

# Dr Waddell and Partners

## Quality Report

Yardley Green Medical Centre  
77 Yardley Green Road  
Birmingham  
B9 5PU  
Tel: 0121 773 3737  
Website: [www.ygmc.co.uk](http://www.ygmc.co.uk)

Date of inspection visit: 23 June 2017  
Date of publication: 21/07/2017

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 

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
Areas for improvement	5

### Detailed findings from this inspection

Our inspection team	6
Background to Dr Waddell and Partners	6
Why we carried out this inspection	6
How we carried out this inspection	6
Detailed findings	8

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Waddell and partners practice also known as Yardley Green Medical Centre on 14 April 2016. The overall rating for the practice was good. The full comprehensive report on the April 2016 inspection can be found by selecting the 'all reports' link for Dr Waddell and partners practice surgery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced desk based inspection carried out on 23 June 2017 to confirm that the practice had carried out their plan to meet the required improvements in relation to the breaches in regulations that we identified in our previous inspection on 14 April 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall, the practice continues to be rated as good.

Our key findings were as follows:

- Documentation provided as part of our desktop review showed that all non-clinical staff had a Disclosure and Barring Service DBS check in place.

- At our April 2016 inspection, health and safety risk assessment we viewed lacked sufficient details to enable effective management of risks. As part of our desktop review, the practice provided copies of their health and safety risk assessment, which showed clear procedures for monitoring and managing risks. The practice also provided copies of a detailed cleaning schedule policy which demonstrated measures to maintain standards of cleanliness.
- Data from 2015/16 QOF year showed that overall clinical exception reporting rate remained above average. For example, 18%, compared to local and national average of 10%. The practice provided unverified data from 2016/17 QOF year which showed exception reporting for mental health, Asthma, Chronic Obstructive Pulmonary Disease (COPD) and cervical screening remained above local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The practice was aware of their performance and continued to follow recognised processes to improve performance.

# Summary of findings

- A nominated staff member was responsible for overseeing the patient recall system to ensure health review reminder letters were combined into one invite rather than patients receiving several different reminders letters. The practice also explained that they were planning to run several drop-in clinics for rheumatoid arthritis, dementia and other health related issues in order to offer more flexibility for patients to attend.
- At our previous inspection, we found that when responding to complaints the tone of the responses was not always sensitive to the concerns of the complainant. Documentation provided by the practice as part of this desktop review showed that the practice responded to complaints with openness and transparency.
- Results from the January 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages with the exception of patients who found it easy to make an appointment with a named GP.
- Results from the July 2016 national GP patient survey showed that patient satisfaction had declined

in some areas and improved in other areas. For example, satisfaction with the practice opening times and phone access had declined. However, access to a preferred GP had improved.

- The practice carried out internal surveys to monitor patient satisfaction. Unverified data provided by the practice showed that within a three month period the practice answered between 94% and 98% of all calls.
- The practice's computer system alerted GPs if a patient was a carer. Staff we spoke with explained that since the previous inspection the practice updated their carers form and increased the amount of carers' posters around the practice. We were also told that further improvements include updating carers' information on the practice website and staff were developing a carer's corner with the support of their patient participation group (PPG).

However, there were also areas of practice where the provider needs to continue to make improvements. For example, the provider should:

- Continue to review national GP patient survey results and explore effective ways to improve patient satisfaction.

**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?**

At our previous inspection on 14 April 2016, we rated the practice as requires improvement for providing safe services as some necessary employment checks had not been carried out and some risks were not effectively managed. These arrangements had significantly improved when we undertook a desktop review on 23 June 2017.

For example:

- Previously we saw that in the absence of a Disclosure and Barring Service (DBS) check, the practice had not risk assessed non-clinical staff who acted as a chaperone. Documentation provided as part of our desktop review showed that all non-clinical staff had a DBS check.
- At our April 2016 inspection, health and safety risk assessment we viewed lacked sufficient details to enable staff to continue mitigating risks. As part of our desktop review, the practice provided copies of their health and safety risk assessment, which showed clear procedures for monitoring and managing risks.
- When we carried out our previous inspection, there were no clear guidelines or records to indicate how frequently carpets should be deep cleaned. As part of our review we saw a detailed cleaning schedule policy which enabled the practice to maintain standards of cleanliness.
- Members of the management team we spoke with explained that since the April 2016 inspection, controlled drugs (medicines that require extra checks and special storage because of their potential misuse) which were awaiting an appropriate witness so that they could be destroyed had been appropriately removed.

Good



# Summary of findings

## Areas for improvement

### Action the service **SHOULD** take to improve

- Continue to review national GP patient survey results and explore effective ways to improve patient satisfaction.

# Dr Waddell and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

This desk top review inspection was carried out by a CQC Lead Inspector.

## Background to Dr Waddell and Partners

Dr Waddell and partners practice (also known as Yardley Green Medical Centre) is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England.

There are 11,000 patients of various ages registered and cared for at the practice. Services to patients are provided under a General Medical Services (GMS) contract with the Clinical Commissioning Group (CCG). GMS is a contract between general practices and the CCG for delivering primary care services to local communities.

The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The practice is located in an urban area of Birmingham in a purpose built health centre. Based on data available from Public Health England, the area served is within the top 10% most deprived areas nationally. The practice has a younger population than the national average and is ethnically diverse.

Practice staff include six GP partners (three male and three female), four practice nurses, one health care assistant, a practice manager and a team of administrative staff.

The practice is open from 8.30am to 6.30pm daily with the exception of Wednesday when the practice closes at 1pm.

Appointments are available between 8.30am to 11.20am and 3pm to 5.40pm, Mondays, Tuesdays, Thursdays and Fridays. Wednesday appointment times are from 8.30am to 1pm. The practice has opted out of providing cover to patients in their out of hours period. During this time, services are provided by (BADGER) which is an out of hour's provider who provides primary medical services. During in hour closure times on Wednesdays from 1pm services are also provided by (BADGER).

The practice is a training practice for qualified doctors training to become GPs.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Waddell and partners practice (also known as Yardley Green Medical Centre) on 14 April 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good; however, there were areas where the practice were required to make improvements. For example, ensure risks were being managed effectively and recruitment arrangements include all necessary employment checks for all staff. The full comprehensive report following the inspection on June 2016 can be found by selecting the 'all reports' link for Dr Waddell and partners practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a follow up desk-based focused inspection of Dr Waddell and partners practice on 23 June 2017. This

# Detailed findings

inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out a desk-based focused inspection of Dr Waddell and partners practice on 23 June 2017. This involved reviewing evidence that:

- Recruitment arrangements included all necessary employment checks for all staff.
- Risk assessments were in place and included sufficient detail for staff to follow.
- Actions had been taken to address areas where performance was below local and national averages.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 14 April 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of recruitment checks, infection control guidelines and management of some risks were not adequate.

These arrangements had significantly improved when we undertook a follow up inspection on 23 June 2017. The practice is now rated as good for providing safe services.

### Overview of safety systems and process

At our previous inspection, improvement was needed to ensure effective recruitment checks were in place. For example, non-clinical staff who acted as a chaperone did not have a Disclosure and Barring Service (DBS) check and the practice did not carry out a risk assessment to mitigate risks. (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). As part of our review, members of the management team provided evidence of completed DBS checks for non-clinical staff who acted as chaperones. We were also provided with a revised version of the practice employee pack which included a recruitment checklist.

During our April 2016 inspection, staff explained that they had controlled drugs (medicines that require extra checks and special storage because of their potential misuse) which were awaiting an appropriate witness so that they

could be destroyed. We saw that they were securely stored. As part of our desktop review evidence provided by the practice showed that all controlled drugs had been appropriately removed.

When we carried out our previous inspection, infection control policies were being reviewed. However, there were no clear guidelines or records to indicate how frequently carpets should be deep cleaned. As part of our review, the practice provided a copy of their cleaning schedule policy, which showed that carpets would be deep cleaned quarterly. Evidence provided by the practice showed that they had made arranged arrangements with an external cleaning contractor to deep clean all carpets within the practice.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- Previously we found that health and safety risk assessments were in place; however, risk assessments did not have sufficient detail to ensure staff was able to easily pick up actions required. Documentation provided as part of our review showed a well detailed health and safety risk assessment.
- At our April 2016 inspection, we saw that fire drills were carried out; however, some staff we spoke with was unable to recall undertaking a fire drill. As part of this desktop review the practice provided evidence which showed that all staff had signed the practice fire log book which included a record of fire alarm tests and drills carried out since the previous inspection. The logbook also included a list of staff that was present during fire drills.