

# Forrester Street Medical Centre

## Inspection report


1 Forrester Street  
Walsall  
West Midlands  
WS2 9PL  
Tel: 01922603084

[www.modalitypartnership.nhs.uk/your-gp-practice/](http://www.modalitypartnership.nhs.uk/your-gp-practice/) Date of inspection visit: 04/02/2020  
[west-midlands/gp/forrester-street-medical-practice](http://west-midlands/gp/forrester-street-medical-practice) Date of publication: 13/04/2020

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?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Good 

# Overall summary

We previously carried out an announced comprehensive inspection at Forrester Street Medical Centre on 11 July 2019 as part of our inspection programme. The practice was rated inadequate, placed into special measures and warning notices in relation to safe care and treatment and good governance were issued. We carried out an announced focused inspection at Forrester Street Medical Centre on 29 October 2019 to ensure that the issues identified in the warning notices had been addressed. The reports on the July 2019 and October 2019 inspections can be found by selecting the 'all reports' link for Forrester Street Medical Centre on our website at [cqc.org.uk](http://cqc.org.uk).

We carried out an announced comprehensive inspection at Forrester Street Medical Centre on 4 February 2020. At this inspection we followed up on breaches of regulations identified at the previous comprehensive inspection on 11 July 2019.

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.
- information from the provider, patients and other organisations.

**We have rated this practice as requires improvement overall and in safe, effective and responsive and good in caring and well-led. We rated each population group as good except for people with long-term conditions, families, children and young people and working age people which we rated as requires improvement in the effective domain. This was because the quality indicators were below average and targets for childhood immunisation uptake and cervical cancer screening had not been met. We rated all population groups as requires improvement in the responsive domain as although improvements had been made, continuing concerns regarding timely access to the service affected all population groups.**

We rated that the practice as **requires improvement** in providing safe services because:

- Recruitment procedures were not being effectively implemented as not all of the required recruitment checks had been obtained prior to all staff starting employment or were available on file. Risk assessments had not been completed to mitigate any risks.

We rated the practice as **requires improvement** in providing effective services because:

- The quality indicators for diabetes and other long-term conditions were significantly below the local and national averages.
- The practice had not met the minimum 90% target for three of the four childhood immunisation uptake indicators.
- Cervical cancer screening rates were significantly below the national target.
- Screening rates for breast cancer and bowel cancer were below local and national averages.

We rated the practice as **good** in providing caring services because:

- Staff treated patients with kindness, respect and compassion.
- The practice respected patients' privacy and dignity.

We rated the practice as **requires improvement** in providing responsive services because:

- Although a new telephone system had been installed, some patients continued to report challenges accessing the practice by telephone.
- Although patients had access to a range of appointments with different clinicians, some patients continued to report that they were unable to get appointments.
- There had been delays to completion of the planned alterations to the premises, which had only recently commenced.

We rated the practice as **good** in providing well-led services because:

- The introduction of a lead GP and an experienced practice manager had improved the management of the practice.
- Staff morale continued to improve. Staff told us that the practice continued to develop and improve under the leadership of the GP partner and new practice manager. Staff told us that they were approachable and provided support when required.

# Overall summary

- Governance structures and systems were being used effectively.
- Effective communication had been maintained through structured meetings, including the daily huddle and weekly clinical meetings.
- Processes for managing risks, issues and performance were in place. The performance of clinical staff was assessed and recorded.
- Systems were in place to safeguard children and vulnerable adults from harm. Systems were in place to follow up children who failed to attend for appointments, and regular discussion took place with the health visitors.
- The planned programme of clinical and internal audit had been maintained and demonstrated quality improvements for patients.
- The practice manager had oversight of staff training, and staff were up to date with their essential training.
- Staffing levels had improved and staff were clear about their roles and responsibilities on a daily basis.
- The practice had appointed additional clinical staff in allied health care roles, and offered video consultations, which provided a range of different appointments for patients.
- Record the action taken, completion date and sign off on infection control audits to evidence any appropriate action has been taken.
- Continue to address the backlog in summarising patient notes.
- Continue to implement strategies to improve the management and care provided to patients with long-term conditions.
- Explore and implement strategies to increase the uptake of childhood immunisations.
- Explore and implement strategies to increase the uptake of cervical cancer screening, breast and bowel cancer screening.
- Explore and implement strategies to maintain patient confidentiality in the main waiting area.
- Assess the effectiveness of the strategies implemented to improve patient satisfaction with telephone access and appointments.
- Information regarding how to complain should be readily available for patients to access within the practice.
- Record the response to complaints, including detailing of how to escalate the complaint if required.

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

- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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

I confirm that this practice has improved sufficiently to be rated Requires Improvement overall. Therefore, I am taking this service out of special measures.

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

## Our inspection team

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

## Background to Forrester Street Medical Centre

Forrester Street Medical Centre is part of the Modality Partnership. Modality Partnership is registered with the Care Quality Commission (CQC) as a partnership, with several services throughout England. Forrester Street Medical Centre is located 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, family planning, maternity and midwifery services, surgical procedures and treatment of disease disorder or injury.

The practice holds an Alternative Provider Medical Services (APMS) contract with NHS England. An APMS contract allows the practice to have a contract with NHS and other non-NHS health care providers to deliver enhanced and general medical services to meet the needs of the local community. The contract is time limited.

The practice operates from Forrester Street Medical Practice, 1 Forrester Street, Walsall, West Midlands, WS2 9LP.

This practice was created following the merger of three practices formally known as Sai Medical Centre, Manor Medical Centre and Wharf Family Practice in October 2018 when the Modality Partnership were awarded the APMS

contract. Sai Medical Centre and Manor Medical Centre were based in the building at Forrester Street. The site used by Wharf Family Practice was closed at the time of the merger and services moved to Forrester Street.

There are approximately 10,175 patients of various ages registered and cared for at the practice. Forty-nine and a half per cent of the people in the practice area are from black and minority ethnic (BME) groups. The practice provides GP services in an area considered to be the most deprived within its locality. Demographically the practice has a higher than average patient population aged under 18 years, with 30% falling into this category, compared with the local CCG average of 24% and national average of 21%. Six per cent of the practice population is above 65 years, which is considerably lower than the local CCG average of 16% and the national average of 17%. The percentage of patients with a long-standing health condition is 43% which is below the local CCG average of 54% and national average of 51%. The practice life expectancy for patients is 76 years for males and 81 years for females which are both below the national average.

The staffing consists of:

- A lead GP partner, three long term locums (two male and one female).
- Two practice nurses and two health care assistants.

- Two clinical pharmacists and an allied health care professional.
- A practice manager, secretaries and a team of patient services assistants.

The practice is open between 8am and 6.30pm Monday to Friday. The practice offers patients an extended hours service on Saturdays at a different location between 9am and 2pm. When the practice is closed patients are directed towards the out of hours provider via the NHS

111 service. 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.

Additional information about the practice is available on their website at [www.modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/forrester-street-medical-practice](http://www.modalitypartnership.nhs.uk/your-gp-practice/west-midlands/gp/forrester-street-medical-practice)

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met...</b></p> <p><b>The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:</b></p> <ul style="list-style-type: none"><li>• Disclosure and Barring Service (DBS) checks had not been obtained for all staff prior to them commencing their employment. Risk assessments to mitigate potential risks had not been completed.</li><li>• The practice had not been made aware of information recorded on a DBS check. Consequently, a risk assessment to mitigate potential risks had not been completed.</li></ul>