

St James Medical Practice

Inspection report

Malthouse Drive
Dudley
DY1 2BY
Tel: 01384252729

Date of inspection visit: 12 October 2023
Date of publication: 21/12/2023

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?

Requires Improvement



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 at St James Medical Practice on 12 October 2023. Overall, the practice is rated as requires improvement.

Safe - requires improvement

Effective - requires improvement

Caring - good

Responsive - good

Well-led - requires improvement

Following our previous inspection on 27 January 2015, 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 St James Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

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 clinical 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 short site visit.

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.

We found that:

- Governance systems required strengthening to ensure risks were mitigated. This included the management of risk assessments and acting on action plans.
- Systems required strengthening to ensure learning from incidents, and complaints was shared amongst all staff.

Overall summary

- We found the premises were well maintained and appeared clean and tidy; however, the infection control audit was not effective as no actions had been taken to mitigate risks that had been identified.
- Recruitment processes required improvement to ensure all potential employees had the appropriate documentation and staff immunisation status was recorded to mitigate risks to both patients and staff.
- The way the practice was led and managed needed definition as there was no effective delegation in place to manage the practice and ensure staff were clear about their roles and responsibilities.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- Patients could access care and treatment in a timely way.
- Patient feedback through the National Patient Survey was positive in relation to access and the provision of care.

We found breaches of regulations. The provider **must**:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.

The provider **should**:

- Take steps to improve the uptake of childhood immunisations and cervical cancer screening.
- Implement a process to follow up on bereaved patients to offer them support and guidance.
- Take action to issue steroid cards to patients where needed.

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 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 St James Medical Practice

St James Medical Practice is located in Dudley at:

Malthouse Drive

Dudley

West Midlands

DY1 2BY

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.

The practice is situated within the Black Country Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 5,768. This is part of a contract held with NHS England. The practice is part of a wider network of GP practices within the primary care network.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (2 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 79% White, 13% Asian, 4% Black, 3% Mixed, and 1% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of 3 GPs. The practice has a team of 1 advanced nurse practitioner, 1 prescribing nurse and 1 practice nurse who provide nurse led clinics and 1 healthcare assistant. The GPs are supported at the practice by a team of reception/administration staff. The practice has a practice manager to provide managerial oversight. The practice is a training site for GP registrars who are completing their medical training.

The practice is open between 8am to 6.30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided on Monday and Wednesday evenings from 6.30pm to 8pm and locally late evening and weekend appointments are available through the primary care network. Out of hours services are provided by NHS111.

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

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

- The provider was unable to demonstrate effective systems were in place to ensure staff were up to date with training deemed mandatory by the practice.

This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

- Incidents and complaints were not shared with the practice team to promote learning and mitigate future risk.
- The provider had no formal process in place to monitor the prescribing competencies of non-medical prescribers.
- The provider was unable to demonstrate an effective system was in place to ensure staff had the appropriate immunisation status.

This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

- Governance processes were ineffective to ensure risks were acted on. Recruitment processes required strengthening: the provider could not demonstrate staff employed by the practice had all the appropriate checks completed.
- We found risk assessments had not been acted on to ensure the safety of patients and staff. For example: Infection control.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.