFT). The provider is a partnership registered with CQC to deliver the regulated activities: maternity and midwifery, diagnostic and screening procedures, treatment of disease, disorder or injury from this location only.

The practice is situated within the NHS Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of 5246 patients. This is part of a contract held with NHS England. The practice is part of the Cannock Villages Primary Care Network (PCN), a wider network of GP practices that work collaboratively to deliver primary care services.

Information published by Public Health England shows that deprivation within the practice population group is in the 7th decile (7 out of 10). The lower the decile, the more deprived the practice population is in relative to others.

According to the latest available data, the ethnic make-up of the practice area is predominantly white at 97.4% of the registered patients, with estimates of 1.2% Asian, 1% mixed, 0.3% Black, and 0.1% other.

The practice staffing comprises:

- 2 GP partners.
- 1 advanced nurse practitioner, 1 practice nurse and 1 health care assistant.
- A practice manager, a reception manager and a team of administrative and reception staff.
- A range of staff employed by the PCN including a care co-ordinator, 2 pharmacists, a first contact physio, a mental health practitioner and a social prescriber.

The practice is open between 8am and 6.30pm Monday to Friday. Out of hours services are provided via NHS 111. Further information about the practice is available via their website at: [www.quintonpractice.nhs.uk](http://www.quintonpractice.nhs.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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Maternity and midwifery services Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none"><li>• Not all staff were up to date with their safeguarding training or achieved the level required for their role.</li><li>• Some of the required recruitment checks had not been carried out in the staff records reviewed.</li><li>• There were gaps seen in some monitoring of health and safety risks and assessments.</li><li>• The practice process for overseeing workflow tasks was not effective.</li><li>• Some medicine reviews lacked structure and failed to identify some patients who were overdue their monitoring.</li><li>• An effective system to ensure clear oversight of the Patient Group Directives was not in place.</li><li>• Significant event action points were not always noted or adequately detailed.</li><li>• There was a lack of oversight and reporting on the cold chain arrangements for the storage of vaccines.</li></ul> <p>This was in breach of Regulation 12 (1) HSCA (Regulated Activities) Regulations 2014 Safe care and Treatment.</p>