

Drs Smith and Taylor

Inspection report

Victoria Medical Centre
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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?

Good 

Are services well-led?

Requires improvement 

Overall summary

We carried out an announced comprehensive inspection at Drs Smith and Taylor, known to patients as Victoria Medical Centre on 15 January 2019 as part of our inspection programme.

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 good overall and good for all population groups with requires improvement in well led as systems to identify risks required review.

We found that:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm, although there were some shortfalls with regard to lack of risk assessments and safety alerts that had not been actioned.
- 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 practice organised and delivered services to meet patients' needs. However, patients we spoke with told us they could not always access care and treatment in a timely way.

- The way the practice was led and managed promoted the delivery of high-quality, patient-centred care.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- 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:

- Improve the process for actioning hospital letters and formalise the protocol of what letters are forwarded to a GP for action.
- Review Resuscitation Council (UK) guidelines with regard to the frequency of the emergency equipment checks and take action to replace the out of date defibrillator pads.
- Review the system for actioning safety alerts to ensure that they are shared with relevant staff and all know who has taken action.
- Listen to patient feedback regarding access by telephone and to an appointment.

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to Drs Smith and Taylor

Drs Smith and Taylor, known to patients as Victoria Medical Centre is located at 7 Victoria Crescent, West Barnsley, S75 2AE. The practice provides services to 11,513 patients under the terms of the NHS personal medical services (PMS) contract.

The provider is registered with CQC to provide the regulated activities, diagnostic and screening, maternity and midwifery, surgical procedures, family planning and treatment of disease, disorder or injury from this location.

This provider is a partnership of one GP (male) and a manager. The practice employ three salaried GPs (female), one GP registrar (male), three practice nurses, two healthcare assistants, a phlebotomist, a practice manager, and a team of administration and reception staff. The practice currently use four regular locum GPs.

Information published by Public Health England, rates the level of deprivation within the practice population group as five, on a scale of one to ten, level one represents the highest levels of deprivation and level ten the lowest. The practice population is similar to others in the Barnsley Clinical Commissioning Group (CCG) area.

The practice is open and offers appointments between 8am and 6.30pm, with the exception of Monday and Tuesday mornings when the practice offers pre-bookable appointments from 7.30am to 8am and from 6.30pm until 8.15pm on Tuesday evenings. When the practice is closed patients contact the NHS 111 service.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>How the regulation was not being met</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• The practice did not have clear and effective processes for managing risks, issues and performance. For example, the practice did not have an overall fire risk assessment or health and safety risk assessment for the premises. Actions to mitigate risk were not always identified.• Practice policy was not always followed. For example, staff had not undertaken infection, prevention and control (IPC) training as described in the IPC policy. Staff did not have access to the business continuity plan.• The immunisation status of all staff was not kept. <p>Regulation 17(1)</p>