

# Moxley Medical 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

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Inadequate 

# Overall summary

We previously carried out an announced comprehensive inspection at Moxley Medical Centre on 3 October 2018 as part of our inspection programme. We rated the practice as requires improvement for providing safe and well led services. Requirement notices in relation to safe care and treatment and good governance were served. The full comprehensive report for the October 2018 inspection can be found by selecting the 'all reports' link for Moxley Medical Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

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 have rated this practice as inadequate overall and in all population groups.**

We rated the practice as **inadequate** for providing safe services because:

- A very small number of children were identified on the child protection register and the GP had limited knowledge of these children and families.
- Medicines were not managed safely within the practice, as not all medicines were stored securely, or within the required temperature range.
- Emergency medicines were not easily accessible to staff.
- Systems were not in place to ensure immunisations and/or vaccinations were administered in accordance with current patient group directives.
- Not all the suggested emergency medicines were available. Although the GP was able to articulate the rationale, it had not been formalised in a written risk assessment.
- The practice had taken limited action to cover staff shortages.
- Not all blood results which were outside of the normal range had been acted upon or coded appropriately on the electronic system.
- The practice did not have a system in place to review summarised notes and letters to ensure relevant information was recorded, coded correctly brought to the attention of the GP.

- The practice did not monitor the prescribing of controlled drugs and was unable to articulate the arrangements in place for raising concerns around controlled drugs with the Accountable Officer. This issue was also identified during our previous inspection.
- There was limited evidence of dissemination of information due to the lack of recent clinical meetings and sharing of minutes from practice meetings.

We rated the practice as **inadequate** for providing effective services and in all of the population groups because:

- The practice was unable to demonstrate that all clinicians had the necessary skills and competencies to carry out the role they were performing.
- The practice was unable to provide evidence that systems were in place to ensure staff worked within the limits of their competency or to review their performance.
- Not all patients had received appropriate care and treatment in a timely manner, as not all patients had been referred to secondary care when required and abnormal or out of range blood results had not been acted upon.
- There was a lack of clinical oversight and regular information sharing.
- There was limited quality improvement activity.
- Some performance data was below local and national averages.

We rated the practice as good for providing caring services because:

- Staff treated patients with kindness, respect and compassion.
- The practice was developing the role of carer champion and actively trying to identify additional carers.

We rated the practice as good for providing responsive services and in all of the population groups because:

- Patient satisfaction with access to appointments was in line with or above the local and national averages.

We rated the practice as inadequate for providing well-led services because:

- There was little evidence to demonstrate that the improvements seen at our previous inspection had been sustained.

# Overall summary

- The provider had not maintained or developed the governance framework in place at the time of our previous inspection. Therefore, the overall governance arrangements were ineffective.
- There was a lack of clinical leadership within the practice.
- There was a lack of oversight of staff performance, management of risks and quality of care. The practice did not always identify when things went wrong.
- Communication within the practice was ineffective as regular meetings for either clinical staff or the whole practice team did not take place. When meetings had been held, the minutes were not written up and disseminated to staff in a timely fashion.
- The practice was unable to demonstrate that clinicians had the necessary skills and competencies to carry out the role they were performing.
- The practice was unable to provide evidence that systems were in place to ensure staff worked within the limits of their competency or to review their performance.

- Not all patients had received appropriate care and treatment in a timely manner.

Insufficient improvements have been made since our previous inspection and we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This could lead to cancelling their registration or to varying the terms of their registration if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted.

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

**Dr Rosie Benneyworth** BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

## Population group ratings

<b>Older people</b>	<b>Inadequate</b>	
<b>People with long-term conditions</b>	<b>Inadequate</b>	
<b>Families, children and young people</b>	<b>Inadequate</b>	
<b>Working age people (including those recently retired and students)</b>	<b>Inadequate</b>	
<b>People whose circumstances may make them vulnerable</b>	<b>Inadequate</b>	
<b>People experiencing poor mental health (including people with dementia)</b>	<b>Inadequate</b>	

## Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist advisor and a Practice Manager advisor.

## Background to Moxley Medical Centre

Dr Mahanama Priyadarshi Hewa Vitarana (known as Moxley Medical Centre) is registered with the Care Quality Commission (CQC) a single-handed provider operating a GP practice in Walsall, West Midlands. The practice is part of the NHS Walsall Clinical Commissioning Group. The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, surgical procedures, maternity and midwifery and treatment of disease disorder or injury.

The practice 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 Moxley Medical Centre, 10 Queen Street, Moxley, Wednesbury, West Midlands, WS10 8TF.

There are approximately 3,142 patients of various ages registered and cared for at the practice. The practice provides GP services in an area considered to be one of the most deprived within its locality. Demographically the practice has a lower than the local average patient population aged under 18 years, with 24% falling into this category, compared with the national average of 21%. Thirteen per cent of the practice population is above 65 years, lower than the CCG average of 16%, and the

national average of 17%. The percentage of patients with a long-standing health condition is 45% which is lower than the local CCG average of 52% and the national average of 51%. The practice life expectancy for patients is 77 years for males and 81 years for females, both of which are below the national average by 2 years. National General Practice Profile describes the practice ethnicity as being 86.5% white and 13.5% from black and minority ethnic groups.

The staffing consists of:

- One male principle GP and one long term male locum GP (six hours per week).
- One female practice nurse and one female health care assistant.
- A practice manager supported by three receptionists, an administrator and a medical secretary.

The practice is open between 8am and 6pm on Monday, Tuesday and Thursday, 8am to 5pm on Wednesday and 8am to 12pm on Friday. When the practice is closed during core hours, patients are directed towards an alternative provider. Patients also have access to the Extended GP Access Service between 6.30pm and 9pm on weekdays, 10am to 3pm on weekends, and 11am to 1.30pm on bank holidays.

The practice does not routinely provide an out of hours to their own patients, but patients are directed to the out of hours service, through the NHS 111 service when the practice closed.

Additional information about the practice is available on their website at [www.moxleymedicalcentre.co.uk](http://www.moxleymedicalcentre.co.uk)