

Dawley 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

Good 

Are services safe?

Good 

Are services effective?

Good 

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 Dawley Medical Practice in October 2018. The practice was rated as requires improvement overall. Breaches of legal requirements were found, and a requirement notice was served in relation to good governance and safe care and treatment. The full comprehensive report on the 15 October 2018 can be found by selecting 'all reports' link for Dawley Medical Practice on our website at .

At the last inspection in October 2018, we rated the practice as requires improvement for providing safe, responsive and well led services. This was because:

- The systems for monitoring patients on medicines requiring monitoring was reactive.
- Patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not always acted on.
- The practice had not carried out a risk assessment to reflect the emergency medicines required in the practice for the range of treatments offered and the conditions treated.
- The practice had not carried out a risk assessment to reflect the decision not to carry emergency medicines in doctors' bags.
- The practice had not carried out a risk assessment for the need for staff who also acted as chaperones to have a DBS check.
- Whilst the practice had responded to patient feedback, further work was needed to improve patient satisfaction in relation to access to care and treatment. Some patients felt that there were unacceptable waiting times and delays in getting to see a GP and that the appointment system needed further review.
- The national GP patient survey results (2018) for the practice were below local and national averages for questions relating to access to care and treatment.
- The practice did not review trends from complaints.
- Governance arrangements were not always operated effectively.
- There was not always a clear and effective process for managing risk.

At this announced comprehensive inspection carried out on the 10 June 2019, we found that the provider had addressed most of these areas, but further work was required to improve patient satisfaction in relation to access to the service.

We have rated this practice as good overall, with requires improvement in providing a responsive service.

We have rated the practice as requires improvement for providing responsive service because:

- Patient satisfaction in relation to access remained mixed and some patients spoken with felt the waiting times and delays in getting to see a GP remained unsatisfactory. There was a pattern of complaints relating to access to the service and availability of appointments.

We have rated the practice as good for providing safe, effective, caring and well led services because:

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.
- There were adequate systems to assess, monitor and manage risks to patient safety.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Whilst we found no breaches of regulations, the provider **should:**

- Ensure contact numbers for referring safeguarding concerns are readily accessible to staff.
- Ensure contact numbers for key services form part of the business continuity plan.
- Ensure that the practice's risk assessment relating to the stock of emergency medicines clearly identifies the medicines not deemed necessary for stock.
- Further respond to patient feedback to improve their satisfaction with the appointment system and other identified areas of improvement within the practice's own surveys and the national GP patients survey.

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

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

Our inspection team

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

Background to Dawley Medical Practice

Dawley Medical Practice is registered with the Care Quality Commission (CQC) as a partnership provider in the Dawley area of Telford, Shropshire. The practice is located in a purpose-built property. The practice has a registered patient list size of 10,055 patients. The practice is part of NHS Telford and Wrekin Clinical Commissioning Group (CCG).

The practice holds a General Medical Services (GMS) contract with NHS England. A GMS contract ensures practices provide essential services for people with health issues including chronic disease management and end of life care.

The practice is in an area considered as a third most deprived when compared nationally. People living in more deprived areas tend to have greater need for health services.

At 8.6%, the practice unemployment level is almost double the CCG average of 4.4% and higher than national level of 4.9%.

The percentage of the practice population with a long-standing health condition is 61.6% which is higher compared to local average and national average. (local 54.5% and national 51.2%)

The percentage of patients over the age of 65 is higher for the practice in comparison with the local and national average. The population covered is predominantly white British.

The practice staffing comprises:

- Five GP partners (three female GPs and two male GPs)
- One salaried GP (female)
- One Nurse Practitioner (NP)
- One Lead Nurse
- Two practice nurses
- Two health care assistants (HCA)
- One acting practice manager
- One reception team leader
- One Medical secretary/team leader
- A team of eleven administration and reception staff

The practice is open Monday to Friday between the hours of 8am and 6.30pm.

NHS 111 takes calls when the GP surgery is closed.

Additional information about the practice is available on their website: