

# Poplars Medical Practice

## 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

Inspected but not rated



Are services safe?

Inspected but not rated



Are services well-led?

Inspected but not rated



# Overall summary

We carried out a remote inspection review at Poplars Medical Practice on 11 March 2021 with a remote video interview on 16 March 2021 in response to concerns received by the Care Quality Commission (CQC).

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. We obtained the information in it without visiting the provider.

We previously carried out an announced comprehensive inspection at Poplars Medical Practice on 28 December 2014 as part of our inspection programme. The practice was rated inadequate for providing safe, effective and well led services, requires improvement for providing responsive services and good for the provision of caring services. The practice was rated inadequate overall and placed in special measures.

We carried out an announced focused inspection out on 18 November 2015 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breaches in regulations we identified at our previous inspection on 28 December 2014. At the focused inspection on 18 November 2015 we found that the practice had resolved the concerns raised and met the requirement notices issued. However, a new issue was identified at this inspection and the practice was rated requires improvement for providing safe services with an overall rating of good.

A further focussed inspection was carried out on 28 January 2017 to confirm that the practice had carried out their plans to meet the legal requirements in relation to the breach in regulations we identified at our previous inspection on 14 November 2015. At the inspection we found that the practice had met the requirement notice and was rated as good for providing safe services.

You can read the reports from our last inspections by selecting the 'all reports' link for Poplars Medical Practice 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 found that:

- Contemporaneous record keeping was not continuously completed in patient medical records to demonstrate that a clinical assessment, diagnosis and treatment plan was completed.
- The provider had not ensured that appropriate and up to date reviews and monitoring information was always recorded in the clinical records of patients prescribed high risk medicines.

## **The areas where the provider must make improvements are:**

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

## **The areas where the provider should make improvements are:**

- Review and audit information recorded in patient medical records to ensure consistency in the standard of documentation.

# Overall summary

- Review and audit information recorded for patients receiving high risk medicines to demonstrate the care provided is consistent and the outcome of test results are recorded in patients' medical records.
- Seek the views of patients to gain feedback on the responsiveness of the service and promote the delivery of high-quality, person-centre care.
- Maintain detailed minutes of meetings to demonstrate that meetings are established, effective and consider the views of staff.
- Review the management oversight system for patients referred to services such as counselling.

**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>Not inspected</b> |  |
| <b>People with long-term conditions</b>  | <b>Not inspected</b> |  |
| <b>Families, children and young people</b>                                     | <b>Not inspected</b> |  |
| <b>Working age people (including those recently retired and students)</b>      | <b>Not inspected</b> |  |
| <b>People whose circumstances may make them vulnerable</b>                     | <b>Not inspected</b> |  |
| <b>People experiencing poor mental health (including people with dementia)</b> | <b>Not inspected</b> |  |

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist advisor.

## Background to Poplars Medical Practice

Poplars Medical Practice is a single-handed GP practice is a converted house in Wolverhampton which has been adapted to meet the needs of the service. The practice is accessible via a ramp for patients with mobility difficulties, patients who use a wheelchair and families with pushchairs or prams and has good transport links. This is one of the most deprived areas of Wolverhampton.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

Poplars Medical Practice is situated within the Wolverhampton Clinical Commissioning Group (CCG) and provides services to approximately 3,327 patients under the terms of a general medical services (GMS) contract. This is a contract between general practices as independent contractors and NHS England to provide general medical services to patients on the patients list.

The provider is a male GP who registered with the CQC in April 2013. The practice clinical team consists of one full time GP (male), an advanced nurse practitioner and a practice nurse who both work part time. The clinical staff are supported by practice manager, secretary and receptionists. In total there are nine staff employed in either full or part time hours. The practice is currently part of a wider network of GP practices. The practice uses a locum GP occasionally to cover short periods of absence.

The practice is open Monday to Friday 9.00am until 6.30pm. To cover the period between 8am and 9am the practice telephone lines are open between the hours of 8am and 6.30pm. The practice does not provide an out-of-hours service to its patients but has alternative arrangements for patients to be seen when the practice is closed. Patients are directed to the out of hours service provided by the Unity East Primary Care Network and Vocare via the NHS 111 service.

The National General Practice Profile states that 68.5% of the practice population is from a white background, 12.6% of Asian background, 10.5% black and the remaining 8.4% from mixed or other non-white ethnic groups. Information published by Public Health England, rates the level of deprivation within the practice population group as one, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

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  |
|--|---|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Assessments of the risks to the health and safety of service users of receiving care or treatment was not being carried out. In particular:</b></p> <ul style="list-style-type: none"><li>Clinical records contained minimal information and did not provide assurances that appropriate clinical assessments, consultations and reviews were always completed.</li></ul> <p><b>There was no proper and safe management of medicines. In particular:</b></p> <ul style="list-style-type: none"><li>Comprehensive care records were not maintained to demonstrate that all patients received an appropriate medicine review and monitoring of patients prescribed high risk medicines.</li></ul> |
| Regulated activity   | Regulation  |
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not operated effectively. In particular:</b></p> <ul style="list-style-type: none"><li>in relation to the management of medicines.</li></ul> <p><b>There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:</b></p> <ul style="list-style-type: none"><li>The provider had not ensured that comprehensive patient medical records were written following patient consultation.</li></ul>                                      |